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BREAKING THE JUVENILE DRUG-CRIME CYCLE

A Guide for Practitioners and Policymakers

Research Report

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BREAKING THE JUVENILE DRUG-CRIME CYCLE:

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Preface

Written for practitioners and policymakers, this publication is based on selected sections of a longer report, *Breaking the Cycle of Drug Use Among Juvenile Offenders* (November 1999, NCJ 179273), the main sections of which are listed in the appendix. The longer report reflects an extensive review of the literature and interviews with researchers active in developing and evaluating programs designed to break the drug-crime cycle among juveniles. The report is available on NIJ's Web site (http://www.ojp.usdoj.gov/nij/drugdocs.htm).

The Web document summarizes existing knowledge about programs designed to intervene in the juvenile drug-crime cycle and, based on that knowledge, identifies interventions that published research judges to offer the best chances for success. It also provides guidelines and recommendations for developing a comprehensive juvenile justice system that can best address the needs of drug-using juvenile offenders. The authors hope their report will contribute to the selection of effective interventions and the development of collaborative partnerships among the juvenile justice system, drug treatment programs, and other community agencies as they seek ways to break the cycle of drugs and crime afflicting so many of the Nation's youths.

The authors of the Web-only report, Duane C. McBride, Curtis J. VanderWaal, Yvonne M. Terry-McElrath, and Holly VanBuren, were all affiliated with Andrews University at the time the report was written. McBride (mcbride@andrews.edu) and VanderWaal (vanderwa@andrews.edu) can be contacted regarding this research report at Andrews University, Institute for Prevention of Addictions, Berrien Springs, Michigan. They prepared the online document for NIJ under contract number OJP–96–C–004. A related article by these researchers appears in the May 2000 issue of *The Journal of Behavioral Health Services & Research*.[1] The first three authors are continuing their work in this area through ImpacTeen, a policy-research partnership to reduce youth substance use. ImpacTeen is part of the Bridging the Gap Initiative: Research Informing Practice for Healthy Youth Behavior, supported by The Robert Wood Johnson Foundation and administered by the University of Illinois at Chicago.

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Introduction and Purpose

Although many attempts have been made to break the juvenile drug-crime cycle, few interventions have demonstrated consistently positive scientific outcomes. This report summarizes existing knowledge about programmatic efforts to intervene in that cycle and proposes interventions and programmatic changes that will most likely successfully address that cycle. The authors hope practitioners, administrators, and policymakers will use this report to select effective interventions and develop collaborative partnerships among the juvenile justice system, drug treatment programs, and other community agencies seeking to break the cycle of drugs and crime among youths in the United States.

The Juvenile Drug-Crime Cycle

For more than two decades, researchers, clinicians, and juvenile justice program administrators have known of the link between drug use (including alcohol) and juvenile crime. In many communities, the majority of juveniles currently entering the justice system are drug users. Other research indicates that juvenile drug use is related to recurring, chronic, and violent delinquency that continues well into adulthood. Juvenile drug use is also strongly related to poor health, deteriorating family relationships, worsening school performance, and other social and psychological problems.

The drug-crime link does not mean that drug use necessarily leads to criminal activity (or vice versa). However, research indicates that a relatively small group of serious and violent juvenile offenders who are also serious drug users accounts for a disproportionate amount (more than half, according to one national study) of all serious crimes committed by delinquents.[2]

Most readers probably are familiar with many of the studies documenting the existence, nature, and implications of the juvenile drug-crime cycle and also may be aware of the numerous attempts that have been made to intervene in that cycle. However, scientific research has shown few of these interventions to be successful. This report examines the most promising intervention research about drug-using juvenile offenders and addresses the following questions:

1. Which approaches and programs have been most effective in addressing the juvenile drug-crime cycle?

2. What are the major components of a model comprehensive system that simultaneously incorporates the strengths of the juvenile justice system, drug treatment programs, and other community agencies?

3. What are some key steps involved in successfully implementing local interventions and programs dedicated to intervening effectively in the drug-crime cycle?

Breaking the Cycle: What Works?

Key Strategies

In recent years, several promising strategies for intervening in the juvenile drug-crime cycle have emerged in the juvenile justice system. It should be noted that these particular strategies are not *programs* (which are reviewed later in this report); rather, they are approaches that can be applied across the entire span of a juvenile's contact with the system, from intake through his or her reintegration into the community.

