

**DEVELOPING ACCOUNTABILITY IN THE LIVES OF  
YOUTH: DEFINING THE OPERATIONAL****FEATURES OF JUVENILE TREATMENT COURTS**

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*This article describes efforts to develop a comprehensive and informative training curriculum for juvenile treatment courts. Data were collected from four operational juvenile treatment courts in New York State. Methods included interviewing treatment court staff, youth participants and community providers; holding parent/guardian focus groups; and organizing a concept-mapping exercise with representatives of each of the major treatment court roles. Additional site visits to five national model court sites provided insight into how divergent models address the common problem of working with youth with multiple, complex needs in the juvenile justice system. Findings led to the development of a three-day training curriculum for planning and operational juvenile treatment court teams. During this training, participants developed measurable action plans for implementation of newly learned strategies. Pre- and post-training surveys of teams from the pilot training provided further insight into the needs of jurisdictions in working with juvenile justice-involved youth. Participants reported that the time together as a team was particularly beneficial.*

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**ARTICLE SUMMARIES****JUVENILE TREATMENT  
COURTS**

[1] Juvenile treatment courts provide court monitoring, close supervision, treatment and case management services for drug-involved youths and their families.

**TRAINING NEEDS OF  
JUVENILE TREATMENT  
COURTS**

[2] Juvenile treatment court teams identified training needs related to adolescent development, engaging youths and their families in treatment, applying graduated sanctions and rewards, identifying community resources, education law, and cross-disciplinary communication.

**RESPONSE TO TRAINING  
OF JUVENILE  
TREATMENT COURT  
TEAMS**

[3] Pilot training with the “DAILY” curriculum led juvenile treatment court teams to feel more confident, knowledgeable and energetic in their work, and to make changes to their operations, policies and procedures. More research is needed to gauge the effectiveness of this training curriculum.

## INTRODUCTION

Juvenile treatment courts grew out of the popular adult drug court model first implemented in Dade County, Florida in 1989. The adult drug court model was created in response to the overwhelming number of offenders cycling in and out of the criminal justice system. The punishment of drug addicted offenders soon resulted in a “revolving door syndrome” (National Association of Drug Court Professionals, 1997). Using the concept of “therapeutic jurisprudence” (Hora, Schma, & Rosenthal, 1999), treatment-oriented rehabilitation under court supervision emerged as a suggested means to reduce future arrests, convictions, and time to initial disposition. In addition, therapeutic jurisprudence surfaced as a way to increase treatment retention rates and save taxpayer money (Huddleston, et. al, 2008). In the 20 years since the first adult drug court became operational, research has demonstrated significant reductions in recidivism when compared to conventional case processing within New York State (Rempel, et al., 2003) and nationwide (Government Accountability Office, 2005).

The success of the adult drug court model, coupled with increases in chemical use and abuse by youth in the juvenile justice system, led to attempts to replicate the drug court model with juveniles. National arrest data obtained from Uniform Crime Reports indicated that although the overall percentage of juveniles arrested between 1993 and 2002 decreased by 11%, the number of juveniles arrested for drug abuse violations increased by 59% (Snyder, 2006). Even among youth not arrested for drug- or alcohol-related offenses, substance use has been a persistent problem with estimates suggesting that up to 78% of arrested youth were alcohol or drug involved at the time of arrest (National Center on Addiction and Substance Abuse, 2004).

Additionally, many youth enter the court system with substantial difficulties in school (e.g. truancy, multiple suspensions, and academic failure), family strife (e.g. familial chemical abuse, mental health or criminal problems), emotional/psychological and physical health problems (e.g. mood and anxiety disorders, trauma, abuse, victimization, learning disabilities, sexually transmitted diseases) and chemical use/abuse (Belenko & Dembo, 2003). At intake, youth in New York State Office of Children and Family Services (OCFS)-operated facilities are screened for service needs. On March 21, 2007, of the 1,088 youth in OCFS-operated facilities, 77% showed substance abuse needs, 51% showed mental health needs, 16% showed special education needs and 47% showed health-related needs (NYS Office of Children & Family Services, 2007). Likewise, of the 26,639 youth assessed at probation intake by New York State County Probation Departments using the Youth Assessment and Screening Instrument (YASI), over one-third of youth adjudicated as juvenile delinquents scored in the high risk category for the family (46%), school (36%), community peer (45%), and mental health (45%) domains.<sup>i</sup>

These youth often come to court having been previously involved in many disconnected public service systems (e.g. child welfare, special education, mental health, and juvenile justice) with minimal communication or coordination regarding the services provided (U.S. Department of Justice, 2003). In addition, youth do not have the flexibility to modify their environment when it is non-conducive to recovery. They usually cannot change the people, places and things with which they have daily contact. The needs of youth in juvenile treatment courts are often more complex than that of adults in similar programs. Dispositional orders and treatment plans in juvenile treatment courts must consider the greater role of family, community and peers in the lives of youth, as well as the changes in social, emotional, and cognitive development that the youth are experiencing. These changes include risk taking, hyper-

emotionality, limited ability for abstract thinking, and experimentation with drugs as part of normal development (Butts & Roman, 2004). In addition, it is more difficult to motivate adolescents to change, given their inherent sense of invulnerability, and the fact that most juvenile treatment court participants have not experienced the negative consequences associated with drug use (e.g. loss of jobs, relationships, and physical health) that are typical of their adult counterparts (Roberts, Brophy, & Cooper, 1997).

Although the development of the juvenile treatment court model within the family court system was inspired by the adult drug court movement, it did not represent the revolutionary thinking that accompanied the establishment of adult drug courts. Unlike the adult criminal court system, the initial objective of juvenile court case processing was to rehabilitate the youth to be responsible citizens by treating the problem that led to the delinquent behavior (Mack, 1909). Consequences of illegal acts that lead to the court appearance are meant to be more commensurate with the assessment of the youth's problems than with the severity of the offense. Rather than the traditional adversarial contest common to the criminal court process, all parties involved with youth in juvenile court (judge, attorneys, probation, and social services) should aim to collaborate using a problem solving approach to achieve the best interests of youth. The major differences between juvenile treatment court and traditional juvenile court case processing include having a more systematic framework for frequent judicial monitoring; more formal linkages between the court and community treatment providers; and a case management team that works collaboratively to regularly assess the ongoing and changing needs and strengths of the youth and the family, develop a service plan, and monitor compliance with all court mandates.

