

Ensuring Fidelity to the Juvenile Drug Courts Strategies in Practice – A Program Component Scale

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EACH OF THE 16 STRATEGIES were built from evidence-based and promising practices and should be considered an important road map for courts to utilize. This Technical Assistance Brief (TA Brief) is the second in a two-part series designed to strengthen adherence to the juvenile drug court (JDC) model. Presented in scale form, it should be used as a tool to analyze JDC operations as they relate to the *Juvenile Drug Courts: Strategies in Practice (16 Strategies)*. To fully utilize this tool, each team member is encouraged to first read the *16 Strategies*, which will give the team a better understanding of the fundamentals that lend to a high functioning program and team (visit www.ncjfcj.org to obtain the complete document). JDC teams should use the Program Component Scale (Scale) to assess both positive and potentially negative indicators under each strategy as well as to create a dialogue for change (if needed). The assessment should be conducted annually or after periods of major transition. JDC coordinators, judges, or key personnel should complete the form with other team members present and are encouraged to make the information garnered from the assessment available to their governing body (oversight committee), agency directors, and judicial branch.

Research has found that juvenile drug courts are often constructed and managed in diverse ways across juvenile court jurisdictions (Sloan & Smykla, 2003). Some of this variability can be accounted for by the different philosophies employed by individual juvenile court systems. Other differences stem from the unique challenges that youth present when involved in the court system (e.g., importance of peers, family involvement, motivation, degree of substance use/abuse). Although researchers are still hard at work determining exactly which components blend together to create an effective JDC or drug court model, there is guidance via the *16 Strategies* that can assist juvenile drug courts in creating strong, theoretically sound models. Each of the *16 Strategies* was built from evidence-based and promising practices and should be considered an important road map for courts to utilize.

The *16 Strategies* can be divided into two distinct sections composed of team (workgroup) and client components (see Olsen, Lurigo, & Albertson, 2001 for similar categorization of the Adult Drug Court 10 Key Components). Too often, juvenile drug courts become so focused on client service that they forget to manage their team and collaborative process. Each of the *16 Strategies* must be fully implemented and maintained, or the JDC program may suffer and return to a “business as usual” model. The Scale will help JDCs determine which of the *16 Strategies* can be categorized as team/ workgroup dynamics (indicated by a T) versus client focused practices that are supported by the team (indicated by a C). When a JDC team analyzes their program operation from this point of view a balance between the two categories can be reached and maintained. In the section that follows, each of the *16 Strategies* is outlined and varying challenges are highlighted. JDC teams will be able to consider and become cognizant of potential drift after the assessment is performed.

Each of the 16 Strategies were built from evidence-based and promising practices and should be considered an important road map for courts to utilize.

Strategy One: Collaborative Planning (T)

JUVENILE DRUG COURTS must adequately identify and include all important and relevant stakeholders. If the JDC fails to do this, then “buy-in” for the program may be damaged which can create a weaker foundation from which to build a successful program (Welsh and Harris, 2004). In addition, after the JDC is established, economic and/or social climate shifts in the community may potentially impact support and buy-in for the JDC program (Mattesich, Murray-Close, & Monsey, 2001). Each JDC must create a strategy and a set of goals to address these changes or shifts.

JDCs must also come to appreciate that turnover in key planning team members and/or stakeholders is inevitable. Transition plans must be developed that will allow new members proper training and education on policies, practices, and procedures. The more information that is shared between groups, the greater the likelihood of philosophical buy-in to the program.

STRATEGY ONE:

- The important and relevant stakeholders have been identified and included in all decisions.

..... 1 2 3 4

Strongly Disagree Disagree Agree Strongly Agree

- The transition plans have been developed so that all stakeholders receive proper training on policies, practices, and procedures.

..... 1 2 3 4

Strongly Disagree Disagree Agree Strongly Agree

- The political, economic and/or social climate in the community is continually monitored.

..... 1 2 3 4

Strongly Disagree Disagree Agree Strongly Agree

- The stakeholders have a voice in the oversight and operation of the JDC.

..... 1 2 3 4

Strongly Disagree Disagree Agree Strongly Agree

- The data are continuously collected and provided to the stakeholders for purposes of program refinement.

