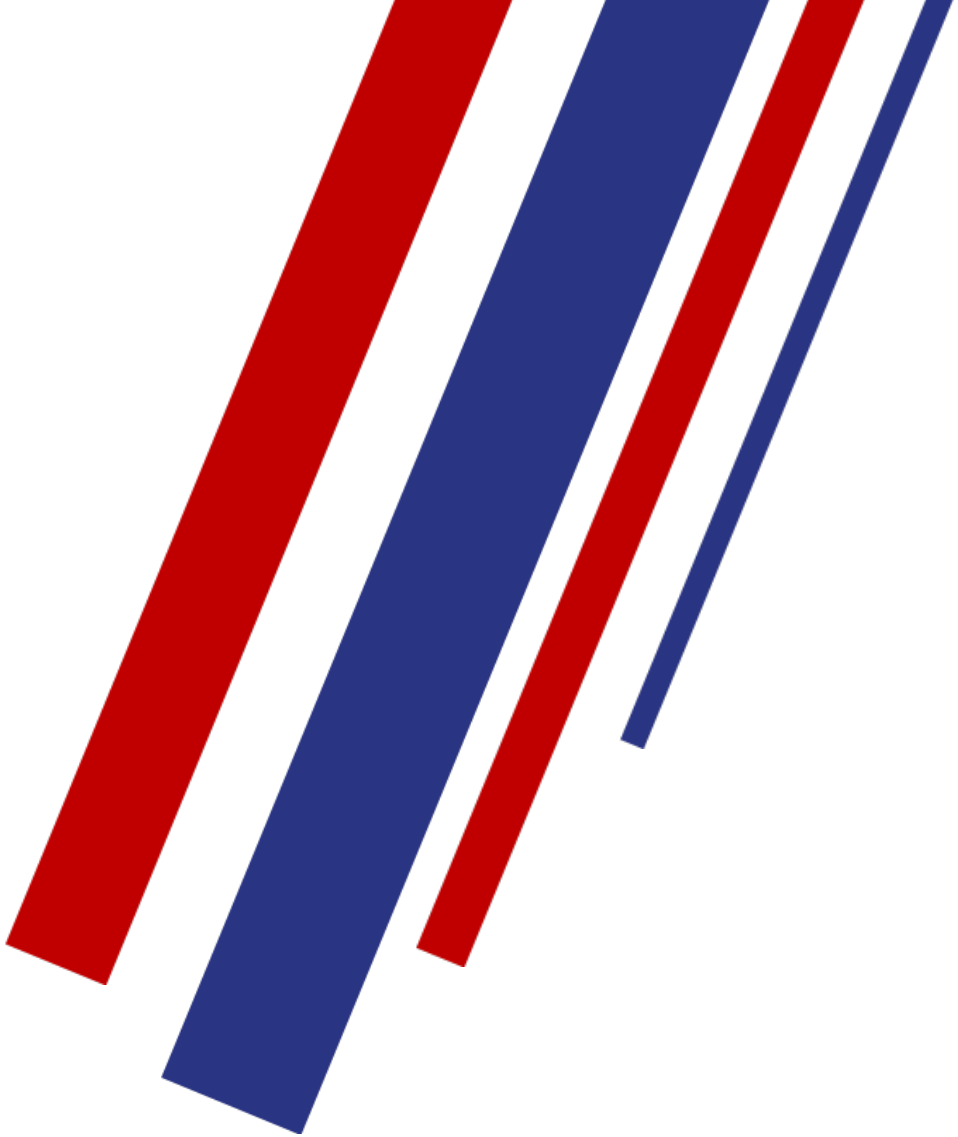
The *JDTC Guidelines*



Juvenile Drug Treatment Courts Initiative

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Who We Are

OJJDP funded project

Justice Programs Office (JPO) and National Association of Drug Court Professionals (NADCP)

Dream team for training and technical assistance

Juvenile Drug Treatment Court Guidelines

Evidence-Based Practices and Treatment

Disclaimer

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Module Objectives

- Describe why utilizing evidence-based treatment modalities is critical to positive program outcomes
- Discuss the various types of cognitive-behavioral modalities, family therapies and trauma-informed care processes that should be utilized in the JDTC program.
- Develop an understanding the importance of prosocial modeling, mentoring and community based supports.

Treatment, Services, and Prosocial Connections

Guideline 6.1	The JDTC should have access to and use a continuum of evidence-based substance use treatment resources - from inpatient residential treatment to outpatient services.
Guideline 6.2	Providers should administer treatment modalities that have been shown to improve outcomes for youth with substance use issues.
Guideline 6.3	Service providers should deliver intervention programs with fidelity to the programmatic models.