In 2003, the U.S. Bureau of Justice Assistance partnered with system stakeholders (i.e. program

practitioners, researchers and policy analysts) to develop a sixteen strategy guide to plan, implement and operate a Juvenile Drug Treatment Court program (U.S. Department of Justice, 2003). These sixteen strategies were used to aid in the development of the interview and focus group guides for the present study. The strategies are summarized below:

- (1) **Collaborative planning** should engage state, county and local agencies to support the project in the development process, coordinate day-to-day operations, provide continuous cross-training, and establish mechanisms for program accountability and evaluation.
- (2) **Teamwork** should be interdisciplinary, non-adversarial and proactive in resolving key issues.
- (3) **A clearly defined target population and eligibility criteria** should be based on a comprehensive community needs assessment with input from all stakeholders.
- (4) **Judicial involvement and supervision** should be ongoing, sensitive to the effects that court proceedings can have on youth and their families, and inclusive of parents or guardians at status hearings.
- (5) **Monitoring and evaluation systems** should be designed to maintain the quality of services, assess program impact and contribute to knowledge in the field.
- (6) **Community partnerships** should be built with a range of community organizations to expand the opportunities available to the youths and their families.



- (7) **Comprehensive treatment planning** should tailor interventions to the complex and varied needs of youths and their families.
- (8) **Developmentally appropriate services** should take into account the emotional and chronological age of the youth, and address relational and environmental issues that affect adolescent behavior.
- (9) **Gender-appropriate services** should ensure females receive equitable treatment, avoid gender stereotyping, and address gender-specific issues, such as reproduction, parenting and the effects of trauma.
- (10) **Cultural competence** should be ensured through policies and procedures that are responsive to cultural differences and personnel should be trained on culturally competent treatment and assessment procedures. Programs should analyze minority success rates and determine how services may be adapted to enhance those success rates.
- (11) **A strength-based focus** should be maintained on youth and their families during program planning and in every interaction between the court and the persons it serves.
- (12) **Family engagement** should seek to include family members as valued partners in all facets of the program.
- (13) **Educational linkages** should tie the court with the school system, and ensure participants attend educational programs appropriate to their needs.

- (14) **Drug testing** should be frequent, random and observed, and should follow written policies and procedures.
- (15) **Goal-oriented incentives and sanctions** should be administered in a manner that is immediate, predictable and consistent.
- (16) **Confidentiality policies and procedures** should protect the privacy of youth while allowing the drug court team to access key information.

Juvenile treatment court teams are challenged to integrate the objectives recommended in the Department of Justice's sixteen strategies with the specific needs of their juvenile offender population and resources within their community. Within this context, court programs must 1) individually define and assess their operational features; 2) select and maintain their planning and implementation teams; 3) identify their target population and program capacity; 4) create procedures and infrastructure that balance judicial leverage with the goal of promoting the youth and family strengths, and 5) collaborate with multidisciplinary partners to monitor youth progress. In order to accomplish these tasks, it is imperative to integrate the demands, perspectives, and personalities of a diverse group of stakeholders representing governmental, public and private entities.

An additional concern is that empirical outcome studies of juvenile treatment court programs have not yet sufficiently demonstrated the effectiveness of this approach for youth in the juvenile justice system (National Institute of Justice, 2006). Many limitations of the evaluation studies performed on juvenile treatment courts include small sample sizes, lack of a comparison group, or limited follow-up (BJA Drug Court Clearinghouse, 2008). In addition, most studies

focus on the “black box” of juvenile treatment courts without illuminating the individual components that may contribute to its success. Nevertheless, it is widely accepted that juvenile treatment courts represent a promising method of dealing with delinquent youth, especially when paired with evidence-based adolescent substance abuse treatment (Henggeler, 2007).

The New York State Unified Court System received a grant in 2003 from the Bureau of Justice Assistance (BJA) to develop and test a training curriculum of strategies utilized within operational juvenile treatment courts. The impetus for the project stemmed from juvenile treatment courts within New York State that were opening at a much slower rate than their adult treatment court counterparts. As of March 2005, there were 84 adult criminal drug courts, 40 family dependency treatment courts, and only 8 juvenile treatment courts operational within the 62 counties of New York State. Only four of those eight programs had more than 10 active participants. In contrast, as of December 2004, there were 811 adult criminal drug courts, 153 family dependency treatment courts, and 357 juvenile treatment courts nationwide (Huddleston, et. al, 2005). Clearly, the percentage of problem solving courts that served juveniles was much smaller in New York State than the national average.

The purpose of the project was to compile and disseminate guidelines for implementing juvenile treatment courts within New York State localities through development of a training based on the experiences of staff, youth, and families within operational programs. The goal of the training was to have teams of trainees develop measurable action plans for implementing and enhancing juvenile treatment courts in their jurisdictions. Consequently, this would allow for the expansion of juvenile treatment courts in New York that paralleled the growth of the statewide adult drug court movement.

Despite the divergent needs and resources of the youth, staff, and other stakeholders in the range of communities studied, overarching issues and strategies were identified as common to the development of all juvenile treatment courts. It is anticipated that this paper will help lay the foundation for future outcome studies by operationalizing concepts and common strategies that have been utilized by operational juvenile treatment court stakeholders.