..... 1 2 3 4

Strongly Disagree Disagree Agree Strongly Agree

Strategy Two: Team Work (T)

EFFECTIVE TEAMS DISPLAY SEVERAL KEY characteristics (Marks, 2006, p. i), including:

- Confidence and mastery of the task at hand
- Appropriate use of resources
- Ability to “leverage the knowledge and expertise of various members”
- Coordination of services and programs

All operational team members must share in the philosophy and mandates of the JDC model. In a high functioning team, all members exhibit “ownership” of team decisions (Mattesich et al., 2001). Given that many juvenile drug courts across the country are experiencing high rates of turnover, it is critical that all team members have access to and receive the same levels of training so that each team member can feel confident in their role and with their decisions.

STRATEGY TWO:

- Team members share in the philosophy and mandates of the JDC model.

..... 1 2 3 4

Strongly Disagree Disagree Agree Strongly Agree

- The core team includes a judge, prosecutor, defense attorney, probation/case manager, treatment provider, and coordinator. (Other key members may include education or law enforcement.)

..... 1 2 3 4

Strongly Disagree Disagree Agree Strongly Agree

- The policies and procedures of the parent agency do not interfere with the team’s ability to function as a team and to make team decisions.

..... 1 2 3 4

Strongly Disagree Disagree Agree Strongly Agree

- The team members fully understand his or her individual role on the team.

..... 1 2 3 4

Strongly Disagree Disagree Agree Strongly Agree

- Each team member fully understands the roles and responsibilities of others.

..... 1 2 3 4

Strongly Disagree Disagree Agree Strongly Agree

- The team members have access to and receive the same levels of training and training opportunities.

..... 1 2 3 4

Strongly Disagree Disagree Agree Strongly Agree

- The team displays a high level of trust and open communication.

..... 1 2 3 4

Strongly Disagree Disagree Agree Strongly Agree

Strategy Three: Clearly Defined Target Population and Eligibility Criteria (T)

UNFORTUNATELY, THERE ARE MANY JUVENILE drug courts in operation that did not use, or have not used, their criminal justice and social indicator data to develop and guide their target population and eligibility criteria. It is also common to see JDCs move away from their policies and procedures as they relate to target populations (e.g., taking low risk offenders), which can seriously threaten the ability of the JDC to reach Phase Three: Stabilization. In addition, JDC teams need to recognize that juvenile substance use and abuse is often the secondary, not primary, factor that brings the youth before the court system (Cooper, 2002). Therefore, eligibility criteria should account for what Cooper defines as “red flag” (p. 1694) indicators, gathered through various assessments and intake procedures.

STRATEGY THREE:

- Criminal justice and social indicator data are regularly analyzed, so the team can monitor shifts in the culture of substance use by youth.

..... 1 2 3 4

Strongly Disagree Disagree Agree Strongly Agree

- The team only accepts juveniles who meet the targeting and eligibility criteria.

..... 1 2 3 4

Strongly Disagree Disagree Agree Strongly Agree

- The team utilizes numerous screening and assessments tools, so the team can make well informed decisions about program acceptance.

..... 1 2 3 4

Strongly Disagree Disagree Agree Strongly Agree

- The JDC conducts random case file audits to determine where gaps exist in policy vs. practice.

..... 1 2 3 4

Strongly Disagree Disagree Agree Strongly Agree

Strategy Four: Judicial Involvement and Supervision (T)

IN THEIR RETROSPECTIVE ANALYSIS of several drug courts, Goldkamp et al. (2001) found that adult drug courts that utilized a rotating judge model had more negative outcomes than the standard permanent judge model. Unfortunately, it is common to see judges rotated through the juvenile court system. This should be avoided at all costs within the JDC model. A permanently assigned judge allows for an open flow of communication with the team members and creates a mutual trust (also see Kassebaum & Okamoto, 2001). In addition, Belenko and Logan (2003) stress that it is critical that the judge's current JDC role and philosophy is consistent with the overall JDC program operation and goals.

STRATEGY FOUR:

- The judge is receptive to team discussions and decisions.