Balanced and restorative justice

Past attempts to interrupt the cycle of delinquent behavior among youths have varied widely through the years. The early juvenile justice system took a parental approach, focusing mainly on rehabilitating young offenders. As juvenile crime has grown and become more violent, the American public has increasingly endorsed prosecuting and incarcerating juveniles as adults. To address these divergent approaches, the balanced and restorative justice (BARJ) perspective has emerged in the past few years. This juvenile justice model integrates the traditional rehabilitative philosophy of the juvenile court with increasing societal concern about victims' rights and community safety. Specifically, the model strikes a balance among *offender accountability* (making amends to the victim and community), *competency development* (changing behaviors and improving functional skills), and *community safety* (protecting the community by carefully monitoring the juvenile's behavior). Community safety is of utmost importance in this model. BARJ has become the guiding philosophy in juvenile justice system change in at least 12 States.[3]

Graduated sanctions

Consistent with the BARJ philosophy, graduated sanctions hold juveniles accountable for their actions and, at the same time, reward them for positive

progress toward rehabilitation. This philosophy uses a carrot-and-stick approach to motivate the juvenile's progress in treatment: Good behavior (staying drug free or avoiding delinquent actions) results in increased freedom or other rewards, while negative behavior results in more severe restrictions or a more intensive therapeutic environment. Based on an individual's progress, sanctions and therapeutic interventions can be made more or less intense. If the offender lapses into alcohol or drug (AOD) use and/or delinquent behavior at any point in the treatment process, graduated sanctions involving placing the juvenile in a higher security, more intense therapeutic environment are applied. A model of such an approach is the juvenile drug court, where the juvenile's progress is generally monitored by a judge who relies on a variety of professionals in assessing needs, recommending services, monitoring behaviors, and applying sanctions when a lack of improvement is evident.

Systems collaboration

As an institution responsible for public safety, the juvenile justice system should be the final authority in decisions involving case management, sanctions, and AOD treatment. However, the juvenile justice system cannot, by itself, provide for juveniles' treatment and competency development needs. Because of their often fragmented lives, substance-abusing juvenile delinquents usually require a range of services. Traditionally, such service providers have been plagued by poor coordination, large caseloads of multiple-need families, poor cross-system communication, increased specialization, and inadequate funding. Many communities, recognizing that such conditions exist, have formed interorganizational collaboratives that share expertise, resources, and responsibilities while working together to meet the identified needs of juveniles. Such efforts ensure that services are both accessible to the target population and relevant to the community's unique strengths, needs, and service options. These systems need to be carefully coordinated to ensure cooperation, buy-in, and accountability on the part of all participating organizations.

Integrated case management

A key approach to interrupting the juvenile drug-crime cycle is an integrated case management strategy that coordinates the various service needs of youths from the time they enter the juvenile justice system until they no longer require supervision. This approach connects juveniles with needed resources as they move through the juvenile justice and drug treatment systems. Various researchers have found that under this approach, youths receive more rapid and improved access to services, achieve more goals, stay longer in treatment, and improve

AOD treatment outcomes when compared with standard treatment services.[4] The most promising case management models combine two broad approaches: strengths based and assertive. Strengths-based case management focuses on developing a service plan around a juvenile's self-identified strengths and talents that will motivate the youth to make positive life choices. Under assertive case management, the case manager is actively involved in seeking out and delivering services to the juvenile (under passive service provision, the case manager provides the youth with referral information and the youth is expected to seek out service on his or her own).

Major Elements of a Comprehensive Model

The preceding key strategies provide a strong framework for communities to develop and operate a comprehensive model system for interrupting the juvenile drug-crime cycle. This section will build on that framework by recommending effective intervention programs (including their major components) at each stage of the juvenile justice system.

The exhibit illustrates the relationship between the elements of the model system, discussed below, as well as the relationship of the key strategies—graduated sanctions, integrated case management, and systems collaboration—to the model system, which is driven by the BARJ goals of public safety, rehabilitation, and community reintegration.

Single point of entry

A juvenile's first contact in the model system is at a single point of entry. Currently, most systems are decentralized, with multiple points of entry. This fragmented approach often results in youths receiving inappropriate or duplicate services and major gaps in problem identification, assessment, referral, and overall access to services. A single entry point ideally would house a comprehensive management information system and be co-located with an appropriate substance abuse treatment facility that would provide detoxification and stabilization. The entry point also would provide screening and assessment, assign a case manager trained in both effective assessment and juvenile justice system management, and make recommendations for services based on the assessment.

