



# OJJDP

Shay Bilchik, Administrator

December 1997

JUVENILE JUSTICE BULLETIN

## Capacity Building for Juvenile Substance Abuse Treatment

**Tanya Dickinson and Ann Crowe**

In late 1995, the American Probation and Parole Association (APPA), in cooperation with the Center for Substance Abuse Treatment (CSAT) and the Office of Juvenile Justice and Delinquency Prevention (OJJDP), began work on a project designed to bring innovative substance abuse services strategies to juvenile probation and parole professionals. In addition to focusing on increasing skills for working with substance-abusing youth within the juvenile justice system, the project is also working to enhance coordination and collaboration between juvenile justice and other systems, particularly substance abuse treatment providers, that concurrently serve the same youth. The 18-month, \$300,000 project grant was jointly funded by CSAT and OJJDP.

### Juvenile Delinquency and Substance Abuse

#### Adolescent Substance Abuse

When young people engage in alcohol and other drug use, they, their families, and their communities usually suffer. In some cases, because of the strong association between substance abuse and delinquency, an increased burden is also placed on the juvenile justice system.

Since 1992, the high rate of illicit drug use among youth has been steadily increasing.

- ◆ According to the Monitoring the Future study (previously called the High School Senior Survey), which has measured the use of alcohol, tobacco, and other drugs by the Nation's youth since 1975, drug use among 12th graders peaked in 1981, with slightly more than 65 percent of seniors having reported past use of an illicit drug. This figure dropped to a low of 40.7 percent by 1992. In 1993, however, this downward trend began to reverse. By 1996, 50.8 percent of high school seniors reported having used illicit drugs (*Monitoring the Future Study*, University of Michigan, 1996).
- ◆ Young people are using mood-altering substances at increasingly younger ages. The National Household Survey on Drug Abuse (Gfroerer, 1996) shows an overall decline in the average age of first use of alcohol, from 17.2 years in 1975 to 15.9 years in 1993; daily cigarette use, from 18.6 years in 1975 to 16.8 years in 1994; and, especially, marijuana use, from 18.9 years in 1975 to 16.3 years in 1994.
- ◆ Studies of drug use among youth involved in the juvenile justice system indicate high levels of abuse. Since 1990, the Drug Use Forecasting (DUF)

#### From the Administrator

The number of substance-abusing youth who become involved in the juvenile justice system is increasing. Between 1992 and 1996 alone, juvenile arrests for drug abuse violations increased 120 percent.

Adolescent substance abuse and delinquency share common issues involving school, family, and peers. The juvenile justice system must develop and use innovative strategies for early identification and intervention for juvenile drug offenders entering the system if we are to prevent—or at least reduce—the serious consequences that continued adolescent substance abuse poses for troubled youth, their families, and communities.

Capacity building is one such strategy. It calls for committed interagency collaboration in developing and implementing effective services within the unique context and supportive environment of the community.

This Bulletin also features a discussion of an OJJDP-funded project conducted by the American Probation and Parole Association in cooperation with the Center for Substance Abuse Treatment. It describes three innovative methods that can be used by juvenile justice professionals to identify substance-abusing youth and take appropriate steps to intervene.

I am pleased to share this information with the juvenile justice field.

Shay Bilchik  
Administrator



program conducted by the National Institute of Justice has measured substance abuse among male detainees/arrestees in 12 jurisdictions across the country. Like the data from the Monitoring the Future study, the DUF data show increases in illicit drug use by youth in nearly all sites between 1993 and 1995. In 1995, youth testing positive for at least one drug ranged from 19 percent in Portland, OR, to 58 percent in Washington, D.C. DUF data, which do not include information on alcohol use by juveniles, showed in 1995 that the illicit drug most frequently used by delinquent youth was marijuana (National Institute of Justice, 1994 and 1995).

### Consequences of Adolescent Substance Abuse

Persistent substance abuse among youth is often accompanied by an array of problems, including academic difficulties, health-related consequences, poor peer relationships, mental health issues, and involvement with the juvenile justice system. There are also significant consequences for family members, the community, and society in general.

- ◆ Declining grades, absenteeism from school and other activities, increased potential for dropping out, and other school-related problems are associated with adolescent substance abuse. Hawkins, Catalano, and Miller (1992) cite research that indicates both a low level of commitment to education and higher truancy rates. Cognitive and behavioral problems experienced by alcohol- and drug-using youth may not

only interfere with their academic performance but may also disrupt learning by their classmates (Bureau of Justice Statistics, 1992).

- ◆ Health-related consequences of teenage substance abuse include accidental injuries, physical disabilities and diseases, and the effects of possible overdoses. Death through suicide, homicide, accidents, and illness may be the final outcome for youth involved with alcohol and other drugs. Information drawn from the preliminary 1994 estimates of the Drug Abuse Warning Network (DAWN) indicates that drug-related hospital emergency episodes for youth ages 12-17 increased by 17 percent in 1994 over the rates for 1993. Significantly, there was a 50-percent increase in hospital emergency episodes related to marijuana/hashish use in this age group between 1993 and 1994. DAWN is a national survey conducted annually by the Substance Abuse and Mental Health Services Administration to estimate drug-related emergency department visits for various substances (McCaig, 1995).
- ◆ The danger of contracting HIV or other sexually transmitted diseases is increased for substance-abusing youth if they engage in high-risk behaviors, including the use of psychoactive substances (particularly those that are injected) or activities resulting from poor judgment and impulse control while experiencing the effects of mood-altering substances. Rates of AIDS diagnoses currently are relatively low among teenagers when compared with most other age groups. Nevertheless, because the disease has a long latent

period before symptoms appear, many young adults with AIDS may actually have been infected with HIV as adolescents.