..... 1 2 3 4

Strongly Disagree Disagree Agree Strongly Agree

- The judge follows the agreed-upon recommendations of the team once on the bench.

..... 1 2 3 4

Strongly Disagree Disagree Agree Strongly Agree

- The judge is the leader and advocate of the JDC program.

..... 1 2 3 4

Strongly Disagree Disagree Agree Strongly Agree

- The judge fully understands his/her role as a JDC judge.

..... 1 2 3 4

Strongly Disagree Disagree Agree Strongly Agree

Strategy Five: Monitoring and Evaluation (T)

MANY JUVENILE DRUG COURTS had the opportunity to begin their programs under a federal or state grant, which in most cases also entailed a program and outcome evaluation. It is critical, however, that after the outside evaluations have been completed, ongoing program monitoring continues. This includes a system and procedure for data collection and analysis that is manageable and easy to implement (see Rempel's [2005] "Action Research" review for key arguments). Ongoing data review by JDCs will help courts shape a responsive and precise program.

STRATEGY FIVE:

- The JDC maintains a standardized database.

1	2	3	4
Strongly Disagree	Disagree	Agree	Strongly Agree

- The data collected include: number of past and current participants; number of youth admitted, non-admits, graduates, terminations; random drug testing dates and results; general treatment compliance and completion/termination data; application and use of incentives and sanctions.

1	2	3	4
Strongly Disagree	Disagree	Agree	Strongly Agree

- The JDC engages in ongoing monitoring of program components (such as this exercise) to correct for drift.

1	2	3	4
Strongly Disagree	Disagree	Agree	Strongly Agree

- The stakeholders and agency directors provide oversight on the types of data to be collected and analyzed.

1	2	3	4
Strongly Disagree	Disagree	Agree	Strongly Agree

- The youth and parents are given the opportunity to provide feedback on the JDC program (i.e., exit interviews, focus groups, and individualized meetings), and the team considers the information.

1	2	3	4
Strongly Disagree	Disagree	Agree	Strongly Agree

Strategy Six: Community Partnerships (T)

IT IS EASY FOR JDC TEAMS to become focused on internal operations given the amount of work devoted to client care. However, if JDCs want to truly match their adolescent clients to beneficial services, the need for ongoing as well as new community partnerships is critical. Establishing partnerships with agencies and projects will also create a natural aftercare setting for youth to connect with once they complete the program. This is a component that is often overlooked in JDCs.

STRATEGY SIX:

- The JDC maintains a current “community map” of all available partners and support services.

..... 1 2 3 4

Strongly Disagree Disagree Agree Strongly Agree

- The community outreach is ongoing, so the team can meet the needs of each unique youth.

..... 1 2 3 4

Strongly Disagree Disagree Agree Strongly Agree

- There are procedures for exchanging information about the JDC youth and/or families (e.g., Release of Information Form).

..... 1 2 3 4

Strongly Disagree Disagree Agree Strongly Agree

Strategy Seven: Comprehensive Treatment Planning (C)

RESEARCH IS QUITE CLEAR that in order to reduce recidivism, certain program components must be present (i.e., proper assessment and individualized treatment planning for youth). The team should be able to understand and plan to minimize risk factors as well as increase protective factors for the youth, family, and peers (Belenko & Logan, 2003). The team should coordinate services among a wide range of providers (e.g., juvenile centered substance abuse treatment, mental health care, education, and vocational training), and effectively match the youth to treatment and service providers (Gendreau, 1999).

STRATEGY SEVEN:

- The screening and assessment of youth occurs before the youth is accepted into the JDC program and is conducted by a qualified professional.

1	2	3	4
Strongly Disagree	Disagree	Agree	Strongly Agree

- Comprehensive, individualized plans are created for each youth.

1	2	3	4
Strongly Disagree	Disagree	Agree	Strongly Agree

- The youth and their families have the opportunity to be part of the treatment planning.

1	2	3	4
Strongly Disagree	Disagree	Agree	Strongly Agree

- The treatment provided meets the state, county, and court guidelines.

1	2	3	4
Strongly Disagree	Disagree	Agree	Strongly Agree

- Treatment providers access a continuum of services for youth and are specially trained in the treatment of adolescents.

