Substance Treatment in the Juvenile Probation Population: An Assessment of the Current Practices of Williamson County Juvenile Services

by

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ABSTRACT

Purpose: The first purpose of this study is to describe the practical ideal characteristics of an effective substance treatment program for juvenile probation departments based on a review of the literature. The second purpose is to conduct a case study and assess the current practices of Williamson County Juvenile Services. Finally, this study will present recommendations to assist juvenile probation departments in Texas by more effectively supervising youth who have an ideation toward drug use. *Methodology*: The methodologies used in this case study of Williamson County Juvenile Services include structured interviews, document analysis, and archival data analysis. Document analysis was conducted by reviewing the County's policy and procedure manual, department pamphlets, and pamphlets from organizations which offer services to families who have children supervised by the probation department. Archival data used included case plans, chronological notes, probation orders, and deferred agreements. *Results***:** Overall, Williamson County adheres to the practical ideal model for juvenile probation departments. Programs, however, could be improved by offering additional services in counseling, defining current offerings more clearly, and developing policies that specify which services are offered to juveniles under supervision.

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CHAPTER 1
INTRODUCTION

Today's adolescents face unprecedented substances of abuse; complex peer interactions; and challenges at home, in the community, and in the legal environment, all of which may be overwhelming (Roberts and Yeager 2005, 19). Because of such interactions, juveniles may find themselves in legal trouble and before the Juvenile Court. Drug use among juvenile delinquents appears to be related problems such as poor school performance, conflict in the home, and increased interactions with other delinquent adolescents.

According to a 2006 University of Michigan study, almost 32% of high school seniors reported having used marijuana within the past twelve months (US Department of Justice 2006). The actual numbers are likely higher, because this study did not include high school drop-outs and juveniles not attending school. This unreported group may have more involvement with drugs and illegal activities than students regularly attending school.

The Michigan study also held that almost 85% of high school seniors report they could obtain drugs fairly easily, or very easily. Also alarming is the prevalence of drug use among juveniles arrested for law violations. Over half of all juvenile male arrestees tested positive for at least one drug, the most common being marijuana (National Institute of Justice 1998).

In 2006, there were 2.1 million juveniles, ages 12-17, who needed treatment for illegal drug or alcohol use. Of this population, only 181,000 received treatment at a specialty facility (Substance Abuse and Mental Health Services Administration, 2006). In fact, the majority of juveniles confined to correctional facilities receive no on-site treatment for the issue that likely caused their arrest. Research has shown that among children ages 13-17, substance abuse treatment reduces illegal drug use and decreases criminal activity (Watson 2004, 211). In fact, treatment is cost effective in reducing drug use and its associated health and social cost and is less expensive than incarceration (Watson 2004, 211).

Research also suggests that the relationship between gangs, drugs, and violence fall into one of three categories. First, pharmacological effects of the drug on the user can induce violence. Second, the high cost of the drug use often impels the user to support the drug use by committing violent crimes (e.g. robbery, assault). The third category is system violence which refers to the protection or expansion of drug territory (Howell and Decker, 1999).

Numerous studies have consistently shown that treatment is cost effective; however few programs have proven to be successful. Many juvenile justice officials have voiced concerns about the difficulty of locating adequate services for juveniles in custody (Robertson et al. 2002). Inadequate services often result in continued involvement with drugs or alcohol and increase the likelihood of a juvenile's contact with the juvenile justice system and eventually the adult criminal court.

Research Purpose

The purpose of this research is threefold. The first purpose is to review existing literature to identify the components of a successful drug treatment plan that can be utilized by juvenile probation departments. The second purpose is to determine if Williamson County Juvenile Services meets the practical ideal model program. Finally, this report will provide recommendations to assist juvenile probation departments in developing more effective drug treatment programs.