- ◆ Alcohol-related traffic fatalities for youth have declined, but young people are still overrepresented in this area. In 1995, more than 2,000 youth ages 15-20 were killed in alcohol-related car crashes (National Highway Traffic Safety Administration, 1997).
- ◆ Substance-abusing youth may be alienated from and stigmatized by their peers. These young people also often disengage from school and community activities, thus depriving their peers and communities of positive contributions they might otherwise have made.
- ◆ Depression, developmental lag, apathy, withdrawal, and other psychosocial disorders are frequently linked to substance abuse among adolescents. Users are at higher risk than nonusers for mental health problems, including suicidal thoughts, attempted suicide, completed suicide, depression, conduct problems, and personality disorders. Marijuana use, which is prevalent among youth, has been shown to interfere with short-term memory, learning, and psychomotor skills. Motivation and psychosexual/emotional development may also be influenced (Bureau of Justice Statistics, 1992).
- ◆ Many aspects of family life are jeopardized, sometimes resulting in family



dysfunction. Siblings and parents are profoundly affected by alcohol- and drug-involved youth (Nowinski, 1990), who often drain family financial and emotional resources (Bureau of Justice Statistics, 1992).

- ◆ High economic and social costs can result from monetary expenditures and emotional distress related to alcohol- and drug-related crimes, increased burdens for the support of adolescents and young adults who are not able to become self-supporting, and greater demands for medical and other treatment services for these youth (Gropper, 1985).

### Connection Between Adolescent Substance Abuse and Delinquency

Possession and use of alcohol and other drugs are illegal for all youth. Because substance abuse and delinquency are inextricably linked, arrest, adjudication, and intervention by the juvenile justice system are eventual consequences for many young people engaged in such behavior. Substance abuse and delinquency often share the common factors of school and family problems, negative peer groups, lack of neighborhood social controls, and a history of physical or sexual abuse (Hawkins et al., 1987; Wilson and Howell, 1993). Substance abuse is also associated with violent and income-generating crime by youth, which increases community residents' level of fear and the demand for juvenile and criminal justice services, thereby further increasing the burden on these resources. Gangs, drug

trafficking, prostitution, and youth homicides are other related social and criminal justice problems often linked to adolescent substance abuse.

- ◆ The DUF program found that male juveniles arrested for drug offenses (e.g., sales, possession) had the highest rate of positive drug tests when compared with youth arrested for other types of crimes. However, a substantial rate of drug use was also found among youth who committed violent, property, and other crimes (National Institute of Justice, 1996).
- ◆ *Survey of Youth in Custody, 1987* (Beck, Kline, and Greenfeld, 1988) found that more than 39 percent of youth under age 18 were under the influence of drugs at the time of their current offense. More than 57 percent reported having used a drug within the previous month.
- ◆ A study of 113 delinquent youth in a State detention facility found that 82 percent reported being heavy (daily) users of alcohol and other drugs just prior to admission to the facility; 14 percent were regular users (more than two times weekly); and 4 percent reported occasional use (DeFrancesco, 1996).
- ◆ A study conducted in 1988 in Washington, D.C., found that youth who both sold and used drugs were more likely to commit crimes than those who only sold drugs or only used drugs. Heavy drug users were more likely to commit property crimes than nonusers, and youth who trafficked in drugs reported



higher rates of crimes against persons. Youth in this sample were most likely to commit burglary or sell drugs while using drugs or seeking to obtain drugs. About one-fourth of the youth also reported attacking another youth to obtain drugs. However, among the youth in this sample, the majority who committed crimes did not do so in connection with drugs (Altschuler and Brounstein, 1991).

### Drug Testing in the Juvenile Justice System

OJJDP has funded several APPA projects to investigate innovative and appropriate methods to identify and intervene with substance-abusing youth. These projects included drug recognition techniques, drug identification and testing, and, most recently, comprehensive intersystem service delivery. The latter emphasized collaboration among juvenile justice, substance abuse treatment, and other youth-serving systems and provided training in intervention skills for juvenile probation and parole line officers.

The first two APPA projects funded by OJJDP designed and delivered training and technical assistance to help juvenile justice agencies initiate or enhance programs to identify, screen, and test juveniles for illicit drug use. Three methods were subsequently recommended for use within the juvenile justice system: assessment





instruments and techniques, drug recognition techniques, and chemical testing. Combining all three methods is considered the best approach.

## Assessment Instruments and Techniques

*Assessment instruments and techniques* can be used to distinguish alcohol and drug users from nonusers, make initial treatment recommendations, make case management decisions, and provide information for a continuum of services.

Assessment may occur at any stage in a youth's movement through the juvenile justice system. Coordination of assessment strategies and the sharing of information is vital to ensure that youth receive the continuum of services they need. Once collected, assessment information must be integrated, evaluated, and used appropriately in decisionmaking regarding individual youth.

Assessment procedures allow for the gathering of information about alcohol or drug use other than current or recent use, which is detectable through drug recognition techniques or urinalysis. Such long-term data can be used to help develop an effective intervention plan. Many assessment approaches also gather information about the social context of a youth's substance abuse problems—when, where, why, and with whom youth use alcohol and other drugs can be important information to have for case management purposes.