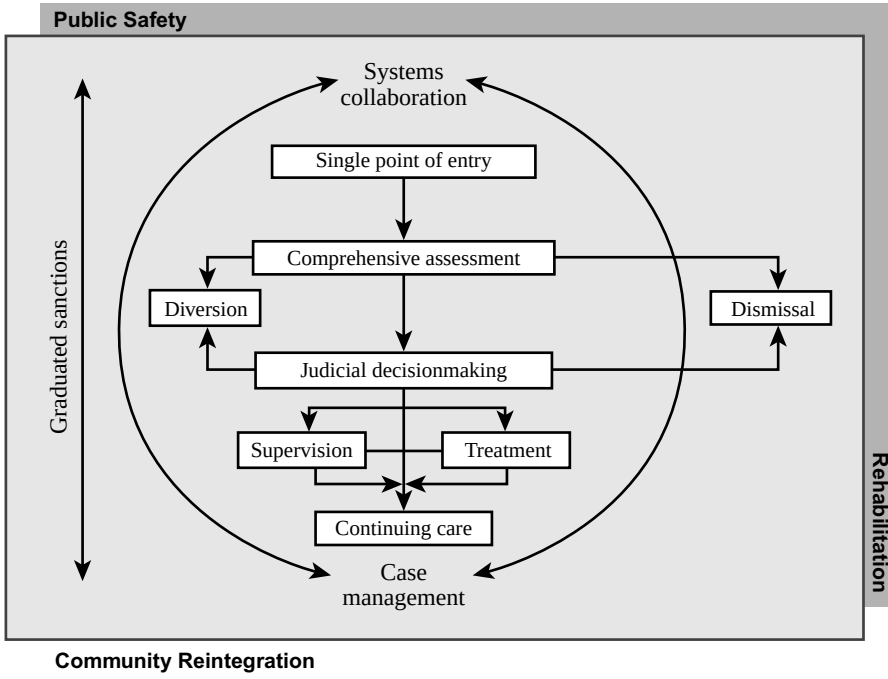
Immediate and comprehensive assessment

Consistent with community protection, the assessment at the single point of entry identifies key needs and problem areas so the juvenile does not receive inappropriate referrals, duplicate services, and unnecessarily restrictive

placements. Comprehensive assessment systems integrate screening, diagnosis, and the assessment and evaluate the entire range of an adolescent's needs, including treatment for substance abuse and mental disorders. When possible, case managers should gather information and recommendations from other organizations and systems with which the juvenile has had prior contact. The assessment forms the basis for recommendations to the juvenile court, including dismissal, diversion, disposition or detention, and initial psychosocial and treatment suggestions.

A poorly conducted assessment that uses techniques and measurement instruments that do not consider the juvenile's entire life situation in a holistic manner will lead to faulty and inadequate recommendations and decisions. Because the recommendations of the preadjudication intake officer often heavily affect judicial decisions, it is imperative that the officer be thoroughly trained in the use of comprehensive assessment tools. Careful screening mechanisms not only can help intake personnel target those services most needed by the juvenile, they also can prevent system duplication, which leads to inefficient and poorly

Elements of a Model Intervention System



coordinated service delivery. Some of the more well-known and respected full-range assessment instruments include the Adolescent Assessment/Referral System and the Minnesota Chemical Dependency Adolescent Assessment Package.[5]

The results of a comprehensive assessment might result in a variety of decisions, including dismissal from the juvenile justice system, diversion into another service system such as a drug treatment program, or movement into judicial decisionmaking.

Judicial decisionmaking

Although judicial involvement and decisions may occur at various points during a juvenile's involvement with the system, judges typically become involved after assessment and, sometimes, after the initiation of case management. Judges retain the authority to impose sanctions, and they play an active role in ensuring the juvenile's adherence to treatment services recommended by the case manager and collaborative treatment partners.

Judges, who often are connected to a juvenile drug court, also may use graduated sanctions to ensure the youth's compliance with supervision requirements. The least restrictive supervision option consistent with community protection is selected. At program entry, a list of clearly stated sanctions is presented to the juvenile and his or her parent/guardian for their signatures, with the understanding that infractions will have clearly defined repercussions. Collaborative partners agree on the sanction process and support judicial decisions.

Treatment

Treatment programming is complex because the factors involved in the juvenile's initiation into substance abuse, in its continuation, and in relapse need to be addressed. To increase the probability that treatment will be effective, treatment staff need to identify factors correlated with substance use and base the programming on individual case requirements. Programs that show the strongest evidence of effectiveness are given highest treatment priority. Ideally, the youth receives a core of treatment services at a clearly specified point in the care continuum under the guidance of a case manager, who connects the juvenile and his or her family to other needed services.

An analysis conducted by Mark W. Lipsey and David B. Wilson[6] yielded valuable insights into the effectiveness of different types of treatment intervention programs in reducing juvenile reoffending rates. The authors[7] reviewed 200 experimental or quasi-experimental studies of interventions

with institutionalized and noninstitutionalized juveniles, most of whom were adjudicated delinquents who had records of prior offenses that usually involved person or property crimes.