1	2	3	4
Strongly Disagree	Disagree	Agree	Strongly Agree

- Treatment providers incorporate and utilize cognitive-behavioral and restructuring therapies.

1	2	3	4
Strongly Disagree	Disagree	Agree	Strongly Agree

- The JDC is able to monitor the quality and type of treatment services provided to participants.

1	2	3	4
Strongly Disagree	Disagree	Agree	Strongly Agree

- Supportive and collateral programs are offered to each participant (e.g., literacy programs, recreational activities, art and music, mentoring, and physical care) and are viewed as a necessary component of thorough treatment planning.

1	2	3	4
Strongly Disagree	Disagree	Agree	Strongly Agree

Strategy Eight: Developmentally Appropriate Services (C)

IT IS COMMON TO HAVE CURRENT JDC team members bring experience garnered while serving on other problem-solving courts to the table. This experience most often comes from serving in adult or family courts.

While this is valuable experience, team members must be cautious not to apply the same philosophy to the JDC client. Current scientific findings have found that the juvenile brain is still developing well into the early twenties, and youth may suffer from unique mental and emotional health needs that must be treated differently than adults (see Geidd, 2004). In addition, the teams should be cautious about applying adult treatment models and curriculums to adolescents (i.e., AA/NA). Such services are not developmentally appropriate, may cause youth to be exposed to more experienced and heavily addicted individuals, and were not originally designed for adolescents (Belenko & Logan, 2003; Winters, 2001).

STRATEGY EIGHT:

- The JDC team stays abreast of the most current scientific findings on adolescent brain development.

1	2	3	4
Strongly Disagree	Disagree	Agree	Strongly Agree

- The JDC team understands that each youth presents at different emotional and psychological stages, and therefore treatments and interventions are matched to their developmental stage.

1	2	3	4
Strongly Disagree	Disagree	Agree	Strongly Agree

- The JDC team supports the concept that not all youth suffer from drug and/or alcohol addiction, but rather abuse.

1	2	3	4
Strongly Disagree	Disagree	Agree	Strongly Agree

- There are various types of sober support models (e.g., SMART recovery) and they are offered to participants.

1	2	3	4
Strongly Disagree	Disagree	Agree	Strongly Agree

- The program requirements are clearly articulated to youth participants in both written (i.e., handbook, contracts) and oral (i.e., orientation) forms.

1	2	3	4
Strongly Disagree	Disagree	Agree	Strongly Agree

Strategy Nine: Gender-Appropriate Services (C)

ALTHOUGH BOYS AND GIRLS do have some similar causes for their substance abuse and offending, there are also fundamental differences that must be considered. For example, female juvenile offenders exhibit a higher rate of mental health problems, higher rates of victimization, and lower coping abilities than their male counterparts (Cauffman, 2008). In addition, young females who display conduct disorders (often served by JDCs) are less likely to complete treatment programs (Cauffman, 2008). Findings and information such as this must be weighed and considered by JDC teams as they look at the distinctive needs of both boys and girls.

STRATEGY NINE:

- The JDC has received training on the differences in risk and protective factors between boys and girls.

1	2	3	4
Strongly Disagree	Disagree	Agree	Strongly Agree

- Treatment providers offer program services that focus on the gender-specific factors that lead to substance abuse.

1	2	3	4
Strongly Disagree	Disagree	Agree	Strongly Agree

- Support services are built into participant case plans to address their unique needs.

1	2	3	4
Strongly Disagree	Disagree	Agree	Strongly Agree

Strategy Ten: Cultural Competence (C)

A TRULY CULTURALLY COMPETENT JDC is built at the parent agency, team, and practitioner level. Acknowledging culture is an extremely important factor for criminal justice system involved youth. The culture might be generational or ethnic, but it needs to be viewed as a strength of the youth. When youth come to court and appear to be behaving inappropriately, differences in culture should be observed and questions asked to determine motivation for the behavior. If a team is culturally competent and aware, the likelihood that youth clients will be appropriately served increases greatly

STRATEGY TEN:

- The JDC team understands that culture shapes how youth behave and respond to situations.

..... 1 2 3 4

Strongly Disagree Disagree Agree Strongly Agree

- The JDC team members do not make recommendations for interventions based solely on their own cultural and childhood/adolescent experiences.