The first portion of this paper reviews existing literature to determine the characteristics of a practical ideal drug treatment program for juvenile probation departments. These components identify the characteristics in the literature most effective in treating the juvenile population. For the purpose of this research, juveniles are identified as persons between the ages of ten and seventeen at the time they have first contact with the juvenile court or commit an offense that results in contact with juvenile authorities[1]. The six components of the practical ideal model are as follows:

1. Effective screening to identify the treatment needs of the youth supervised
2. Drug education and counseling to address treatment needs
3. Mental Health Services when such need is identified
4. Family Services
5. Cognitive Behavioral Programs
6. Drug testing all juveniles to ensure drug use is not continuing

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[1] The United States does not have a standard or boundary age to determine if a person is a juvenile or adult. 38 jurisdictions set the boundary age at 18, ten jurisdictions set the age at 17, and three set the age at 16.

The second purpose of this Applied Research Project is to assess the drug treatment program used by Williamson County Juvenile Services. This research will gauge how closely current programs compare to the practical ideal type, identified and developed through the literature. In order to establish whether Williamson County's drug treatment program is in accordance with the practical ideal type, structured interviews, document analysis, and archival data is used. After compiling data using these methodologies, recommendations are made for improving practices when supervising juvenile probationers with an ideation for drug use.

Chapter Summaries

Chapter 2 provides an overview of the juvenile justice system and begins with a history of probation services for juveniles in the United States. Next, the chapter identifies the cost of substance abuse within juvenile probation populations. The chapter continues by explaining relevant juvenile court terminology and processes, discussing. probation's impact on juvenile justice, and determining the causes of juvenile delinquency. The chapter contains a review of treatment needs for the population served. and concludes with a description of Williamson County Juvenile Services (WCJS), the research setting for this project. Chapter 3 develops the ideal components for effective treatment for juvenile probationers by identifying the practical ideal model drug treatment program. This chapter also contains the conceptual framework table. Chapter 4 introduces the methodology used for this study and the operationalization of the components within the practical ideal type. This research project continues in Chapter 5 by describing and summarizing the results obtained, and assessing how Williamson

County Juvenile Services current practices adhere to the practical ideal model. Chapter 6 outlines recommendations to improve current practices.

CHAPTER 2

LITERATURE REVIEW

Purpose

This chapter will explore the history of the Juvenile Court, the historical evolution of juvenile probation, and the treatment philosophy of juvenile corrections. The chapter begins with a review of the origin of the Juvenile Court in the United States. Next, it describes the continuum of addiction and the cost of substance abuse in the juvenile probation population. Juvenile terminology and processes are then introduced, along with juvenile probation's role in the Juvenile Court. The chapter concludes with a review of juvenile delinquency causes and a discussion of the characteristics of effective treatment for youth in need.

The Origin of the Juvenile Court

The juvenile court was established in 1899 with the passage of the Illinois Juvenile Court Act[2]. By 1920, all but three states had juvenile courts, and there were more than 320 separate juvenile courts in the United States (Ryerson 1978). The progressive reformers who created the juvenile court conceived it as an informal welfare

[2] While the Cook County Juvenile Court is widely recognized as the first juvenile court, between 1870 and 1877 the State of Massachusetts established separate court dockets and separate hearings for cases involving juveniles.

system in which judges made dispositions in the "best interest" of the child, and the state acted as *parens patriae* or as a surrogate parent (Feld 1999, 6). Lawyers and other adversarial features inherent in the adult probation system were discouraged. "The assumption was that children were different from adults, that they were *malleable and could be reformed*, and that the benevolence of the state would be exercised by the judge who would ensure *individualized care for child miscreants*" (Merlo and Benekos 2003, 277).

The early court dealt with youth in an attempt to correct their behavior and turn them into law abiding citizens before they reached adulthood. This approach was based on evidence that delinquent youth would not respond well to the same treatment approaches provided to adult offenders (Hinton et al. 2007). Juvenile courts were empowered to intervene with young offenders free of the bureaucratic and legal restrictions placed on criminal courts (Butts and Mears, 2001). Such freedom allowed the early court to make decisions on a case to case basis based on the individual needs of the person before the court.

["In 1967 the Supreme Court in *In re Gault* granted juveniles some constitutional procedural rights in delinquency hearings and provided the impetus to modify juvenile courts' procedures, jurisdiction, and purposes"] 9387 U.S. 1[1967]) (Feld 1999, 6). "The ensuing procedural and substantive convergence between juvenile and criminal courts eliminated virtually all the conceptual and operational differences in strategies of social control for youth and adults" (Feld 1999, 7).