## Drug Recognition Techniques

*Drug recognition techniques* were developed initially to help law enforcement officers identify motorists in traffic-arrest situations who were impaired by alcohol or other drug use. These techniques were later adapted by the Orange County (California) Probation Department and applied in community corrections settings. The department used its findings to expand the period for detecting illicit drug use. Drug recognition techniques offer a systematic and standardized process for evaluating observable physical reactions to specific types of drugs. There are three key elements in the process:

- ◆ Verifying that the person's physical responses deviate from normal.
- ◆ Ruling out a non-drug-related cause of the deviation.
- ◆ Using diagnostic procedures to determine the category or combination of substances that is likely to cause the impairment (e.g., assessing pupil constriction or dilation).

Drug recognition techniques identify the category of chemical substances ingested (e.g., central nervous system depressants, cannabis, central nervous system stimulants), but they cannot identify specific drugs within each category. However, a skilled practitioner can determine with a high degree of accuracy whether a youth is currently under the influence of a substance or has used a particular drug or combination of drugs for up to 72

hours after ingestion, although the amount of the substance consumed cannot be determined.

Initial training for staff to become proficient in using drug recognition techniques can be costly, but once staff are trained, ongoing expenses are minimal. The techniques are cost efficient because they can often screen out youth who do not show symptoms of current or recent substance use, thereby eliminating the need for costly urinalysis. For example, if the symptoms for several classes of drugs are not apparent, it is unlikely that the quantity of these substances or their metabolites remaining in the body is sufficient for urinalysis to produce a positive finding. (Marijuana and phencyclidine (PCP) may be exceptions, because low levels sometimes may be detected through urinalysis for as long as 3–4 weeks after ingestion.)

Drug recognition techniques allow the trained practitioner to detect physical symptoms of drug use, such as:

- ◆ Changes in the eyes, including dilation or constriction of pupils, reactions to light, and characteristics related to eye movements.
- ◆ Injection sites.
- ◆ Performance on motor tests, such as walking a straight line, standing on one leg, and placing a finger on the nose.
- ◆ Movements that indicate muscle rigidity.

Drug recognition techniques offer several advantages. They provide immediate results with which to confront youth if indication of substance use is present, and they are minimally intrusive as compared with the collection of body fluids required for urinalysis. Moreover, the process is systematic and standardized, reducing the possibility of bias or error by trained staff.

Not all categories of drugs are equally detectable using drug recognition techniques, and the specific drugs ingested cannot be determined. Therefore, use of these techniques alone may not conclusively determine the exact substance used or detect the effects of illicit drugs that have minimal influence on the physical responses measured.

## Chemical Testing

The most physically intrusive and most expensive of the three drug identification



methods described herein is *chemical testing*. It is also the most accurate. Of several scientific methods available—including urinalysis, blood analysis, hair analysis, and saliva tests—saliva and breath analysis for alcohol and urinalysis for drugs other than alcohol are the methods currently recommended, because they are reliable and relatively inexpensive compared with other methods of chemical testing. Because alcohol evaporates quickly from urine, urinalysis is generally not used to detect alcohol.

Immunoassays detect chemical reactions between antibodies and a drug or drug metabolite. They are generally used for initial tests and are considered reliable for detecting the presence of illicit drugs in a person's system. A positive result may be confirmed via a statement of admission by the youth, repetition of the test, or performance of a second test using a different methodology. For legal proceedings, the third option is preferred, especially where a youth's freedom is at stake. Chromatographic methods of urinalysis separate the drug or its metabolite from the urine and can quantify the amount of a substance that is present. These tests are often used to confirm positive results of initial tests and can provide a quantitative measure of the level of drugs in an individual's system.

Because different drugs remain in the body for varying lengths of time (ranging from a few hours to several days), it is helpful, for purposes of retesting, to know the youth's drug(s) of choice. Random rather than scheduled retesting is generally recommended, as some youth may learn to schedule their substance use to circumvent scheduled testing. In addition, some youth may attempt to taint a urine sample by ingesting something before giving the sample or by adding something to the specimen after it leaves the body. Therefore, urination should always be observed by a same-sex staff member.

A record must be kept of the location of the urine specimen and test results at all times, and this record must note each person who has handled either the specimen or the test results. The record should document specimen collection, handling, storage, transportation, and testing and the dissemination of results. All specimens, supplies, and equipment should be kept in a locked storage area.



## Youth Case Management

Youth case management is often the primary task of juvenile justice practitioners. Depending on where a youth is within the juvenile justice process, intervention strategies employed may differ:

- ◆ For preadjudicated youth in detention centers, intervention may focus on using information to develop an effective case plan to help the youth stop the behavior.
- ◆ For adjudicated youth on probation, the same intervention tasks are appropriate, but drug testing may also be introduced as a supervisory tool to monitor compliance with probation conditions. Noncomplying youth may receive graduated sanctions with treatment interventions to help them control their behavior. Drug test results of pre- or postadjudicated youth are not generally used to bring new drug-related charges against them.

Identifying substance-abusing youth in the juvenile justice system is an important first step for intervening in both their substance abuse and their delinquent behavior. Drug testing can help youth overcome denial of their behavior, and as a form of intervention can often help them achieve and maintain recovery and curtail other delinquent behaviors. Over time,

effective drug identification will help juvenile justice agencies achieve a balanced approach to the problem, including community protection, youth accountability, and development of skills and other competencies among youth that will help them depart the juvenile justice system as more capable and productive members of society (Bazemore and Umbreit, 1994).

Although drug testing poses an additional expense for juvenile justice agencies and yet another task for personnel to perform, it can often save money by helping staff manage cases more appropriately and by preventing further substance abuse and delinquency that often result in youth recidivism. However, the most important reason for implementing drug identification procedures is their ultimate benefit for individual youth, their families, and communities. When lives can be reclaimed from patterns of substance abuse and delinquency, the personal and social advantages are immense.