..... 1 2 3 4

Strongly Disagree Disagree Agree Strongly Agree

- The new JDC team members and staff are provided with cultural awareness training specific to adolescents.

..... 1 2 3 4

Strongly Disagree Disagree Agree Strongly Agree

- The JDC examines retention rates for youth from different cultures.

..... 1 2 3 4

Strongly Disagree Disagree Agree Strongly Agree

Strategy Eleven: Focus on Strengths (C)

THE CRIMINAL JUSTICE SYSTEM is historically punitive and reactive. It is critical that drug courts remain focused on the strengths of program youth and families. Failure to do this can return the court to a “business as usual” model or become an intensive supervision program rather than a treatment program. The research has shown intensive supervision models do not reduce recidivism rates (Mackenzie, 2000).

STRATEGY ELEVEN:

- The team and court has received training in strength-based approaches.

1	2	3	4
.....
Strongly Disagree	Disagree	Agree	Strongly Agree

- The treatment provider(s) and various JDC team members utilize motivational interviewing techniques to elicit positive information from youth and their families.

1	2	3	4
.....
Strongly Disagree	Disagree	Agree	Strongly Agree

- There is a strength recognized within the youth, even when he/she is given a sanction.

1	2	3	4
.....
Strongly Disagree	Disagree	Agree	Strongly Agree

- The JDC team carefully balances information provided by outside services and support (e.g., treatment, education) with information provided by the youth and family during JDC staffings.

1	2	3	4
.....
Strongly Disagree	Disagree	Agree	Strongly Agree

Strategy Twelve: Family Engagement (C)

THE ABILITY OF THE JDC to develop a strong connection and relationship with the family is critical for success. If a family feels understood and supported by a JDC team and treatment providers, then they are more likely to participate in required activities. Current research shows that providing services and interventions that are family-based, rather than just individual-based (Greenwood, 2008) produces better outcomes.

STRATEGY TWELVE:

- The parents and/or guardians are included in all intake procedures and are part of initial treatment planning.

1	2	3	4
Strongly Disagree	Disagree	Agree	Strongly Agree

- The parents and/or guardians are required to attend court.

1	2	3	4
Strongly Disagree	Disagree	Agree	Strongly Agree

- The cultural and linguistic needs of families are respected and addressed.

1	2	3	4
Strongly Disagree	Disagree	Agree	Strongly Agree

- There are services made available to parents to address their unique needs (e.g., substance abuse treatment, parenting classes, employment training referral, and housing).

1	2	3	4
Strongly Disagree	Disagree	Agree	Strongly Agree

- The parents are addressed during court appearances, so they feel engaged in their child's recovery.

1	2	3	4
Strongly Disagree	Disagree	Agree	Strongly Agree

Strategy Thirteen: Educational Linkages (C)

UNDER MOST CIRCUMSTANCES, SCHOOL ENROLLMENT and participation are key protective factors for youth. Developing a strong relationship with the various schools and alternative programs in a community is a critical component that is often overlooked.

STRATEGY THIRTEEN:

- The team partners with the local school district and alternative programs.

.....

1	2	3	4
Strongly Disagree	Disagree	Agree	Strongly Agree

- The schools are included in the treatment planning process for youth.

.....

1	2	3	4
Strongly Disagree	Disagree	Agree	Strongly Agree

- The team supports the idea that not all youth are best served in the traditional school setting. So, if available, the team utilizes a menu of school programming for youth.

.....

1	2	3	4
Strongly Disagree	Disagree	Agree	Strongly Agree

- The schools are supportive and advocate for the youth involved in the JDC.

.....

1	2	3	4
Strongly Disagree	Disagree	Agree	Strongly Agree

Strategy Fourteen: Drug Testing (C)

DRUG TESTING is a major component of the JDC model. Juvenile drug courts must maintain policies and procedures that are up to date and reflective of the most currently available scientific findings on testing methods and results measurement (see Cary, 2002, 2005). JDCs often claim to have random testing procedures, yet youth report that they know their testing will be on the days that they participate in treatment and appear in court. True randomization occurs at different hours, on days away from the court, and utilizes multiple methods of testing.

