Best Practices

- 10 key Components of Drug Courts
- 16 Strategies of Juvenile Drug Courts
- Juvenile Drug Court Roles
- Evidence Based Treatment
- Important Components of Juvenile Drug Court
Juvenile Drug Court Roles

- Judge
- Probation
- Treatment
- Youth
- Family

It’s all about the handshake

- actively listens,
- is someone whom the youth believes understands the problems of somebody their age,
- and is able to effectively and actively communicate to the youth that he has a genuine interest and knowledge in their life concerns (Chambers, 2011).
Nothing matters more than... the quality of the interaction between the judge, the juvenile and the family (Chambers, 2011).

Probation

The PO & SO are Key

Manage the intensive supervision, act as a liaison between treatment, court and community (National Council of Juvenile and Family Court Judges).

Coordinate activities and schedules for the juvenile.
Treatment

Engages and motivates youth and families

Provides the structure for change by using EBPs

Emphasizes responsibility for change

Builds on strengths of youth & family

Reframes the past into hope for the present and the future

Treatment Components

- Utilizing appropriate incentive/sanction ratio (4:1 ratio) (National Council of Juvenile and Family Court Judges).
- Treatment Dosage
- Linking to community resources
- Providing Trauma Based Therapy
- Focusing on strengths
- Providing home based therapy to engage family members
- Being responsive to cultural differences
- Providing gender appropriate treatment (Belenko & Dembo, 2003).
Youth

Be accountable

Comply with Drug Court

Reduce negative peer group association

Increase exposure to pro-social peers, adults and activities

Family

By building alliances with families, recognizing their strengths, and helping them address possible barriers to change; we can significantly increase the youth’s chance for a positive outcome and successful graduation from Drug Court. (National Council of Juvenile and Family Court Judges).
Why Use EBPs

- Allows all team members to have same knowledge and expectations
- Offers a structure that research has validated program effectiveness
- Optimizes learning thru an integrated progression
- Based on change and learning theories (Danicourt & Harriott, 2005).
Motivational Interviewing

- A tool to promote behavioral change originating in the client
- Emphasizes genuine, respectful and concerned rapport
- Focuses on exploring and resolving ambivalence
- Concentrates on the client’s personal motivations for change
- Helps client explore, recognize and find their own resolution to change behavior they view as a problem (The Mid-Atlantic Addiction Technology Transfer Center, 1999).

Moral Theories & Principles

Engages youth to develop moral codes critical for healthy decision making

Makes the youth more intentional about their life choices and influence on others

- Young children base moral judgments on consequences
- Older children base moral judgments on intentions
Kohlberg’s Stages of Moral Development

<table>
<thead>
<tr>
<th>Level</th>
<th>Preconventional Morality</th>
<th>Conventional Morality</th>
<th>Postconventional Morality</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stage 1</td>
<td>Punishment-Avoidance and Obedience</td>
<td>Make moral decisions strictly on the basis of self-interests. Disobey rules if can do so without getting caught.</td>
<td>Make decisions on the basis of what will please others. Concerned about maintaining interpersonal relations.</td>
</tr>
<tr>
<td>Stage 2</td>
<td>Exchange of favors</td>
<td>Recognize that others have needs, but make satisfaction of own needs a higher priority.</td>
<td>Look to society as a whole for guidance about behavior. Think of rules as inflexible, unchangeable.</td>
</tr>
</tbody>
</table>

MRT

Evidence Based Program reviewed by SAMHSA

Developed in 1985 by Dr. Gregory Little and Dr. Kenneth Robinson

Reconation: the process of making conscious decisions

- A CBT program that leads to enhanced moral reasoning and better decision making
- Designed to reduce recidivism
- Rule Oriented (Little, 2004)
Implementation of MRT

- Concentrated on 16 steps (only 12 used in group; 4 are for aftercare)
- Steps are based on Kohlberg’s stages
- Structure allows progression/digression among steps and moral development
- Individualized and independent progress
- Youth have to present in group and can pass only one step at a time (Little, 2004).

Benefits of MRT

- Easy to implement
- Promotes compliance to rules and accountability
- Promotes higher moral reasoning
- Eliminates excuses and justifications for negative behavior
- Success is easy to measure
- Treatment is consistent and transferrable
- Allows for punishment and positive reinforcement (Little, 2004).
Public Service Hours

- Steps 6 and 9 each require 10 hours
- Hours/activity must be for someone where the youth clearly gets nothing in return except credit for the time
- Cannot be used to help friends/family
- Connects youth to the community and to positive role models
- Requires personal interaction and not just “work”
- Focus is on developing empathy (Little, 2004).

MRT Parent Program

- Structured program of 12 sessions
- A cognitive behavioral educational approach designed to change thinking and behavior about parenting
- Designed to teach positive parenting skills and attitudes to parents
- Utilizes some of the same exercises that the youth complete in their program (Little, 2004).
MET/CBT5

Structured Sessions that focus on “thirds”

✓ 1/3 rapport and review of progress
✓ 1/3 Session task (introducing/teaching, in-session practice exercises)
✓ 1/3 Summarize and link to next session (assigning real-life practice between sessions)

- MET is designed for individual counseling (2 sessions)
- CBT portion is designed for group therapy sessions (3 sessions)

MET-CBT5 Exercises

- Personal Feedback Report
- Personal Goal Worksheet
- Knowledge is Power Form
- Substance Refusal Skills
- Enhancing One’s Social Support Network
- Engaging in Replacement Activities
- Steps for Problem Solving
- Planning for Emergencies and Coping with Relapse/ Personal Emergency Plan (Danicourt & Harriott, 2005).
What we can do better

- Recognizing positive behaviors
- Creative sanction brainstorming
- Accessing the community
- Engaging families and support persons
- Addressing trauma factors
- Providing a method to analyze recidivism and drop outs to determine how to do a better job (Lipsey, Howell, Kelly, Chapman & Carver, 2010).

A Victim’s Story

I started using marijuana at 10 and drinking 40s followed. I like the high. It calms me. It makes me forget about my pain. Ever since we were little my mom has never been there for us. We’ve been going in and out of group homes since I was 5 and it hurts me a lot because I feel my mom doesn’t care and is just doing her own thing.

It hurt me I lost my brother to gangs, drugs and alcohol. He always watched over me and now he can’t be there for me. I lost my cousin because she huffed airdust and froze her brain and it stopped her heart. She was like an older sister and now she is in the cemetery.

I care about my grandma because she took care of me but I never really listened to her. I want to change that. My grandma tells me to stop using and keeps telling me I want to stop.
“Drug court has helped me stay out of DOC. It has helped me stay clean so far, and maintain a sober lifestyle with my family. It is helping me learn to cope with my emotions.”

“Drug court helps me get closer to my mom.”

“I have learned how to manage my urges when I feel like smokin’.”

“Drug court stopped me from coming home at 2am with nine people. It helped me stop from failing every class besides lunch. It kept me from sitting in jail weeks on end. Drug court helps!”

Graduation is the first step
To a healthy life and future

Drug Courts Work!
References


References Continued