## Capacity Building in the Juvenile Justice System

The current project APPA is conducting began in 1995 and built on APPA's and OJJDP's earlier collaboration. The major tasks undertaken by this project included the following:

- ◆ Appoint a seven-member advisory panel representing substance abuse services and juvenile justice, training, and youth advocacy professionals to steer development of project deliverables.



## **Systems Development Curriculum and Training: Developing a Collaborative and Comprehensive Plan To Provide Effective Substance Abuse Services for Juvenile Offenders**

Cooperation, coordination, and collaboration are the “three C’s” that form the basis of this curriculum and the effective interagency relationships it recommends—common-sense yet difficult tasks that require the active commitment of all personnel and practitioners to plan new initiatives to respond to the decreasing resources and increasing demands placed on human services systems.

Two of the Nation’s greatest causes of concern over the past two decades have been the increase in adolescent substance abuse and the rising juvenile crime rate. The causes of adolescent substance abuse and juvenile delinquency are many and varied, but the two are inextricably linked. The systems development curriculum focuses on developing effective interagency coordination and collaborative responses to these behaviors in the hope that scarce resources can be more effectively used to serve the growing number of substance-involved delinquent youth. The primary goal is to assist jurisdictions through a collaborative planning process that will allow them to develop, implement, and refine their own comprehensive strategies, recognizing that there are no right answers, only effective ones that must be modified to fit the needs of individual communities. Each participating jurisdiction determines the scope and type of services it should plan and provide.

During the training seminar, 5- to 10-person jurisdictional planning teams comprising representatives of juvenile justice, substance abuse services, and

other interested stakeholders are introduced to a training map with various “landmarks” to guide their learning experience and tasks upon their return to their communities (see figure at bottom of page 7). Landmark 1 is the jumping off point, where participants discuss what they expect and how the process ahead may help meet them. To ensure that each participant has basic knowledge of the primary systems involved in the planning effort, the group discusses the history and present demands of the juvenile justice and substance abuse service systems.

Because all politics (and seminars) are local, landmark 2 is a discussion of how these systems operate in their individual jurisdictions and how they may be improved through coalition development and other strategies. Participants are guided through a community mapping process that is interactive as well as informative, and the results are used to guide team responses to future exercises and planning processes.

Developed in conjunction with the project’s advisory panel, landmark 3 is the conceptual model—akin to a market analysis—that requires each team to analyze their community’s resources and desires before designing a product they believe will meet their future needs.

Whereas landmark 1 is concrete in nature and landmarks 2 and 3 require participants to envision and brainstorm a community’s possibilities, landmarks 4, 5, and 6 progressively return the trainee teams to the concrete by asking them to examine demands made upon them and their agencies and realistic procedures to use upon returning to their communities.

Landmark 4 asks the teams to review who the stakeholders are in the issue of providing comprehensive services to substance-involved youth in the juvenile justice system, what their motives are, and how their interests and needs can be thoroughly assessed and used to determine future courses of action.

Landmark 5 treats the more mundane yet vital issues of missions, accountability, and momentum, all of which are addressed through recommendations and discussions of mission statements, management principles, policies and procedures, and performance-based measures.

Landmark 6 is arguably the most vital activity in which the teams participate. Based on their learning experiences during training, each team is asked to complete an action plan that will guide activities upon return to their communities. The trainers meet with each team individually to help them refine their plan and assess their future technical assistance needs.

Upon return to their communities, the teams are eligible to apply for followup technical assistance to support their progress in the implementation of their action plan. The diversity of communities represented by the planning teams is reflected in their visions, action plans, and technical assistance requests. The diversity of these components is one of the curriculum’s greatest strengths, because it provides ample opportunities for cross-fertilization of ideas and exposure to a variety of operating methods.

- ◆ Identify and highlight up to five innovative community-based programs that provide substance abuse services to youth in the juvenile justice system.
- ◆ Develop and refine three training curriculums and manuals.
- ◆ Develop and present training seminars:
  - ❖ Developing a Collaborative and Comprehensive Plan To Provide Effective Substance Abuse Services for Juvenile Offenders (Systems

Development). Systems development refers to initiation or enhancement of cooperation, coordination, and collaboration among all systems that intervene with substance-abusing youth, especially the juvenile justice and substance abuse treatment systems. Other systems that might become integrally involved include health care, mental health, education, child welfare, and others.

- ❖ Working With Substance-Abusing Youth: Knowledge and Skills for Juvenile Probation and Parole Professionals (Skills Development).
- ❖ Working With Substance-Abusing Youth: Knowledge and Skills for Juvenile Probation and Parole Professionals (Train-the-Trainer).
- ◆ Provide followup technical assistance to teams participating in systems development and site-specific technical

assistance to individual jurisdictions needing systems development support.

- ◆ Conduct followup evaluation activities of the technical assistance and training programs.

APPA also prepared articles for publication in professional journals and highlighted the project at its annual and winter institutes. With the assistance of its advisory panel, project monitors, and numerous professional consultants, APPA staff developed high-quality publications, training curriculums, and technical assistance presentations. The products and services developed with these funds will remain available to interested professionals through CSAT's Addictions Technology Transfer Centers, OJJDP's network of training and technical assistance providers, and APPA's training and technical assistance and publications divisions.

## Project Development and Deliverables

Although the project's scope has expanded since its inception, it is true to its original focus—providing services and skills to juvenile justice professionals and professionals in related fields to guide their development. Discussion of the project's development and tasks follows.