The participants in the intervention studies analyzed by Lipsey and Wilson had three common major characteristics. First, in most cases, the juvenile's participation in the treatment interventions under investigation was mandated by the juvenile court, and serious offenders who participated in the interventions remained under court jurisdiction. Second, the majority of the juveniles in the interventions were male, of white or mixed ethnicity, and, on average, ages 14 to 17. Third, juvenile justice personnel administered the treatment intervention in more than one-third of the studies, while public and private mental health personnel coordinated about one-fifth of the interventions.

Although Lipsey and Wilson's comprehensive analysis did not focus primarily on substance abuse offenses of juveniles or look specifically at drug use reductions, it identified intervention programs that had the greatest impact on outcomes closely related to substance use, such as police contact/arrest, recidivism rates, officially recorded contacts with juvenile courts, offense-based probation violations, and the like. These outcomes, combined with the significant correlation between drug use and serious juvenile crime, underscore the importance and relevance of the interventions studied by Lipsey and Wilson to the juvenile drug-crime cycle.

Evidence from the 200-program analysis shows that intervention programs generally can reduce recidivism rates of serious juvenile offenders. Which treatment interventions and programs for noninstitutionalized or institutionalized juvenile offenders were found most effective in terms of reducing recidivism? Which showed weak or no evidence of effectiveness? Which required more research to document their recidivism-reduction impact?

Interventions with noninstitutionalized juveniles. Noninstitutional interventions included in Lipsey and Wilson's analysis focused primarily on juveniles on probation or parole. The impact of those interventions on recidivism was related most strongly to the juveniles' characteristics, particularly their offense histories. The effect of treatment type was moderate, with program characteristics weakly related to intervention impact. Interestingly, interventions were more effective for noninstitutionalized juveniles who were more serious offenders than for those youths whose offenses were less serious, which offers good reason to believe that such noninstitutional interventions would be equally effective if used exclusively with more serious offenders usually placed in institutional settings.

Noninstitutional interventions showing consistent evidence of effectiveness were:

- Individual counseling (including multisystemic therapy[8] and reality training).
- Interpersonal skills training.
- Behavioral programs (including family counseling and contingency contracting[9]).

Lipsey and Wilson's analysis found that these interventions reduced recidivism by about 40 percent. Other interventions judged effective in reducing recidivism, but with less consistent evidence, were multiple services (for example, intensive case management, multimodal services, and continuing care) and restitution programs for juveniles on probation or parole.

Weak or ineffective programs, based on the evidence, were:

- Wilderness and challenge programs.
- Early release from probation or parole.
- Deterrence programs (e.g., shock incarceration such as boot camps).
- Vocational programs (vocational training, career counseling, job search and interview skills, and the like).

An additional intervention—reduced probation or parole caseload—also was found to be weak or ineffective, but evidence for this effect was inconsistent.

Programs that require more research to document effectiveness consisted of the following treatment types, which exhibited mixed but generally positive effects, although evidence was inconsistent:

- Academic programs.
- Advocacy/casework.
- Family counseling.
- Group counseling.
- Employment-related programs (those involving paid employment, in contrast to vocational training previously mentioned).

Some programs have incorporated the routine analysis of hair, urine, and blood as an assessment and monitoring tool. Such practices help overcome the adolescent's denial of use during assessment and treatment and also provide

objective evidence that can help the judge in either rewarding or punishing the youth within a graduated sanctions approach. Although such approaches have not undergone rigorous scientific analysis within the juvenile population, they appear most applicable as a part of overall comprehensive assessment, graduated sanctions, and treatment outcome evaluation.

Interventions with institutionalized juveniles. Institutional interventions included in Lipsey and Wilson's analysis focused primarily on youths incarcerated in juvenile justice facilities. In contrast to programs directed at noninstitutionalized juveniles, the general characteristics of institutional treatment showed the strongest relationship to the effect of the intervention's impact on recidivism, particularly the longevity of the program and whether it was administered by mental health or juvenile justice personnel (programs run by mental health professionals were significantly more effective than those provided by juvenile justice personnel). The type and amount of treatment had moderate relationships to intervention impact, while the characteristics of the juveniles were relatively unimportant.

Institutional interventions showing consistent evidence of effectiveness were:

- Interpersonal skills training (such as social skills, aggression replacement, and cognitive restructuring).
- Teaching family homes (including small behavior modification group homes with teaching parents and token economies).

According to Lipsey and Wilson, these programs typically reduce recidivism by 34 to 38 percent. Additional programs found effective in reducing recidivism, but with less consistent evidence, were behavioral programs (such as cognitive mediation and stress inoculation), community residential programs (mostly nonjuvenile justice, such as therapeutic communities), and multiple services within residential settings.