Treatment, Services, and Prosocial Connections

Guideline 6.4	The JDTC should have access to and make appropriate use of evidence-based treatment services that address risks and need to be identified as trauma, mental health, quality of family life, educational challenges, and criminal thinking.
Guideline 6.5	Participants should be encouraged to practice and should receive help practicing pro-social skills in domains such as work, education, relationships, community, health and creative activities.

Definition: Evidence-Based Practices

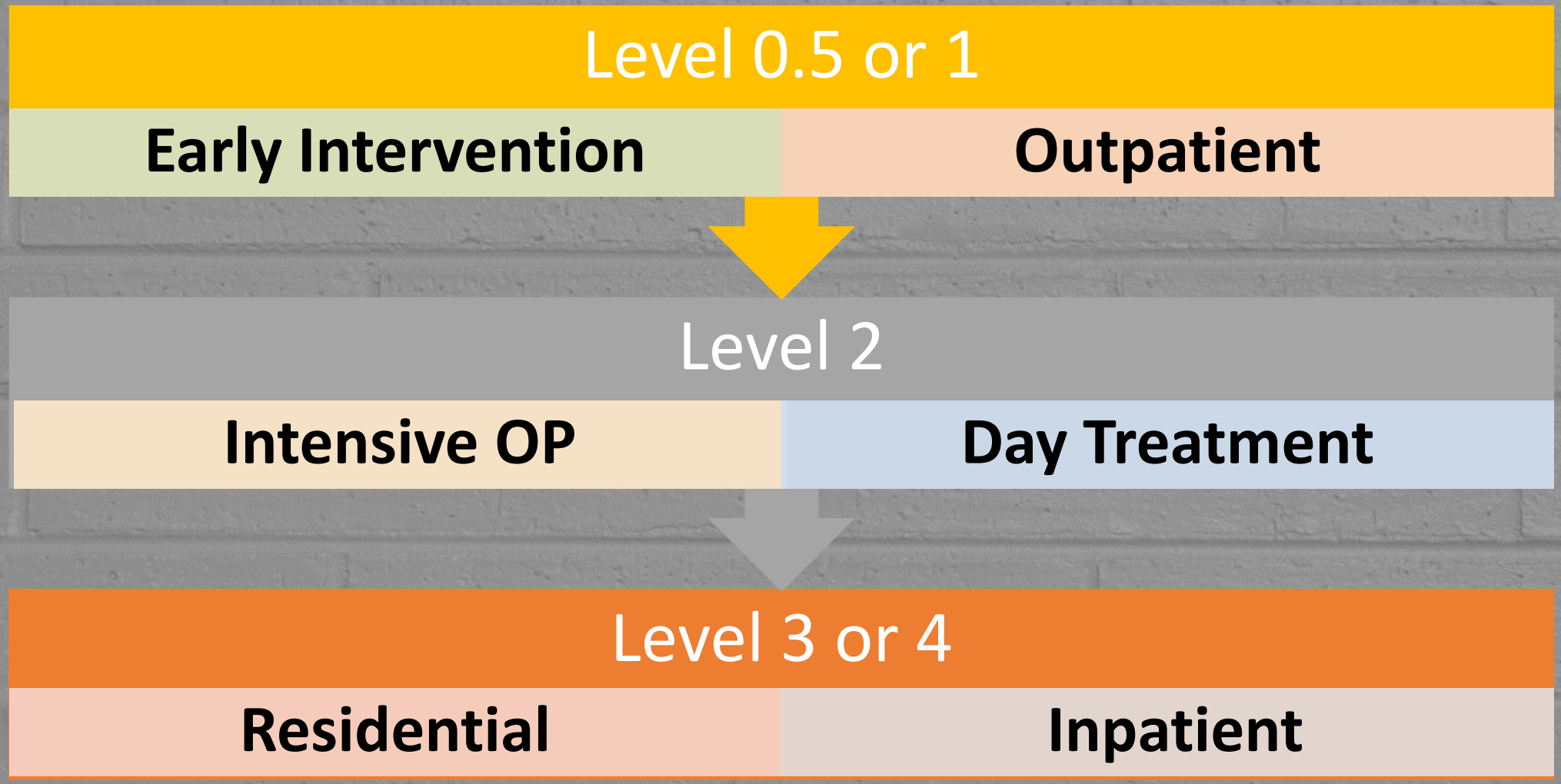
- Evidence-based
- Research-based
- Promising practice
- Just plain wrong…

Guideline 6.1 Continuum of Evidence-Based Treatment

Youth and family placed in appropriate level of care. No "one size fits all" approach is acceptable.