### Advisory Panel

To obtain guidance and input from field practitioners in the development of

the project's products and services, APPA staff, in conjunction with CSAT and OJJDP project monitors, identified seven individuals experienced in juvenile substance abuse services, juvenile justice, training development and presentation, and youth advocacy. These experts were invited to APPA's offices in Lexington, KY, for two intensive weekend planning sessions to create and refine the following:

- ◆ A model for jurisdictions interested in developing a comprehensive plan for delivery of services to substance-involved youth in the juvenile justice system.
- ◆ A list of criteria necessary for the implementation of a successful juvenile justice/substance abuse program.
- ◆ An initial review process for the field-nominated innovative juvenile justice substance abuse programs.
- ◆ An outline for the three training seminars and their materials.

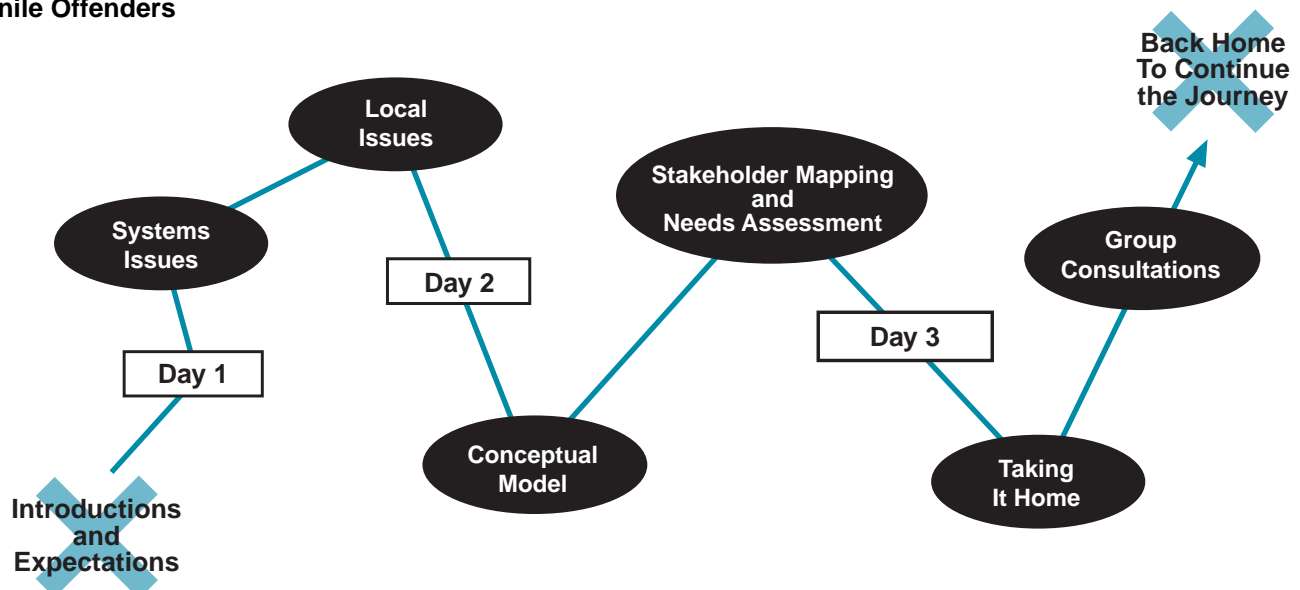
The committed participation of this multifaceted advisory panel contributed invaluably to the project's broad base of support and diverse and effective products.

### Innovative Juvenile Justice/ Substance Abuse Service Providers

The project's first task after the planning sessions was to send out nearly

1,000 nomination forms to representatives of the juvenile justice and substance abuse services communities requesting nominations of innovative juvenile justice programs serving substance-involved youth. The advisory panel received 93 program nominations ranging across the prevention-intervention-treatment spectrum. The programs ultimately chosen through collaboration among project staff, the OJJDP project officer, and the advisory panel—The Bridge, Columbia, SC; In-Home Intensive Treatment and Supervision, Brooklyn, NY; Juvenile Assessment Center, Orlando, FL; Outdoor Intervention Program, Minden, NV; and Washakie County Youth Alternatives, Worland, WY—also varied across this spectrum. Each program served a distinct population at a level appropriate to its needs and through a variety of means. Some were publicly operated; others were operated by private not-for-profit organizations or by public/private partnerships. The primary unifying characteristics across programs were that they served youth in the juvenile justice system and had surveyed and involved the community and related agencies in the development and implementation of their services. Their community and interagency involvement, combined with the delivery of quality services to the target populations, qualified these programs for consideration.

## Developing a Collaborative and Comprehensive Plan To Provide Substance Abuse Services to Juvenile Offenders





## Skills Development Curriculum and Training

### Working With Substance-Abusing Youth: Knowledge and Skills for Juvenile Probation and Parole Professionals

APPA developed a manual and training curriculum for juvenile probation and parole professionals working with substance-abusing youth. The manual and curriculum contain five modules:

- ◆ Problem Overview.
- ◆ Screening and Assessment.
- ◆ Juvenile Justice Responses to Substance Abuse and Delinquency.
- ◆ Maintaining Success.
- ◆ Program and Professional Issues.