STRATEGY FOURTEEN:

- The drug testing is completely random and entails both instant (spot) and lab evaluated results.

1	2	3	4
Strongly Disagree	Disagree	Agree	Strongly Agree

- The drug testing is observed.

1	2	3	4
Strongly Disagree	Disagree	Agree	Strongly Agree

- The JDC team does not use “levels” to determine sobriety.

1	2	3	4
Strongly Disagree	Disagree	Agree	Strongly Agree

- There are multiple types of drug testing and adulterant devices used in the program.

1	2	3	4
Strongly Disagree	Disagree	Agree	Strongly Agree

- The JDC has a documented chain of custody for all urine and testing samples.

1	2	3	4
Strongly Disagree	Disagree	Agree	Strongly Agree

- The drug testing procedure is clearly outlined for both program purposes and for participating youth and families.

1	2	3	4
Strongly Disagree	Disagree	Agree	Strongly Agree

- The credibility of UA Testing laboratory has been determined.

1	2	3	4
Strongly Disagree	Disagree	Agree	Strongly Agree

- Team is trained on how to interpret results.

1	2	3	4
Strongly Disagree	Disagree	Agree	Strongly Agree

Strategy Fifteen: Goal-Oriented Incentives and Sanctions (C)

EFFECTIVE INCENTIVES AND SANCTIONS are key behavior changing components of the JDC model, yet are probably the least understood. It is easy for operational drug courts (adult, juvenile, DUI, veteran, and family) to fall into a pattern of responses to positive and negative behavior, whereby the same standard five or six incentives and sanctions are used on all participants. JDC teams need to give careful consideration to each incentive and sanction and must ensure that the responses are appropriate, goal-oriented, and therapeutically appropriate.

STRATEGY FIFTEEN:

- The incentives and sanctions are applied using research and evidence-based principles.

1	2	3	4
.....
Strongly Disagree	Disagree	Agree	Strongly Agree

- The incentives outweigh sanctions 4 to 1 in the JDC program.

1	2	3	4
.....
Strongly Disagree	Disagree	Agree	Strongly Agree

- The incentives and sanctions are juvenile appropriate.

1	2	3	4
.....
Strongly Disagree	Disagree	Agree	Strongly Agree

- The JDC participants are allowed the opportunity to express what they find to be rewarding as well as punishing, so sanctions and incentives can be tailored to each youth.

1	2	3	4
.....
Strongly Disagree	Disagree	Agree	Strongly Agree

- The incentives and sanctions match the goals of each program phase.

1	2	3	4
.....
Strongly Disagree	Disagree	Agree	Strongly Agree

- The incentives and sanctions are consistent and fair but still maintain a degree of individualism.

1	2	3	4
.....
Strongly Disagree	Disagree	Agree	Strongly Agree

- The JDC does not use treatment as a sanction.

1	2	3	4
.....
Strongly Disagree	Disagree	Agree	Strongly Agree

- The JDC uses detention as a last resort.

1	2	3	4
.....
Strongly Disagree	Disagree	Agree	Strongly Agree

Strategy Sixteen: Confidentiality (C)

CONFIDENTIALITY PROCEDURES for court, staffing, and information exchanges must be carefully considered and adhered to by JDC team members. Teams must be cautious that staffing meetings do not become overrun with providers, stakeholders, and other agency personnel that are not directly related to the case being staffed.

STRATEGY SIXTEEN:

- The state and federal confidentiality policies have been reviewed and applied to forms, releases, documents, and contracts.

..... 1 2 3 4

Strongly Disagree Disagree Agree Strongly Agree

- There is a documented procedure in the JDC policy and procedure manual to ensure confidentiality requirements are maintained.

..... 1 2 3 4

Strongly Disagree Disagree Agree Strongly Agree

- There is a policy in place that addresses the release and storage of confidential information.

..... 1 2 3 4

Strongly Disagree Disagree Agree Strongly Agree

- There are Memorandums of Understanding regarding information sharing in place with all critical treatment, education, and ancillary service providers.

..... 1 2 3 4

Strongly Disagree Disagree Agree Strongly Agree

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