Weak or ineffective programs, based on the evidence, included milieu therapy programs (in which the environment is structured with generalized behavioral targets that are applied to the entire group in the institution), while inconsistent evidence suggested that employment-related and wilderness and challenge programs, short-term residential facilities, and State training schools also were weak or ineffective.

Programs that require more research to document effectiveness include the following treatment types, which exhibited inconsistent but generally positive effects:

- Individual counseling.
- Guided groups.
- Group counseling.

Although many traditional drug programs fail to show long-term treatment successes, they undoubtedly will continue to exist within the continuum of care for the foreseeable future. However, the alternatives should begin to incorporate those approaches shown to be the most successful in enhancing long-term outcomes if they are to remain viable parts of the juvenile justice process.

Continuing care

The rehabilitation of AOD-involved juvenile offenders does not always end with their release from secure confinement. Relapse rates of juveniles are often high following their release from AOD treatment. In addition, dropout rates for delinquent juveniles in voluntary substance abuse services often are high. Consequently, it is important for the juvenile justice system to provide some form of supervised continuing care (also known as intensive juvenile aftercare) for youths even after they complete their formally imposed sentences. Early evaluations of intensive community-based aftercare programs show promising results in reducing recidivism rates among high-risk juvenile offenders by providing a continuum of supervision and services during institutionalization and after release.[10]

Many AOD treatment providers are suspicious of interventions required by the justice system. Conventional wisdom in the treatment community generally has maintained that juvenile offenders will resist and ultimately fail treatment if they are forced to participate against their wishes. Many researchers, however, have determined that, for adults, court-ordered treatment is as effective as, or more effective than, voluntary treatment.[11] Compared with those in voluntary treatment, individuals legally mandated for treatment have been found to stay in treatment longer and to be more successful in the post-treatment period.

Continuing care should include elements that deal rapidly with the youth's relapse into substance abuse, respond to those relapses in ways that discourage continued use, and support a return to abstinence. Continuing care aids the juvenile by helping maintain treatment and programming gains as the youth reintegrates with the community. The juvenile court benefits from continued monitoring of and involvement with agencies and community organizations that address the AOD problems of juveniles.

Continuing care and ongoing judicial involvement are consistent with the goal of reintegrating the youth into the community and the reentry court movement

emerging within the drug court system. After completion of court-mandated interventions, the continuing care phase begins with an assessment conducted by the case manager to identify the youth's unmet or ongoing service needs and to link the juvenile to community supports and educational, vocational, and economic opportunities.

Important Intervention-Related Considerations

Evaluation

Although well-designed evaluation studies documenting program effectiveness generally exceed the resources and expertise of local interventions, formative and process evaluations seem well within reach. Such evaluations would involve careful documentation of initial goals and objectives, the process of program implementation, and structural changes occurring during implementation.

Funding agencies should encourage carefully designed scientific outcome studies and should conduct them under their auspices. Such studies are an important part of documenting the effectiveness of intervention alternatives. Continued funding of collaborative programs designed to break the juvenile drug-crime cycle likely will depend on data that document a well-managed program that serves at-risk populations who show levels of behavioral change significantly greater than would have occurred using standard interventions.

A Caution: Ethnicity and Culture

As noted earlier, the ethnicities of the juveniles in the 200 studies analyzed by Lipsey and Wilson were predominantly white (about 39 percent) and mixed (approximately 22 percent). About 14 percent of the juveniles in the programs studied were black and only 2 percent were Hispanic. It therefore is important to recognize that although knowledge of general effectiveness exists to varying degrees, the programs reviewed by Lipsey and Wilson generally did not include a focus on ethnic differences in treatment outcomes.

Interventions may have different effects on juveniles based on their ethnicity. Family relationships, self-esteem, achievement orientation, and perceptions of authority structures and treatment providers can be shaped by ethnicity. Minority populations may also have experienced problems accessing health services, barriers to education (such as language differences or inappropriate placement

in special education programs), and other discrimination based on ethnicity. Consequently, service providers should be aware that minority youths may mistrust their services and motives.

When planning and implementing treatment programs, therefore, it is important for service providers to tailor interventions to the specific characteristics and needs of the ethnic and cultural groups they serve. Unfortunately, there has been little research conducted to assess the effectiveness of treatment approaches with minority juvenile substance abusers. Two important exceptions to this information deficit are multisystemic therapy and brief strategic/structural family therapy.[12] In addition, there are various sources that provide guidelines for treating specific minority populations (see "Intervening With Minority Adolescent Substance Abusers: Sources of General Guidelines").