Substance abuse prevention, intervention, and treatment are essential to promoting the health and development of substance-abusing youth and to maintaining safe communities. The first point at which juvenile probation and parole professionals must become active with youth is screening and assessment. Each young person must first be screened and then receive ongoing monitoring for alcohol and other drug use. If use is detected, additional assessment services must be provided to help determine the appropriate plan for intervention. Juvenile probation and parole professionals must understand the potential progression of substance abuse and be able to identify characteristic behaviors that help distinguish a problem's severity and related issues. They also often need to work with substance abuse treatment professionals and other service providers to obtain comprehensive assessments of the substance abuse of the youth with whom they work.

Intervention includes prevention, strategies to change behavior, and close collaboration with treatment programs and other service providers

working with youth. Prevention programming involves individual, family, and community strategies to preclude the initiation of substance use or interrupt the progression of alcohol and other drug use.

The curriculum and training programs emphasize restorative justice and a strengths perspective in working with substance-abusing youth. The strengths perspective emphasizes recognizing and using the capabilities, talents, competencies, and hopes of youth and their families rather than focusing solely on problems, needs, and pathologies. Strategies for changing behavior that are addressed in the manual include:

- ◆ Behavioral contracting.
- ◆ Education.
- ◆ Positive reframing.
- ◆ Replacing substance-abuse language and culture with prosocial ones.
- ◆ Modeling of appropriate values and behaviors by significant adults.
- ◆ Positive structuring of time and activities.
- ◆ Counseling techniques.

Counseling techniques draw from solution-focused, brief-treatment approaches that are designed to help youth and families identify problems and possible solutions that will empower them to resolve present and future difficulties. This approach builds on the youth's existing personal, family, and community strengths, using their combined competency and positive mental health rather than concentrating on problems and pathology. This perspective emphasizes understanding the youth's world view and soliciting youth and family involvement in

case planning. Specific interviewing techniques are emphasized in the training curriculum.

In addition to work with individual youth, group and family work strategies are recommended. Implementing group strategies for substance-abusing youth is especially useful because these strategies provide meaningful roles and activities for youth, channel peer pressure, help youth develop skills and competencies, encourage a sense of belonging, and provide a safe place for youth to try out new behaviors, attitudes, and values.

The relationship between families and adolescent substance abuse is often reciprocal. Family factors frequently contribute to the initiation and progression of alcohol and other drug use, and adolescent substance abuse has a dramatic impact on the family. Recommended approaches for working with families include family therapy, parent support groups, and parent education and prevention groups. The latter two may be provided fully or in part by juvenile justice agencies. Engaging and enlisting family members to work cooperatively with juvenile probation and parole officers is an important goal for effective intervention.

This comprehensive manual and accompanying training agenda provide the basis for juvenile probation and parole professionals to intervene effectively with substance-abusing youth. The strengths perspective and solution-focused, brief-treatment strategies provide important tools for the juvenile probation and parole professional's repertoire of skills.

### Training and Technical Assistance Materials

Project staff, with input from the advisory panel members, developed two manuals for participants in the Systems Development and Skills Development training seminars. They are:

- ◆ *Developing a Collaborative and Comprehensive Plan To Provide Effective Sub-*

*stance Abuse Services for Juvenile Offenders (Systems Development).*

- ◆ *Working With Substance Abusing Youth: Knowledge and Skills for Juvenile Probation and Parole Professionals (Skills Development).*

In addition, a trainer's guide was developed to accompany the *Skills Development*

manual for use in the Train-the-Trainer program.

### Training Seminars

The intent of each of the three training seminars developed under the auspices of this project is as follows:

- ◆ Developing a Collaborative and Comprehensive Plan To Provide Effective



## Innovative Juvenile Justice Programs Serving Substance-Involved Youth

### The Bridge, Columbia, SC

Program: Multilevel (State and local) interagency coalition.

Serves: High-risk, postinstitutional youth.

Focus: Intensive treatment; comprehensive services (through referral, purchase).

Funding: Funded originally by CSAT grant; now funded through State addictions agency's budget appropriation.

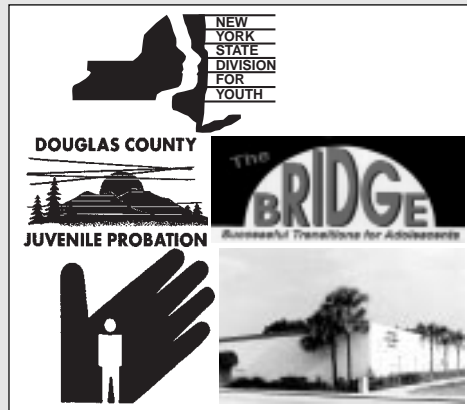
### In-Home Intensive Treatment and Supervision, Brooklyn, NY

Program: Interagency coalition (State level).

Serves: High-risk, postinstitutional youth.

Focus: Dual supervision/intensive treatment.

Funding: Now defunct. Funded originally by CSAT grant; State juvenile justice agency was unable to obtain continuation funding.



### Juvenile Assessment Center, Orlando, FL

Program: Public/private sector coalition, funding, and service delivery.

Serves: All youth arrested.

Focus: Comprehensive, central juvenile booking/assessment unit with onsite social detoxification unit.

Funding: Facilities and operations costs are derived from health, substance abuse and mental health, juvenile justice, city/county, and nonprofit human services agencies.

### Outdoor Intervention Program (Douglas County Probation), Minden, NV

Program: Single-agency program with strong, diverse community involvement.

Serves: County's juvenile probationers/other high-risk youth.

Focus: Prevention/early intervention during/through wilderness adventure experience.

Funding: Department budget, grants, donations, and inkind contributions.

### Washakie County Youth Alternatives, Worland, WY

Program: Communitywide planning and operating effort in a rural, frontier area.