The 1990s brought unprecedented challenges and changes to the juvenile system in the United States. ["The 'crack cocaine' epidemic exacerbated the historical

relationship among urbanism, poverty, race, and youth crime"] (Feld 1999, 5). With juvenile crime rates rising in the 1970s through the early 1990s, society began to seek out new options for addressing juvenile crime. With rising crime rates, and few effective intervention options, public policy makers concluded that more punitive options were needed (Hinton et al. 2007, 467). As this surge of youth violence continued and concerns about a new breed of juvenile criminals emerged, policy makers responded[3].

The Continuum of Addiction

Since the stages of substance use range from experimentation to addiction and do not have distinguishable lines, they are better understood as a continuum. Experimental substance use is common among the adolescent population. Experimentation allows the user to experience the physical and psychological effects of the substance (Schaefer 1998). The adolescent also uses drugs in social settings to feel the pleasurable effects (Nowinski et al. 1999, 70).

Some users advance to "casual or occasional use". At this stage, juveniles use drugs primarily as a result of peer pressure; drug use is limited, and few negative consequences occur. From experimentation and occasional use, many adolescents advance to regular use. At this stage, motivated by peer pressure and social situations, the adolescent uses drugs or alcohol on a regular basis and is at risk of addiction. By the time an adolescent becomes addicted; he or she uses drugs almost daily and thinks about drug use regularly. By definition, addiction is ["a chronic relapsing condition

[3] The past three decades have shifted juvenile justice focus from rehabilitation to punishment. Current practices reflect the changing character of our juvenile courts.

characterized by compulsive drug seeking and abuse and by long lasting chemical changes in the brain"] (Medicine Net.com 2007). Addiction is commonly referred to as substance dependence. Table 2.1 illustrates the continuum of drug use.

Table 2.1: Drug Use Continuum

Drug Use Frequency	Characteristics of the Usage
Experimental Drug Use	Allows the user to gain an understanding of what the drug feels like. No interference with work or school
Casual or Occasional Use	Frequency increases, however usually limited to infrequent use. Usually no inference with work or school.
Regular Use	Drug use is becoming a regular part of life. User thinks about drugs regularly. Drug use is interfering with work or school.
Addiction (Substance Dependence)	User almost always thinks about drug use. The user takes drugs as often as possible. School and work are greatly effected

According to the Diagnostic and Statistical Manual of Mental Disorders substance abuse is defined as a "maladaptive pattern of substance use manifested by recurrent and significant adverse consequences related to the repeated use of substances, including repeated failure to fulfill major role obligations…." Substance dependence is defined as a cluster of cognitive, behavioral, and physiological symptoms indicating that the individual continues use of the substance despite significant substance related problems

It is difficult to distinguish between abuse disorder and substance dependence disorders. Usually, a trained professional such as a Licensed Chemical Dependency Counselor (LCDC) conducts a clinical interview to make the determination between substance dependence and substance abuse disorder. Programs must recognize that treatment needs to distinguish individual needs of all drug users.

The Cost of Substance Abuse in Juvenile Probation Populations

Although juvenile arrest rates have declined in recent years, the arrest rate for juvenile drug law violations[4] is on the rise (Horowitz et al. 2006). From 1991 to 2000, the arrest rate for all juvenile offenses decreased by almost 13%, but the arrest rate for drug law violations increased by 105% (Horowitz et al. 2006).

Juvenile justice programs pay at least $14.4 billion annually for law enforcement, courts, detention, residential placement, incarceration, federal formula and block grants to states, and substance abuse treatment (Horowotz et al. 2006). According to conservative estimates, every $1.00 invested in an addiction treatment program yields a return of between $4.00 and $7.00 in reduced drug-related crime, criminal justice courts, and theft (Watson et al. 2003, 390).