Intervening With Minority Adolescent Substance Abusers: Sources of General Guidelines

Canino, I.A., and J. Spurlock. *Culturally Diverse Children and Adolescents: Assessment, Diagnosis, and Treatment.* New York: Guilford Press, 1994.

Ho, M.K. *Minority Children and Adolescents in Therapy.* Thousand Oaks, CA: Sage Publications, 1992.

Paniagua, F.A. *Assessing and Treating Culturally Diverse Clients.* Thousand Oaks, CA: Sage Publications, 1994.

Additional Guiding Principles

Several additional principles to consider when designing a comprehensive intervention system to break the juvenile drug-crime cycle include the following:

- Interventions should strike a balance among accountability to the victim and the community, the need to protect the public, and the goal of rehabilitating and reintegrating juveniles.
- Interventions should recognize the central role and importance of the juvenile justice system in the treatment process.
- Intervention should take place early, when it has the best chance of reversing or ameliorating problem behaviors.

- Collaboration among and across systems relevant to juveniles should be established and maintained. An agent or agency should be accountable for establishing and maintaining collaboration.
- Consistent with principles of client confidentiality and juvenile justice system responsibility, a management information system should be in place to supply all relevant information to those who provide services.
- Effective interventions need to be related to school, peer, and family systems.
- Program interventions and staff training need to be sensitive to the unique and culturally specific needs of adolescents.
- Because juvenile delinquency occurs within specific national and local community, educational, and economic structures, a successful intervention should include efforts to ensure high-quality educational and job opportunities for those at risk.
- Given the general lack of experimental evidence that supports more restrictive services, treatment dollars should be targeted toward less restrictive programs that are more likely to address juvenile problems in the context in which they occur and are reinforced: the family, school, and peer groups of the adolescent.

Core Role of the Juvenile Justice and Treatment Systems

As the party responsible for the safety of the community, the juvenile justice system should be the final authority in treatment and supervision decisions for drug-using juvenile offenders. However, within a BARJ framework, key players in the justice system (including judges, prosecutors, and defense attorneys) change from adversaries to problem solvers as part of a collaborative team, even while continuing to perform traditional functions of protecting the community, applying the law, and pursuing due process.

This approach suggests that psychological, sociological, cultural, and other factors should be fully considered in applying the law and that the role of the justice system should be not only protecting the community and punishing the offender but also addressing underlying reasons for criminal and problem behaviors. Within this same context, the juvenile justice system needs to recognize and use the expertise of drug treatment and mental health providers when addressing many of the underlying reasons for adolescents' criminal and drug-using behaviors.

Implementation at the Local Level

This report recognizes that, in addressing the juvenile drug-crime cycle, communities should use approaches that are reasonable given local resources and realities. The guidelines offered below represent a strategy for implementing programs at the local level. To successfully implement the type of intervention strategies and model system outlined in this report, support from all relevant components of the juvenile justice process and the larger community is essential.

As a first step, planners should conduct a community assessment to determine potential resources, community expectations, the level of community support for program goals and objectives, and existing collaborative structures. An essential component of such an assessment is determining the willingness of juvenile justice personnel (especially judges) and other key service providers to participate and provide leadership. Because judges wield final authority in the juvenile justice process, attempts to develop a collaborative approach to substance abuse treatment within the juvenile justice system will not succeed without their sustained support of any recommended strategies.

Representatives from all major social groups or organizations with which the juvenile interacts (e.g., family, school, religious institutions) should be invited to participate with the juvenile court in the development of strategies and services. This approach establishes points of contact, opens communication channels, promotes integrated approaches to problem solving, and increases community buy-in to the process.

Local juvenile justice personnel should commit to making referrals a reality. In maintaining the delicate balance between accountability and rehabilitation, the juvenile justice process serves as the link between the needs of the juvenile and the needs of the larger community. Enforcement of treatment plans, engagement of the family, and support of collaborative action are roles that can be filled by judges, probation or parole officers, and law enforcement officials.

Those personnel who implement any element of the overall plan should receive prior training, including information on systems coordination, comprehensive assessment of juvenile needs, and cultural issues. Supervision should support professional development activities that enhance employees' effectiveness in their assigned roles.

Mechanisms should be developed to ensure that collaborative program efforts are sustainable. Transitions to new initiatives should be planned and gradual to allow time for necessary training and problem solving. Alternative strategies and processing options should be available as often as possible for staff charged with implementing new programs. Commitment to principles that enhance collaboration across system components is needed at all levels (administration, management, and direct service) to sustain effort and create a cooperative and coordinated environment. Appropriate development activities should be directed to sustain and replenish resources. Ongoing feedback and support mechanisms also should be in place.