## **METHODS**

Four juvenile treatment courts within New York State were selected for inclusion in this study. Inclusion was based on being operational for at least one year, having at least 10 current participants and representing diverse geographical regions throughout the state, ranging from a large metropolitan area to a suburban area. Site visits were arranged with each of the juvenile treatment court teams. Site visits included an initial group meeting to explain the scope of the project, observations of case conferences as well as court proceedings, individual interviews of youth participants, and a focus group with parents/guardians of youth participants.

To supplement the information learned from New York State sites with national exemplary program strategies, site visits were also made to five programs throughout the United States. Finally, an advisory board of topic experts and policy makers was assembled to provide expert feedback on the study findings and the draft curriculum.

*Treatment Court Stakeholder Interviews.* Interviews were conducted with key stakeholders from each of the four programs, including judges, presentment (prosecuting) attorneys, law guardians, law clerks, chief clerks, coordinators, case managers, probation officers, mental health and substance abuse treatment providers and educational representatives. The semi-structured interview guide included

items regarding the court program planning process, current policies and procedures, roles and responsibilities of team members and subjective accounts of court program strengths and weaknesses. Respondents were asked to share their perceptions of what program components positively contributed to the operation of the program.

*Parent Focus Groups.* Four separate focus groups were conducted with a total of 14 parents/guardians of current and former youth participants. Parents/guardians were asked their opinions on working with the juvenile treatment court professionals, how participating in the program affected their family, and what aspects of the program were most and least helpful to them.

*Youth Interviews.* Individual audio-taped interviews with 37 current and former juvenile treatment court youth participants provided the youth perspective on the strengths and weaknesses of court program components.

*National Model Court Site Visits.* Site visits to four model court programs in California and one in South Carolina provided the opportunity to learn about innovative program designs used by other jurisdictions to handle youth with multiple and complex problems in the juvenile justice system.

*Advisory Board Meetings.* A 12-member advisory board consisting of state policy experts from mental health, chemical abuse, education, probation and the judiciary was organized to provide information about state policy initiatives relevant to juveniles involved in the justice system. Advisory board members provided feedback to the curriculum developers as a group after development of the curriculum outline, and after receipt of a complete copy of the draft curriculum. Curriculum developers also met individually with selected advisory board members once the curriculum was finalized.

*Concept Mapping Exercise.* Ten individuals from the four operational juvenile treatment courts participated in a concept mapping focus group exercise. The participants represented the judiciary, probation, law guardian, presentment (prosecuting) attorney, chief clerk, mental health treatment, chemical abuse treatment, program administrator and clinical coordinator. Concept mapping is a technique used by groups to establish a conceptual framework to guide their program development and evaluation. It results in a collective view that is meaningful for all program partners, expresses ideas in their language, and produces a picture or map representing all major ideas and interrelationships (Trochim & Kane, 2005).

*Feedback from Pilot Training.* Five New York State county teams participated in a two and one-half day pilot training in October 2006. Teams completed a pre-training survey that inquired about the types of juvenile cases generally seen by their courts, the status of their juvenile treatment court (planning or operational), program census and typical issues presented by youth in their courts. Immediately following the training, each team member completed a training satisfaction survey. Select team members were also contacted six months post-training to provide feedback on the degree to which they implemented the information and skills obtained at the training in addition to their progress toward achieving action plan objectives developed on their final day of training.

## **QUALITATIVE DATA ANALYSIS**

Qualitative data, including interview and focus group notes, were analyzed using framework analysis to organize all information collected into key concepts and emergent categories (Pope, et al, 2000). During the first stage, evaluators familiarized themselves with the transcripts, notes and memos taken during data collection. In the second stage, a thematic framework was identified, in which key ideas and

themes were listed within overarching categories. These categories were used to synthesize data by indexing and creating an overall conceptual chart. The final stage involved the interpretation and analysis of the data using the initial objective of identifying a conceptual framework for a training curriculum.

## **RESULTS**

Prominent themes identified from interview and focus group data are presented below. These themes, or primary concepts, were ultimately integrated with results from the concept mapping exercise and the sixteen strategies to develop the Pilot DAILY (Developing Accountability in the Lives of Youth) Curriculum modules.

### *Multidimensional Problems of Target Population.*

Although three of the four courts referred to their programs as “juvenile drug courts”, all of the courts recognized that chemical dependency was not necessarily the primary problem faced by the youth they served. In addition to alcohol and drug use and abuse, most youth entered the programs with combinations of poor performance in school; histories of abuse, neglect, and multiple traumas; family and neighborhood dysfunction; medical problems; negative peers; and co-occurring mental health and behavioral problems. They often failed in school, at prior treatment experiences, and in previous probation programs, with their families having no idea how to deal with them. These court programs reported that they needed to look at the whole picture, not just the youths’ drug and alcohol history. Court programs explored the educational, familial and vocational aspect of youths’ lives in addition to their trauma history. In keeping with this belief system, the pattern of chemical abuse in youth accepted into these programs varied considerably from inconsistent (albeit regular) use to daily poly-substance abuse.

*Family Engagement.* These court programs believed that their clients were not only the youth, but the youth's family as well. Parent/guardian focus groups illuminated the importance of communication and cooperation between families and court teams in order to implement timely interventions with youth. Many family members conveyed initial feelings of helplessness, fear, humiliation and distrust. These initial feelings reportedly turned into an appreciation and respect towards the juvenile treatment court teams for their support in getting treatment for the youth.

*Accountability.* Court teams described challenges and frustrations in working with youth who appeared unmotivated to change; working with families who appear exhausted, overwhelmed, embarrassed, and disengaged; negotiating with schools that appeared ready to give up on the youth; and facing limited availability of treatment providers offering best practice services specifically designed for adolescents. Court teams explained the central role of the judge in overcoming these obstacles by demanding accountability from all stakeholders, including treatment providers, schools, probation officers, families, and the youth themselves. With the court serving as the instigator of change, it was believed that juvenile justice goals of community safety and youth pro-social development could be achieved. Thus, staff provided numerous examples of the court serving not only as the central agency coordinating information and service planning, but using its authority to convene meetings and provide youth with the services that they were entitled to receive.