Building the process for your JDTC

ASAM Adolescent Levels of Treatment



Guideline 6.2
Administer Treatment(s) Shown to Improve Outcomes

- Assertive continuing care: Integrated and coordinated care after discharge from various programs
- Behavioral therapy: Based on operant behavioral principals
- Cognitive behavioral therapy: Coping and problem solving skills; cognitive restructuring
- Family therapy: Actively engage family members in treatment, focus on family functioning, communication skills, parenting skills.

Guideline 6.2
Administer Treatment(s) Shown to Improve Outcomes

- Motivational enhancement therapy: Supportive and non-confrontational therapeutic techniques
- Motivational enhancement therapy/cognitive behavioral therapy: Combination therapy
- Multi-service packages: Program that combines two or more of the above.

Cognitive Behavior Therapy

Contingency Management

Family Therapy

Motivational Enhancement Therapy

MET + CBT

Assertive Continuing Care

Guideline 6.3
Fidelity to Treatment Models

Research findings (Lipsey et al., 2010)

- **Placing youth in wrong programs can cause harm**
- **Builds potential for further systems penetration**

To control for inappropriate placement and treatment failures, build quality assurance/fidelity procedures

Guideline 6.4
Address priorities in case plan, including trauma, mental health, quality of family life, educational challenges and criminal thinking

- Per the Guidelines:

- "Evaluations of JDTCs show that 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."

- Thus, a "one-size fits all" approach in JDTC programs will not provide appropriate treatment and support for all youth.

Guideline 6.4: Trauma and Mental Health

Per Guidelines:

- **JDTCs need to screen for and assess traumatic childhood and current experiences for the mental health and substance use of each youth.**
- **Research has found that JDTC programs do not typically screen for, nor address the symptoms of PTSD.**
- **Adverse Childhood Experience (ACE) questionnaire and UCLA Child/Adolescent PTSD Reaction Index available on-line via OJJDP link.**

Guideline 6.4: Family Functioning

- Level of evidence of effectiveness in JDTC programs.
- Incentives/sanctions for families in your JDTC
- Common modalities

Guideline 6.5
Modeling Prosocial Skills

Research shows that programs focused on positive youth development are correlated with reductions in problem behaviors, including substance use and delinquent activities.

Methods used:

- **Mentoring**
- **Building assets via learning/doing model and attaching/belonging**

Guideline 6.5
Mentoring Programs

Per Yelderman & Thomas (2015) and the National Mentoring Resource Center, the best results for *mentor programs* are achieved by addressing the following:

- Implementing a formal structure;
- Developing clear expectations;
- Providing consistent and ongoing support for mentors, mentees, and family members; and
- Implementing organizational self-monitoring practices (e.g., staff evaluation and training).

OJJDP National Mentoring Center: Elements of Effective Practice for Mentoring

- Recruit appropriate mentors and mentees by realistically describing the program's aim and expected outcomes.
- Screen prospective mentors to determine whether they have the time, commitment, and personal qualities to be a safer and effective mentor.
- Train prospective mentors, mentees and mentees' parents/legal guardians in the basic knowledge, attitudes and skills needed to build an effective and safe mentoring relationship.
- Match mentors and mentees , and initiate the mentoring relationship using strategies likely to increase the odds that mentoring relationships will endure and be effective.

Principles of Adolescent Substance Use Disorder Treatment: A Research-based Guide

National Institute on Drug Abuse (NIDA)

www.drugabuse.gov

1-877-643-2644

Practice Implications

- Only use providers that have documented use of evidence-based approaches and models. Invite providers in to JDTC team meeting for presentation of modalities.

- Review curriculum or manuals for treatment group sessions to ensure that practices are not “mixed counseling,” “business as usual” or NOT developmentally appropriate – which often means adapted from adult counseling modalities.

Practice Implications

- Monitor data for inequities in treatment engagement, progress and completion
- If possible, include language within provider contracts to monitor for adherence to model fidelity of selected evidence-based practice.
- Create small mentoring or positive youth development workgroup, focused specifically on building a prosocial modeling skills program for JDTC youth.

Summary and Questions

- Refer to treatment programs that feature family therapy, motivation enhancement therapy or cognitive behavioral therapy.
- Programs should follow standardized treatment manuals or protocols.
- Use trauma screeners and mental health programs to address full care needs.
- Create prosocial/mentoring opportunities to “anchor youth” within the community upon JDTC completion.

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