The implementation of any project potentially involves conflict, which can result in wasted resources and energy or even lead to program destruction. Within a collaborative system, successful conflict mediation involves participant consideration of various perspectives of the problem situation and attempts to reach consensus on how best to resolve it. Other conflict resolution strategies include avoiding or delaying action to reduce emotional intensity, deciding by majority rule, and encouraging those in conflict to develop alternative solutions on their own.

Finally, development of a local collaborative process should include an evaluation component. Future programmatic attempts to address the juvenile drug-crime cycle should be based on knowledge gained from past work and methodologically sound evaluation research.

Conclusion

The relationship among juvenile drug use, drug treatment, and crime is complex. Future programmatic efforts to break the juvenile drug-crime cycle should be based on knowledge gained from past work and research. This report summarizes such knowledge and recommends approaches that appear to offer the greatest potential for breaking that cycle. The authors hope the information presented here will contribute to the work of collaborative partners in the juvenile justice system, drug treatment programs, and other community agencies as they search for ways to intervene in the drug-crime cycle.

Notes

1. Terry, Y.M., C.J. VanderWaal, D.C. McBride, and H. VanBuren, "Provision of Drug Treatment Services in the Juvenile Justice System: A System Reform," *The Journal of Behavioral Health Services & Research* 27 (2) (2000): 194–214.

2. Huizinga, D., and C. Jakob-Chien, "The Contemporaneous Co-Occurrence of Serious and Violent Juvenile Offending and Other Problem Behaviors," in *Serious & Violent Juvenile Offenders: Risk Factors and Successful Interventions*, ed. R. Loeber and D.P. Farrington, Thousand Oaks, CA: Sage Publications, 1998: 52.

3. Bazemore, G., and M. Umbreit, *Guide for Implementing the Balanced and Restorative Justice Model*, Washington, D.C.: U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention, 1998, NCJ 167887.

4. U.S. Department of Health and Human Services, *Comprehensive Case Management for Substance Abuse Treatment*, Treatment Improvement Protocol Series 27, H.A. Siegal, Consensus Panel Chair, Public Health Service, Center for Substance Abuse Treatment, Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, 1998, DHHS pub. no. (SMA) 98–3222.

5. For a detailed review of adolescent substance abuse assessment instruments, see Winters, K.C., and R.D. Stinchfield, "Current Issues and Future Needs in the Assessment of Adolescent Drug Abuse," in *Adolescent Drug Abuse: Clinical Assessment and Therapeutic Interventions*, ed. E. Rahdert and D. Czechowicz, NIDA Research Monograph no. 156, Rockville, MD: U.S. Department of Health and Human Services, National Institute on Drug Abuse, 1995: 146–171, NIH pub. no. 95–3908.

6. Lipsey, M.W., and D.B. Wilson, "Effective Intervention for Serious Juvenile Offenders: A Synthesis of Research," in *Serious & Violent Juvenile Offenders: Risk Factors and Successful Interventions*, ed. R. Loeber and D.P. Farrington, Thousand Oaks, CA: Sage Publications, 1998: 313–345.

7. Lipsey and Wilson conducted a meta-analysis, which "combined" findings across studies. The analysis sought to make sense of results of independent studies (200 in this case) that addressed a related set of research questions by integrating the findings. Despite the large number of studies identified by Lipsey and Wilson as sufficiently rigorous to qualify for inclusion in their analysis, they caution that their principal conclusions are tentative because for each of the many types of interventions, only a relatively few studies could be analyzed in each of their analysis categories.

8. Multisystemic therapy (MST) addresses the factors associated with serious antisocial behavior in children and adolescents who abuse drugs. These factors include characteristics of the adolescent (e.g., favorable attitudes toward drug use), the family (e.g., poor discipline, family conflict, parental drug abuse), peers (e.g., positive attitudes toward drug use), school (e.g., dropout, poor performance), and neighborhood (e.g., criminal subculture). Because participants undergo intense treatment in natural environments (homes, schools, and neighborhood settings), dropout rates are extremely low. MST significantly reduces adolescent drug use during treatment and for at least 6 months after treatment. Reduced numbers of incarcerations and out-of-home placements of juveniles offset the cost of providing this intensive service and maintaining the clinicians' low caseloads. For a more comprehensive review of the MST approach for adolescent substance abuse and dependence, refer to: Pickrel, S.G., and S.W. Henggeler, "Multisystemic Therapy for Adolescent Substance Abuse and Dependence," *Child and Adolescent Psychiatric Clinics of North America* 5 (1) (1996): 201–211.

9. Contingency contracting is an operant-conditioning procedure that links a reward or a punishment to the occurrence or absence of a specific response. A reward that follows a specific behavior is called a contingent reward. For example, if an adolescent remains drug free for 1 month, he or she is rewarded by moving to a less restrictive unit of the juvenile detention center.