*Cross-disciplinary Language.* Juvenile treatment courts rely heavily on inter-disciplinary communication, negotiation and agreement on the program's overall mission, values and procedures, as well as specific interventions with individual youth. The court program personnel and members of the project's advisory board said that the team needs a shared language through which to communicate effectively. Many court programs found that cross-disciplinary training



helped to achieve this goal. For example, judges reported that they have improved the handling of cases of drug involved youth by understanding the biology of addiction. They reportedly learned from chemical abuse specialists that when a young person shows a positive drug screen, relapse can be an expected part of the recovery process. Likewise, team members with expertise in clinical issues benefited from understanding the language and constraints of the juvenile justice system. This cross-disciplinary communication was often achieved through attendance at outside conferences or bringing expert speakers to team meetings, as well as simply listening to each other.

*Infrastructure & Leadership.* Court program staff emphasized the necessity of building a strong foundation internal to the court program. This foundation includes planning, staffing, policies and procedures, and multidisciplinary agreements. This foundation was usually developed as a result of one person (usually the judge or the coordinator) with strong leadership skills who brought stakeholders together. Programs were then sustained as a result of a hard working team with a built-in capacity to adapt the program to the changing needs of the youth, their families and their communities. Paying attention to operational details was believed to be critical, with passionate individuals setting the tone to ensure that standards are met. Teams made consensus decisions on policy issues as well as individual case management issues. This did not always translate into an agreement on these issues, but rather a commitment to not be afraid of conflict, and to disagree in an atmosphere of mutual respect for the expertise, culture, and statutory obligations of other teammates.

*Supervision & Monitoring.* Staff credited positive changes in youth behavior to the information that they collected through strict monitoring. They believed they knew much of what the youth did, and that the youth were aware they would receive punishment if program rules were broken.

Home visits, checking curfews, random alcohol and drug testing, and good communication between the court, schools, probation officers, and treatment providers were all believed to be important components of this monitoring. Although strict monitoring was essential in the initial stages of the program when youth were only motivated by “fear of getting caught,” staff and youth believed that what sustained positive behavior was a consistent and caring adult who genuinely liked adolescents and believed in their potential for success. One staff member commented, “It’s not programs that change kids, it’s the *relationships* that change kids.” Staff believed that youth could sense when the staff was sincere in their caring, and similarly that families responded positively when they were treated with respect.

Interviews with the youth revealed that successful participants developed strong emotional bonds with an adult affiliated with the court program who encouraged, cared, and believed that they were capable of making positive decisions (Linden, 2008). One program with a particularly large census utilized a photographic binder with participants’ names and pictures so that all staff members could recognize participants individually when they came to court.

*Youth Pro-Social Development.* Meeting the needs of youth was often a very creative process, with some courts designing specialty programs such as women’s groups for girls (to teach them how to dress and apply make-up appropriately) and a father’s program for boys. These opportunities for increasing pro-social skills were always balanced with clear and consistent rules and boundaries, swift and appropriate consequences for negative behavior, rewards for pro-social behavior and public acknowledgement of successes.

Nearly all of the interviewed youth reported “being around [drugs and alcohol] all the time.” Most youth who maintained sobriety in the program reported they severed ties

with alcohol and drug using peers, particularly when the nature of those relationships was superficial. On the other hand, some youth who were maintaining sobriety reported that they retained relationships with emotionally close, albeit drug using, friends. These youth described a perceived protective role of these friendships. They reported that these emotionally close peers supported their abstinence by reminding them of the consequences of using, stating how proud they were of their abstinence, and warning them when peers were going to be using drugs so that they could stay away. This was in contrast to superficial associations described more as acquaintances, or “cliques” that came together for the purpose of drug use and who were not emotionally close (Linden & Cohen, 2009). These anecdotal perceptions by program youth led to the recommendation that juvenile treatment court teams ask youth about their peer relationships as they go through the court program.

*Evidence-Based Practices for Adolescents.* New York State policy experts on the advisory board recommended inclusion of an overview of evidence-based community supervision and mental health, chemical abuse and co-occurring disorder treatment practices in the curriculum. They specifically cited the availability of extensive current research on best practices for adolescents.

The national site visits confirmed experiences of the New York State court teams and contributed to clarification of essential issues that juvenile treatment courts must address. These issues included: 1) the need for flexible eligibility criteria; 2) the importance of on-going program development activities; 3) the use of structured youth assessments; 4) delineation of roles and responsibilities within court teams; 5) team staffing that genuinely cares about youth and is committed to the court program; 6) an emphasis on family, schools, and peer groups; 7) a commitment to identifying and addressing the underlying problems leading to youth behaviors using a strengths-based approach; 8) the strategic

(rather than punitive) use of court leverage; and 9) the development of strong community partnerships to provide strict monitoring and treatment.

## **DEFINING A CONCEPTUAL FRAMEWORK**

Shortly after the analysis of the interview, focus group and national site visit data, researchers convened a concept mapping focus group. Concept mapping has several characteristics relevant for addressing problems in defining and assessing operational features of juvenile treatment courts. It is purposefully designed to integrate input from multiple sources with differing content, expertise or interest. Concept mapping uses rigorous multivariate data analyses to visually depict the composite thinking of the group, and creates a framework or structure that can be used to guide action planning, program development or evaluation and measurement (Kane & Trochim, 2007). The steps followed in the concept mapping exercise included:

- *Preparation.* Ten participants representing the multiple disciplines comprising juvenile treatment court teams were selected;
- *Statement generation.* In a group brainstorming exercise, participants generated 90 short statements or phrases in response to the statement “*An effective juvenile treatment court should have the following characteristics*”;
- *Structuring the statements.* Participants independently sorted the 90 statements generated by the group into conceptually related piles. The sorting parameter rules stated that 1) each statement could be placed into only one category, and 2) the number of piles generated by each participant needed to be greater than one but fewer than the total number of

statements. In addition, there could be no “miscellaneous pile”;