Serves: Status offenders, juvenile misdemeanor probationers. Services are also provided to parents, and prevention programs target youth at risk for substance abuse and delinquency.

Focus: Prevention/early intervention for juvenile misdemeanants, plus family services.

Funding: County appropriation and various grants.

Substance Abuse Services for Juvenile Offenders (Systems Development). This seminar was designed to form a core planning group of juvenile justice and substance abuse providers from a single jurisdiction to develop a service delivery strategy for their unique population. The seminar advocated coalition development and community involvement in addressing the problem of providing services to substance-abusing youth in each jurisdiction.

- ◆ Working With Substance-Abusing Youth: Knowledge and Skills for Juvenile Probation and Parole Professionals (Skills Development). This seminar was designed for line-level practitioners who want to develop specific intervention skills to aid them in supervising at-risk or substance-abusing clients.
- ◆ Working With Substance-Abusing Youth: Knowledge and Skills for Juvenile Probation and Parole Professionals (Train-the-Trainer). This seminar was

designed to provide professional trainers with the skills, methods, and materials necessary to replicate the skills development seminar.

### Technical Assistance

Each core planning group participating in the systems development seminar was eligible to apply for followup technical assistance from APPA staff or outside consultants. Such assistance ranged from providing experienced practitioner consultants to help plan a juvenile drug court to facilitating stakeholder meetings to help a statewide planning group develop a collaborative approach to intervening with substance-abusing youth.

In addition to the systems development seminar, various jurisdictions at the county and State levels requested and were granted site-specific technical assistance, which primarily took the form of miniseminars on systems development modified to fit recipient needs.

### Evaluation

To measure the behavioral and attitudinal effects of participating in the systems and skills development seminars, APPA distributed postseminar questionnaires to all participants. The results have been positive, reflecting an empowered and focused group of individuals applying the tenets they learned and practiced.

Many jurisdictions and practitioners representing substance abuse services, community corrections, and other interested parties and agencies have benefited from the direct involvement of APPA, CSAT, and OJJDP in presenting comprehensive solutions to the issue of substance-abusing youth involved in the juvenile justice system. As the training seminars are replicated, in part through participants in the train-the-trainer seminars, and project products are more widely distributed, it is expected that the number of participants will continue to grow.

## The Future

APPA anticipates that products and services developed under this initiative will continue to be available.

This project exemplifies the challenges and opportunities presented by committed interagency collaborations—a primary focus of the training and technical assistance developed under this initiative. Without this shared commitment, the intersystem flavor that worked to enhance the project's products and service delivery would have been lost.

## References

Altschuler, D., and Brounstein, P. 1991. Patterns of drug use, drug trafficking, and other delinquency among inner-city adolescent males in Washington, DC. *Criminology* 29(4):589–622.

Bazemore, G., and Umbreit, M.S. 1994. *Balanced and Restorative Justice*. Program Summary. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.

Beck, A.J., Kline, S.A., and Greenfeld, L.A. 1988. *Survey of Youth in Custody, 1987*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics.

Bureau of Justice Statistics. 1992 (December). *Drugs, Crime, and the Justice System*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics.

## American Probation and Parole Association

The American Probation and Parole Association (APPA) is an international association consisting of individuals from the United States and its territories and Canada who are actively involved with probation, parole, and community-based corrections for both adult and juvenile offenders. APPA's membership includes representatives of all levels of government, including local, State/provincial, and Federal agencies. Today, there are more than 24,000 professionals represented in APPA's individual, agency, affiliate, corporate, and educational institution membership categories.

APPA strongly supports research in community-based corrections and is committed to offering the most recent innovations to the field. Several research and training projects funded by Federal Government agencies and private foundations contribute to this knowledge base. In addition, APPA conducts semiannual training institutes; publishes a quarterly journal, *Perspectives*, that disseminates articles on field research, program evaluations, and supervision strategies; disseminates other publications on topics relevant to community corrections; and conducts training courses on special topics and technical assistance provided to State and local jurisdictions. APPA also has a clearinghouse of information resources for its members where files on current topics are maintained and information can be furnished to members on request.

DeFrancesco, J.J. 1996. Delinquency and substance abuse: A brief analysis. *Journal for Juvenile Justice and Detention Services* 11(2):77–78.

Gfroerer, J. 1996. *Preliminary Estimates From the 1995 National Household Survey on Drug Abuse*. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration.

Gropper, B.A. 1985 (February). *Probing the Links Between Drugs and Crime*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, National Institute of Justice.

Hawkins, J.D., Catalano, R.F., and Miller, J.Y. 1992. Risk and protective factors for alcohol and other drug problems in adolescence and early adulthood: Implications for substance abuse prevention. *Psychological Bulletin* 112(1):64–105.

Hawkins, J.D., Lishner, D.M., Jenson, J.M., and Catalano, R.F. 1987. Delinquents and drugs: What the evidence suggests about prevention and treatment programming. In *Youth at High Risk for Substance Abuse*, edited by B.S. Brown and A.R. Mills. Rockville, MD: National Institute on Drug Abuse.

McCaig, L. 1995 (November). *Preliminary Estimates From the Drug Abuse Warning Network: 1994 Preliminary Estimates of Drug-Related Emergency Department Episodes*. Washington, DC: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration.

*Monitoring the Future Study*. 1996. Ann Arbor, MI: Institute for Social Research, University of Michigan.

National Highway Traffic Safety Administration. 1997 (February). *1995 Youth Fatal Crash and Alcohol Facts*. Washington, DC: U.S. Department of Transportation.