10. Wiebush, R.G., B. McNulty, and T. Le, *Implementation of the Intensive Community-Based Aftercare Program,* Juvenile Justice Bulletin, Washington, D.C.: U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention, 2000, NCJ 181464. Retrieved November 3, 2000, from the World Wide Web: http://www.ncjrs.org/html/ojjdp/2000_7_1/contents.html.

11. For an excellent review of compulsory treatment, see Leukefeld, C.G., and F.M. Tims, "Compulsory Treatment: A Review of the Findings," in *Compulsory Treatment of Drug Abuse: Research and Clinical Practice,* ed. C.G. Leukefeld and F.M. Tims, NIDA Research Monograph no. 86, Rockville, MD: U.S. Department of Health and Human Services, 1988: 236–254. See also Lipton, D.S., *The Effectiveness of Treatment for Drug Abusers Under Criminal Justice Supervision,* Washington, D.C.: U.S. Department of Justice, National Institute of Justice, 1995, NCJ 157642.

12. A primary reference for family therapy approaches with children and adolescents is Robbins, M.S., J. Szapocznik, J.F. Alexander, and J. Miller, "Family Systems Therapy With Children and Adolescents," in *Children and Adolescents: Clinical Formulation and Treatment,* ed. T. Ollendick, vol. 5 of *Comprehensive Clinical Psychology,* ed. M. Hersen and A.S. Bellack, New York: Pergamon/Elsevier Science, Inc., 1998.

Appendix

This Research Report reflects the content of a much longer document, *Breaking the Cycle of Drug Use Among Juvenile Offenders,* which is available on NIJ's Web site (http: www.ojp.usdoj.gov/nij/drugdocs.htm). Written by Duane C. McBride, Curtis J. VanderWaal, Yvonne M. Terry, and Holly VanBuren, the Web-only document reviews what is known about programmatic attempts to intervene in the juvenile drug-crime cycle and, based on that knowledge, proposes intervention approaches judged to offer the best chance of succeeding. Presented below are the contents of the document's main sections:

Introduction and Purpose

- Background and context
- Purpose
- Substance use terminology

The Juvenile Drug-Crime Cycle and the Juvenile Substance-Using Population

Juvenile Justice System Conceptual Underpinnings and Developments

- Conceptual underpinnings
- Conceptual developments

The Juvenile Justice System Process

- System contact: the juvenile justice system and court supervision at intake
- Social investigation: assessment, case management, management information systems, and collaboration
  - Assessment
    - Culturally sensitive assessment
    - Co-occurring addictive and mental disorders
    - Community assessment centers
    - Assessment instruments
  - Case management
    - Youth Evaluation Services (YES)
    - The Amity Project
    - The Iowa Case Management Model
    - The Case Management Enhancements Project (CME)

Management information systems and confidentiality issues
Collaborative structures and strategies
Collaborative elements
Optimum collaboration structure
Collaboration and the juvenile justice system
Dismissal and/or diversion programs
Fact-finding hearings and adjudication: judicial processing
Disposition
The graduated sanctions continuum
Sentencing options
Supervision monitoring: biologic testing
Range of treatment options
Treatment correlates
Treatment programs
Overall treatment program evaluation issues
Treatment modalities
Meta-analysis of treatment effectiveness
Culturally sensitive intervention and treatment programming
Continuing care services: beyond and within the juvenile justice system

General Recommendations for Future Intervention Research

Summary and Recommendations

A conceptual model
Guiding principles
Systems flow: what a model program might look like
Single point of entry
Immediate and comprehensive assessment
Cross-systems case management
Continuum of care
Judicial decision making
Systems collaboration
Treatment
Utilization of traditional services
Continuing care
Evaluation
An integrated model
Implementation at the local level

Conclusion

Endnotes

Appendix A: Conducted Interviews

Appendix B: Assessment Tools

- Screening tools
- Mid-range comprehensive assessment instruments
  - Comprehensive addiction severity index for adolescents
  - Adolescent chemical dependency inventory—corrections version II (ACD–CVII)
  - Other comprehensive assessment instruments

List of Abbreviations

References

About the National Institute of Justice

NIJ is the research and development agency of the U.S. Department of Justice and is the only Federal agency solely dedicated to researching crime control and justice issues. NIJ provides objective, independent, nonpartisan, evidence-based knowledge and tools to meet the challenges of crime and justice, particularly at the State and local levels. NIJ's principal authorities are derived from the Omnibus Crime Control and Safe Streets Act of 1968, as amended (42 U.S.C. §§ 3721–3722).

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