- *Rating statements.* Participants were asked to rate each statement or phrase in terms of how important it was to their idea of a juvenile treatment court on a five point scale where 1= relatively unimportant and 5 = extremely important;
- *Creating binary matrices.* Researchers created a graphic representation of which statements were grouped together by individual participants. This was accomplished by first creating a binary symmetrical square matrix for each individual with 90 rows and 90 columns (each row and column representing one of the statements). If two statements were sorted in the same pile by an individual, then that individual’s matrix would contain a “1” at the intersection of the column and row for those statements. Otherwise, the column and row intersection would contain a “0”. All diagonal values contain a “1” because by definition, a statement is always in the same pile as itself. The individual matrixes were then added together, so that the value of any point in the matrix indicated how many people placed that pair of statements in the same pile. Those numbers could range from 0 to the total number of people who participated in the exercise.
- *Computerized representation of statements.* Two procedures were used to summarize the relationships between the statements. Researchers used SPSS statistical software to apply a multidimensional scaling procedure (PROXSCAL) to the combined matrix. A map was produced of points representing the two dimensional distances between the statements (SPSS, 2006). SPSS software was then used to

perform hierarchical cluster analysis on the two dimensional X-Y coordinates of each of the 90 statements to generate a series of cluster solutions, ranging from five to ten clusters.

- *Interpretation of maps.* Participants reconvened via a conference call to name each cluster and to decide on the most appropriate cluster solution that represented the juvenile treatment court concept. Prior to the call, each participant received a package which contained: 1) a list of all the statements; 2) a map of the points generated by the multidimensional scaling procedure, and 3) six separate cluster solutions (ranging from five to ten clusters). Through a consensus agreement, the participants chose a 9-cluster conceptualization of juvenile treatment courts and named each of the nine clusters. Since each statement had a mean rating of importance (i.e. 1= relatively unimportant and 5 = extremely important) from the original exercise, it was also possible to compute a mean rating of importance for each of the generated clusters. These clusters, in order of highest to least mean importance rating, were: 1) Ongoing Monitoring and Assessment of Youth, 2) Program Development and Teamwork, 3) Family Engagement, 4) Case Management and Accountability, 5) Treatment, 6) Community Collaborations, 7) Administration, 8) Response to Youth Behavior, and 9) Timely Consequences (see Appendix A. for specific statements making up the cluster and their corresponding mean ranks). The three individual statements that received the highest rankings of importance to juvenile treatment courts (i.e.  $\geq 4.75$ ) were weekly case conference, individualized treatment, and mutual respect of team roles. The three individual statements that received the lowest rankings (i.e.  $\leq 3.10$ ) were managing calendar time, the judge's "hammer", and detention.

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**PILOT DAILY CURRICULUM**

Data collected from the aforementioned research activities provided the framework for the DAILY juvenile treatment court curriculum. In Figure 1, the leftmost column shows the sixteen strategies that were used to guide the collection of qualitative data in interviews and focus groups. The second column lists the key themes that were derived from interviews and focus groups. The third column lists the 9-cluster conceptual framework derived from the concept mapping exercise. The last column presents the 11 modules of the pilot DAILY curriculum held in October of 2006. Thus, each row demonstrates the column's contribution to the corresponding row's module.

Figure 1. Key Concepts in Juvenile Treatment Courts

<b>Sixteen Strategies</b>	<b>Interviews &amp; Focus Groups</b>	<b>Concept Mapping Clusters</b>	<b>Pilot DAILY Modules</b>
Collaborative Planning Community Partnerships	<i>Accountability</i>	Community Collaborations	<i>Module 1: DAILY Curriculum Foundation</i>
Teamwork Clearly defined target population and eligibility criteria Judicial involvement and supervision	<i>Infrastructure and leadership Cross-disciplinary language</i>	Program Development/ Teamwork Administration	<i>Module 2: Nuts &amp; Bolts I: Planning, Roles &amp; Responsibilities</i>
Collaborative planning Community Partnerships	<i>Leadership</i>	Community Collaborations	<i>Module 3: Innovative Programming</i>
Confidentiality Goal-oriented incentives & sanctions Drug testing	Supervision & Monitoring	Case Management/ Accountability Timely consequences Ongoing monitoring & assessment	<i>Module 4: Nuts &amp; Bolts II: Program Operations</i>
			<i>Figure 1 continues...</i>



Educational linkages	<i>Cross-disciplinary language</i>	Community Collaborations	<i>Module 5: “School Matters” in Juvenile Treatment Courts</i>
Cultural competence Developmentally appropriate services	<i>Youth Pro-social development</i>	Response to Youth Behavior	<i>Module 6: Working with Adolescents</i>
Comprehensive treatment planning	<i>Multidimensional Problems of Target Population</i>	Treatment	<i>Module 7: Adolescent Mental Health, Chemical Use &amp; Co-occurring Disorders</i>
Family Engagement	Family Engagement	Family Engagement	<i>Module 8: Engaging Families</i>
Gender appropriate services Focus on strengths	<i>Evidence-Based Practices for Adolescents</i>	Case Management/ Accountability	<i>Module 9: Evidence-Based Practices</i>
Gender appropriate services Cultural competence	<i>Evidence-Based Practices for Adolescents</i>	Case Management/ Accountability	<i>Module 10: Using the World Wide Web</i>
Program monitoring & evaluation	<i>Evidence-Based Practices for Adolescents</i>	Case Management/ Accountability	<i>Module 11: Program Evaluation and Sustainability.</i>

The specific topics presented in each of the 11 modules are described in detail below.

*Module 1: DAILY Curriculum Foundation.* Participants learn the importance of using a holistic approach to treating the multidimensional problems presented by youth and their families. Strategies for holding multiple partners accountable (i.e. schools, treatment providers, probation, families and youth themselves) are discussed. The current strengths and limitations of chemical abuse and mental health treatment providers, courts, community supervision and educational systems in meeting the needs of youth and families are explored.