National Institute of Justice. 1994 (November). *Drug Use Forecasting: 1993 Annual Report on Juvenile Arrestees/Detainees: Drugs and Crime in America's Cities*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, National Institute of Justice.

## Center for Substance Abuse Treatment

The Center for Substance Abuse Treatment (CSAT) was established to provide national leadership for the Federal effort to enhance treatment approaches and improve programs focusing on the treatment of alcohol and other drug abuse. CSAT expands the availability and improves the quality of services that address special needs of populations especially vulnerable to addictive disorders.

CSAT responds to these needs through various grants and demonstration programs, which work to upgrade the quality and effectiveness of treatment and recovery services for adolescents and many other populations. In addition, CSAT provides technical assistance and training designed to provide the treatment field and health care professionals with up-to-date how-to's on managing treatment needs.

Finally, the Center operates the National Drug and Alcohol Treatment Routing Service (1–800–622–HELP), which offers alcohol and other drug abuse-related information and/or referrals to people seeking treatment programs and other assistance. Visit CSAT on the Web at [www.samhsa.gov/CSAT](http://www.samhsa.gov/CSAT).

National Institute of Justice. 1995 (November). *Drug Use Forecasting: 1994 Annual Report on Adult and Juvenile Arrestees*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, National Institute of Justice.

National Institute of Justice. 1996 (June). *Drug Use Forecasting: 1995 Annual Report on Adult and Juvenile Arrestees*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, National Institute of Justice.

Nowinski, J. 1990. *Substance Abuse in Adolescents and Young Adults: A Guide to Treatment*. New York: W.W. Norton & Company.

Wilson, J.J., and Howell, J.C. 1993 (December). *Comprehensive Strategy for Serious, Violent, and Chronic Juvenile Offenders*. Program Summary. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.

## For Further Information

Additional information about testing juveniles for drugs and the APPA project can be found in the OJJDP Program Summary *Drug Identification and Testing in the Juvenile Justice System*. Additional sources of information are provided below:

### **American Probation and Parole Association**

P.O. Box 11910  
Lexington, KY 40578  
606-244-8203  
606-244-8001 (Fax)  
E-Mail: [appa@csg.org](mailto:appa@csg.org)  
[www.csg.org/appa/appa/html](http://www.csg.org/appa/appa/html)

### **The Bridge**

Katherine Yandle-Thornton  
Department of Alcohol and Other Drug Abuse Services  
3700 Forest Drive, Suite 300  
Columbia, SC 29204  
803-734-9766  
803-734-9663 (Fax)  
E-Mail: [kthornton@daodas.state.sc.us](mailto:kthornton@daodas.state.sc.us)

### **I-HITS**

Mark French or Georgette Furey  
New York State Division for Youth  
Capital View Office Park  
52 Washington Street  
Rensselaer, NY 12144  
518-473-8455

Note: This program is now closed. For further information about the program, contact Georgette Furey at 518-474-1308.

### **Juvenile Assessment Center**

Julianne Zabrecky  
Florida Department of Health and Rehabilitative Services  
Alcohol, Drug Abuse and Mental Health,  
District 7 Program Office  
400 West Robinson Street, Suite S-430  
Orlando, FL 32801  
407-245-0420  
407-245-0583 (Fax)

### **Outdoor Intervention Program**

Lance Crowley  
Douglas County Juvenile Probation Department  
P.O. Box 218  
Minden, NV 89423  
702-782-9811  
702-782-9808 (Fax)

### **Washakie County Youth Alternatives**

Laurel Clairmont  
Washakie County Youth Alternatives  
721 Big Horn Avenue  
Worland, WY 82401  
307-347-2760  
307-347-6194 (Fax)

This Bulletin was prepared under grant number 95-JN-FX-0026 from the Office of Juvenile Justice and Delinquency Prevention, U.S. Department of Justice.

Points of view or opinions expressed in this document are those of the author(s) and do not necessarily represent the official position or policies of OJJDP or the U.S. Department of Justice.

*The Office of Juvenile Justice and Delinquency Prevention is a component of the Office of Justice Programs, which also includes the Bureau of Justice Assistance, the Bureau of Justice Statistics, the National Institute of Justice, and the Office for Victims of Crime.*

## Acknowledgments

This Bulletin was written by Tanya L. Dickinson and Ann H. Crowe, who served as the coordinator and director, respectively, of the project, *Capacity Building in the Juvenile Justice System: Addressing the Need for Substance Abuse Treatment*. Ms. Crowe is a research associate at the American Probation and Parole Association, and Ms. Dickinson is presently director of program development at the Volunteers of America of Kentucky in Louisville.

## Share With Your Colleagues

Unless otherwise noted, OJJDP publications are not copyright protected. We encourage you to reproduce this document, share it with your colleagues, and reprint it in your newsletter or journal. However, if you reprint, please cite OJJDP and the authors of this Bulletin. We are also interested in your feedback, such as how you received a copy, how you intend to use the information, and how OJJDP materials meet your individual or agency needs. Please direct your comments and questions to:

Juvenile Justice Clearinghouse  
Publication Reprint/Feedback  
P.O. Box 6000  
Rockville, MD 20849-6000  
800-638-8736  
301-519-5212 (Fax)  
E-Mail: [askncjrs@ncjrs.org](mailto:askncjrs@ncjrs.org)



**U.S. Department of Justice**

Office of Justice Programs

*Office of Juvenile Justice and Delinquency Prevention*

*Washington, DC 20531*

---

Official Business

Penalty for Private Use \$300

BULK RATE  
POSTAGE & FEES PAID  
DOJ/OJJDP  
Permit No. G-91