*Module 2: Nuts & Bolts I: Planning, Roles & Responsibilities.* Participants explore the essential role of strong leadership and strategies that facilitate collaboration among adolescent chemical abuse/dependency and mental health treatment providers, county attorneys, law guardians, education and court team members. Participants also identify critical planning/implementation team members and strategies to secure “buy-in” from key stakeholders. Essential documents, such as a policy and procedures manual, consent for release of information to and from treatment agencies, as well as youth and family agreements are explained. Participants explore stakeholder roles and responsibilities, while managing role conflict through dialogue. Participants are exposed to examples of creative collaborations used by other court programs.

*Module 3: Innovative Programming.* Participants learn about programs nationwide that are considered exemplary in their strategies to combine courts, schools and chemical abuse and dependency treatment services. Unique strategies to increase youth pro-social development are emphasized.

*Module 4: Nuts & Bolts II: Program Operations.* Participants explore factors to consider when identifying the target population, referral sources, eligibility and exclusion criteria, youth assessment tools, phase structure, graduated sanctions and rewards, drug testing strategies and dispositional outcome policies for youth exiting the program.

*Module 5: “School Matters” in Juvenile Treatment Courts.* Participants are exposed to the components of educational evaluations and assessments conducted by the education system within their community. Participants learn how to access youth academic and special education information, as well as information on attendance, behavior, and academic performance. An overview of the legal rights of youth in regard to both general education and special education services is reviewed, along with strategies to hold school districts accountable for services they must provide under federal education statutes. The structure of school systems is explained and participants learn strategies to increase their effectiveness when communicating with schools.

*Module 6: Working with Adolescents.* Participants learn about current research findings on the physical, cognitive, emotional, social, and neurological development of adolescents. Emphasis is placed on the different ways in which adolescents and adults process information. In addition, the presentation of the stages of normal adolescent development broadens the participants’ understanding of how brain development relates to high risk youth behaviors. The knowledge gained in this module prepares court teams to make therapeutic and informed decisions on youth dispositions. Participants also explore the role of social networks in chemical use and abuse, essential milestones of early, middle and late adolescence, strategies to engage youth, and alternatives to risky behaviors.

*Module 7: Adolescent Mental Health, Chemical Use & Co-occurring Disorders.* This module prepares juvenile treatment court teams to work with juveniles with mental health, chemical use and co-occurring disorders. The psychopharmacology of addiction is discussed in relation to the impact of substance use on behavior, functioning, and motivation of youth. Participants are exposed to mental health and chemical use terminology. Participants also learn how to differentiate between chemical use, abuse and dependence. Specific strategies for assessment and intervention are also discussed.

*Module 8: Engaging Families.* The juvenile treatment court is present in the lives of youth for a short time compared to parents and family. Understanding the perspective of parents/guardians of youth in juvenile treatment court programs can assist teams in balancing the imposition of court authority while working toward the goal of strengthening parental authority. Understanding the parent/guardian perspective prepares juvenile treatment court teams to engage families and learn how parenting styles affect youth outcomes. Issues raised in parent/family focus groups are explored and include: parental burnout, perceived loss of control over children, challenges of learning the procedures, roles and expectations of the NYS Juvenile Justice System, parental need for (but fear of) the external authority of the court, and the family burdens of meeting the requirements of the juvenile treatment court program (e.g. transportation to and from weekly court hearings and treatment sessions).

For some parents, the fear of having their children placed outside of the home is mediated by the degree of caring and concern they perceive the court program staff to demonstrate. Although many parents are appreciative of the degree to which the judge and court program staff become familiar with their child, some typical emotional reactions toward the juvenile justice system include fear, confusion,

anger, disappointment, anxiety, humiliation and distrust. Examples of strategies that help support family engagement are efforts by all staff to recognize family members in court, not only by name, but having mechanisms to praise and acknowledge them when they appropriately make efforts to support their child's recovery. In addition to formal family therapies, families can be supported by providing opportunities for them to engage in positive activities together or with other families in the program.

*Module 9: Evidence-Based Practices.* Probation practices along with mental health and chemical abuse treatment strategies that are supported by empirical evidence are introduced. Participants learn to distinguish effective from ineffective programs using scientific parameters. Strategies that juvenile treatment court programs can implement to hold service providers accountable to provide evidence based treatment are explored. Strategies include: what to look for when conducting site visits and what questions to ask treatment providers to evaluate the use of evidence-based practices.

*Module 10: Using the World Wide Web.* Local, statewide, and national data that can assist teams in understanding the changing needs and characteristics of court-involved youth in their community are presented. Internet-based resources that support the work of juvenile treatment courts, including New York State and federal chemical abuse clearinghouses, evidence-based treatment resources, adolescent mental health information, juvenile justice agencies and up-to-date listservs are examined.

*Module 11: Program Evaluation and Sustainability.* The role of evaluation in measuring juvenile treatment court processes and outcomes is discussed. Participants learn to make data-driven policy decisions and provide proof of effectiveness for program sustainability. Potential funding

resources (government and private) for continuation of the juvenile treatment court program are examined.

*Team Action Plan Development Activity.* The purpose of the “action plan” is for each county team to develop specific objectives and activities related to the planning and implementation of a juvenile treatment court program. The action plan integrates court operations and program policies related to youth needs such as chemical dependency, mental health, education, supervision, monitoring, and family engagement. With discussion led by the team facilitator, teams brainstorm together to identify goals and measurable objectives to be implemented over the next 12 months. Barriers to implementing the goals and objectives, specific to each individual county, are discussed by the team and potential strategies to overcome barriers are identified. Each team presents their action plan to the entire training group and has the opportunity to critique and receive feedback.

## **MODULE DELIVERY**

Each training participant receives a binder with 11 sections, representing each module. Each module contains module learning objectives, PowerPoint slide handouts, and individual and group exercises, such as case studies for discussion with the larger group. Instructors use a combination of didactic lecture and interactive exercises. For example, during the *Education Matters* module participants independently complete a short quiz involving “can/cannot do” in education law. The instructor facilitates group discussion as participants share their responses.

Each team receives a “Juvenile Treatment Court Resource Guide” containing listings of county-specific resources such as adolescent mental health and substance abuse providers, school district contact information and approximately 75 primary source scholarly articles, OJJDP

reference materials, assessment instruments, National Report Series Bulletins, and other relevant reading materials.

At the conclusion of each module, participants complete an evaluation form specific to that module. They are asked to identify at least one primary concept learned in the module and how it might be used to enhance their program, in addition to any additional knowledge or resources they would need to implement proposed changes. The information contained in the module evaluation forms is used to develop the team action plan.

### **DAILY PILOT TRAINING: FIVE COURT TEAMS**

In October 2006, five New York State planning and operational juvenile treatment court teams were invited to a 3-day pilot training at the New York State Judicial Institute. A facilitator – a seasoned juvenile treatment court team member representing a variety of court program roles (e.g., judge, law guardian, probation officer, program coordinator and county attorney) – was assigned to each team for the duration of the training to provide guidance and answer questions. At the conclusion of the training, each county team developed individualized action plans under the direction of their assigned facilitator, and presented their action plan to the large group for discussion.

Pre-training surveys indicated that the greatest challenges experienced by the operational juvenile treatment court teams were: engaging both youth and their families in accepting and staying in the program and identifying practical uses of graduated rewards and sanctions to motivate behavior change. Both operational and planning teams hoped to learn: how to more effectively deal with limited community resources and uncooperative schools; how to better understand youth behavior in the context of drug addiction and family relationships; as well as concrete court policies

(e.g. phase advancement requirements) that have been used in other programs.

Participant evaluations from the pilot training indicated that county teams would have benefitted from more time together as a team to process new information learned from modules and to discuss strategies with the help of their facilitators to implement new policies based on presentations. Although all modules were appreciated by at least some of the trainees, those that were identified as most valuable were on education law, normal adolescent development, and the effects of drugs and mental illness on adolescent behavior. Comments in the evaluations emphasized the need for continuous cross-training, even in developed programs.

A follow-up evaluation call to select team members suggested that four of the five county teams made significant changes as a result of the DAILY training, including: 1) adjusting the policy and procedure manual to reduce the length of mandated involvement in the program and increase parental involvement requirements; 2) changing the ways that sanctions are implemented; 3) becoming more pro-active with juveniles and their families; 4) working with other agencies to maximize the use of services and avoid duplication of effort; 5) increasing collaboration with court partners such as probation, law guardians, Court Appointed Special Advocates (CASA), and a community mentoring program; and 6) forming a community advisory committee. They also reported feeling more energized and confident in their planning and implementation, felt they had a better understanding of the needs of adolescents, and met more regularly. Additionally, teams reported using the resources that they received at the training, such as manuals from the Center for Substance Abuse Treatment and the sixteen strategies. These materials were used during meetings and for cross-training with partners such as the Department of Social Services and treatment providers.



At follow-up, the teams reiterated the positive contribution made by the facilitators during the training. Many teams reported having stayed in contact with their facilitator. Additionally, teams especially appreciated having the time together “away from the phone and regular roles.” On the other hand, some found that it was very difficult to schedule time together after the training. One participant said, “It is rare to be able to meet with the judge, probation officer, and county attorney all at once.”

Overall, planning (rather than operational) teams were more satisfied with the training. In addition, one team that was pressured into participating, instead of voluntarily applying, neither enjoyed nor benefited much from the opportunity. However, subsequent trainings revealed benefits from pre-training site visits, which allowed them to begin discussions of areas that needed policy development, and allowed the training team to present the philosophy and overview of the curriculum. Evaluators also found that post-training site visits were more helpful than follow-up phone calls in both getting feedback from teams and helping them stay on track to reach their intermediate action plan objectives.

## **DISCUSSION**

Although there are currently no outcome data on the effectiveness of this training on the success of youth in these programs, the results of this exploratory research effort suggest that juvenile treatment court programs benefit from specialized training to intervene positively in the lives of drug- and justice-involved youth and their families. As with any multi-system collaborative initiative, thoughtful and comprehensive planning is necessary before the first client stands before the judge. Court teams must garner and sustain motivation and resources to develop creative intervention strategies for this difficult to engage population.

Given the diverse perspectives of these multi-disciplinary teams, we have found that it is beneficial to provide teams with knowledge and skills. This study found that one of the biggest challenges to planning teams, particularly those with staff involved in other problem solving courts, was finding the time to meet to develop policies and procedures necessary to implement the new program. Even those who had been in the juvenile justice system for a substantial period of time commented on the benefits from the training on education law, understanding adolescent behavior in the context of normal development, and the effects of drug use, mental illness, and environmental trauma.

Unfortunately, the unique and complex problems presented by youth and families prohibit the ability to develop a one-size-fits-all implementation manual for juvenile treatment courts. However, interviewed staff believes the critical keystones are: staff that genuinely cares about youth, are willing to communicate and deal with conflicts as they arise, are prepared to identify and work toward mutually agreed upon goals, and have reasonable targets for the accomplishment of key activities. Many teams experience a collective satisfaction in their work and express the sincere belief that they are turning around the lives of many youth. Marlowe (2004) points out that few outcome studies use a methodology that is rigorous enough to allow drawing meaningful conclusions regarding the effectiveness of juvenile treatment courts. Anecdotal impressions by staff that activities and interventions are perceived as successful need to be examined more closely, and more scientifically to add to the body of knowledge on the overall effectiveness of juvenile treatment courts.

Policy stakeholders concerned with juvenile treatment court programs should ensure that court teams are prepared with appropriate information on adolescent development and evidence based mental health, chemical

abuse, and probation practices. Teams should learn the skills of assessing youth and family needs while engaging youth and families. In addition, court teams should be supported in their effort to improve upon and institutionalize court operations. This includes identifying and assessing candidates for juvenile treatment court programs, structure and administration of graduated rewards and sanctions, phase advancements, drug testing and systematic program evaluation. Stakeholders must realize that this is neither a quick nor an easy process. Substantial time has to be set aside for both planning and ongoing program development activities in addition to case conferencing. Juvenile treatment court stakeholders should ensure that teams have access to ongoing training opportunities to increase knowledge and improve skills. Court programs may find the need for periodic booster trainings along with dedicated time as a team to review and modify action plans for continued program development.

We recommend the creation of a cohesive network of juvenile treatment court programs to share information, present case studies and share innovative and successful strategies with one another. This can be accomplished efficiently through web-based technologies such as webcasts and other technology-driven training initiatives.

More process and outcome evaluation research is also clearly needed in the area of juvenile treatment courts. Research designs need to include follow-up data collection at 6-, 12- and 24-months post-program to track long-term outcomes in areas such as recidivism/new arrests, post-program sobriety or substance use, post-program treatment service utilization, frequency of continuing outpatient care, and educational and vocational status. Follow-up research should also include a qualitative component to explore participant perspectives on program satisfaction and solicit suggestions for program improvement.

In research and evaluation studies examining juvenile treatment courts, court member training and education in substantive areas related to problems youth present with are rarely, if ever, taken into account. We suggest that the degree of relevant knowledge that court team members have influences the success or failure of program participants. Critical decision making can be optimized through team training, increasing the likelihood of achieving juvenile justice goals of public safety and youth development.

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## Appendix A. Concept Map Cluster Statements and Ratings.

STATEMENTS WITHIN CLUSTERS	MEAN RATINGS
<b>1. Ongoing Monitoring and Assessment of Youth</b>	<b>4.25</b>
Drug testing	4.70
Psychosocial assessments	4.60
Compliance monitoring	4.22
Making referrals	4.10
Screening	4.10
Phases	3.80
<b>2. Program Development/Teamwork</b>	<b>4.15</b>
Mutual respect of team roles	4.75
Money	4.67
Client to staff ratio	4.60
Adequate staffing	4.56
Respect of team members	4.56
Attendance of legal representation at case conference	4.40
Law guardian commitment to program	4.40
Mutual understanding of mission	4.40
Personality of judge	4.40
Team empowerment	4.40
<i>Appendix A continues...</i>	

STATEMENTS WITHIN CLUSTERS	MEAN RATINGS
Never want to bluff	4.38
Consistent dedicated staff	4.30
Re-education of new team members	4.30
Integration of probation	4.22
Staff selection	4.22
Attendance of judge at case conference	3.80
Cross-training	3.78
Commitment to program	3.70
Relationship between judge and law guardian	3.60
Mechanisms for policy change	3.33
Monthly policy meetings	3.11
Team development outside of court	3.11
<b>3. Family Engagement</b>	<b>4.13</b>
Learning about home environment	4.63
Getting to know family in their own territory	4.60
Home visits	4.40
Orientation with family	4.40
Buy-in by family	4.22
Random home visits	4.20
Understanding all family problems	4.20
<i>Appendix A continues...</i>	

STATEMENTS WITHIN CLUSTERS	MEAN RATINGS
Orientation with kids	4.11
Empowering family	4.10
Beliefs	4.00
Enforcement of expectations for family	4.00
Values	4.00
Expectations of kids from family	3.80
Contract with youth and parent	3.70
Priorities	3.60
<b>4. Case Management/Accountability</b>	<b>4.13</b>
Individualized case processing	4.67
Enforcement of expectations from youth	4.40
Enforcement of expectations from service providers	4.20
Advocating for child's best interests	4.13
Reasonable expectations	4.10
Cultural competence	3.90
Enforcement of expectations of staff	3.50
<b>5. Treatment</b>	<b>4.00</b>
Individualized treatment	4.78
Quality assurance of treatment	4.30
Identifying individual strengths	4.20
<i>Appendix A continues...</i>	

STATEMENTS WITHIN CLUSTERS	MEAN RATINGS
Psychiatric evaluations	4.00
Aftercare	3.80
MICA (mentally ill and chemically addicted) services	3.78
On-site psychiatric evaluation	3.70
Psychiatric supervision	3.44
<b>6. Community Collaboration</b>	<b>3.97</b>
Awareness of what services are being provided	4.44
Linking to resources	4.40
Community supervision at school	4.30
Provider compliance	4.20
Nurturing relationships with providers	4.10
Ancillary resources	3.90
Community supervision of curfew	3.89
Identifying resources	3.78
Contacting providers	3.70
Re-examining agreements with providers	3.56
Community outreach	3.44
<b>7. Administration</b>	<b>3.84</b>
Weekly case conference	4.90
Easy access to all team members	4.56
<i>Appendix A continues...</i>	

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STATEMENTS WITHIN CLUSTERS	MEAN RATINGS
Verifying reports	4.00
Paperwork	3.60
Criteria for case advancement	3.38
Management Information System	3.25
Handbooks	3.20
<b>8. Response to Youth Behavior</b>	<b>3.81</b>
Therapeutic sanctions	4.38
Evaluations	4.11
Rewards	4.00
Sanctions	4.00
Graduation	3.90
Agreement about violations	3.57
Alumni group	3.25
Tracking of participants after program	3.25
<b>9. Timely consequences</b>	<b>3.63</b>
Immediate response	4.56
Crisis intervention	4.40
Detention	3.10
Judge's hammer	3.10
Managing calendar time	3.10

**ENDNOTES**

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<sup>i</sup> Data supplied by the New York State Division of Probation and Correctional Alternatives. It includes all full YASI (Youth Assessment and Screening Index) assessments completed by individual county Probation Departments in New York State between the inception of regular collection of this data and January 2008. These data refer to youth assessed by probation and not necessarily referred to Family Court.