Juvenile treatment populations for adolescents are on the rise. The adolescent population has surpassed the adult population, as adolescent drug use progression is more rapid than in the adult population (Schaefer 1998). The co-occurrence of heavy drug use and crime has led policy makers to advocate drug abuse treatment as a means of reducing the host of adverse behavioral consequences assumed to be directly or indirectly associated with drug use (Farabee et al. 2001, 680).

"Monitoring the Future" is an ongoing study of American secondary school students' attitudes toward drugs. Each year approximately 50,000 students are surveyed. In 2006, eighth, tenth, and twelfth graders across the country were surveyed on their attitudes and experiences with illegal substances. The results showed a gradual decline in

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[4] According to Horowitz, Sung, and Foster (2006), the arrest rate for juvenile drug law violations is 637 per 100,000 for persons aged 10-17.

juveniles reporting illicit drug use (Johnston et al. 2006). However, the population surveyed is not typical of the population served by probation departments. Approximately 60% of juvenile arrestees in the United States test positive for at least one illicit substance, most commonly marijuana (Johnston et al. 2006).

Juvenile Court Terminology and Processes

A juvenile's first contact with probation services usually occurs at intake, the first point of official system contact between youth and the juvenile justice system (McBride et al. 1999, 9). Intake normally occurs after a juvenile is referred by a law enforcement official[5]. Law enforcement refers the juvenile by either arresting the offender, and taking him/her to detention, or arresting the juvenile, subsequently releasing him/her to a parent or guardian. Either method results in a referral to Juvenile Court. In 1992 the large majority (85%) of delinquency cases were referred to court intake by law enforcement agencies (Feld 2000, 30).

At intake, information is collected by probation staff about the offense, the offender's criminal history, drug use, and the ability of the family to supervise the youth. The intake officer can detain the youth in a secure detention facility, release the youth on informal probation, or release the youth to a family member pending later court action. "Informal processing is considered when the decision makers believe that accountability and rehabilitation can be achieved without the use of formal court intervention" (Feld 2000, 35). If the decision is made to handle the matter informally, an offender agrees to

[5] Juvenile courts can also receive referrals by a school district and other social agencies.

comply with sanctions such as community service, victim restitution, drug testing, and treatment programs.

To determine whether a juvenile has engaged in delinquent conduct, the juvenile must go through an adjudication hearing. The outcome of this hearing does not result in a finding of guilt or innocence; rather the juvenile is found to have or have not engaged in delinquent conduct. "A youth referred to juvenile court for an offense may be adjudicated as a delinquent after admitting to the charges in the case, or after the court finds sufficient evidence to prove, beyond a reasonable doubt, that the youth committed the facts alleged in the petition" (Feld 2000, 37). Following a finding of delinquent conduct, the juvenile will have a disposition hearing to determine supervision requirements.

At the disposition hearing the juvenile will normally be placed on formal probation. Conditions of a youth's probation include the requirement that the youth complete court-ordered programs. Probation officers make recommendations to the court at all stages of the process as to what actions are best for the juvenile and the community.

Probation's impact on Juvenile Justice

Probation has served as the backbone of the juvenile justice system since its inception. Probation supervision is the most frequently utilized disposition of the juvenile court. Of the 2.2 million arrests of persons under age 18 in 2003, most resulted in the offender receiving probation and placement back in his/her community (Snyder and Sickmund 2006, 125).

"Youths placed on probation supervision are typically those for whom residential placement is not warranted, yet who would most likely continue down the path of

delinquency if not provided with some additional guidance" (Beatty 2002, 7). Probation supervision normally includes meeting with the assigned probation officer, attending specialized classes, submitting to drug tests, and completing community service.

Causation of Juvenile Delinquency

Much of the literature blames individual and environmental factors for juvenile delinquency. In 1977, Jessor and Jessor were the first to consider individual and environmental characteristics as risks when they proposed their "problem behavior theory." Problem behaviors were found to share common factors such as similar personal values and an attraction to unconventional behavior (Jessor and Jessor 1977). If an individual is already predisposed to impulsive acts, perhaps due to the presence of a psychiatric disorder such as Attention Deficit Hyperactivity Disorder (ADHD), then substance use may greatly increase the likelihood of delinquent behavior (Kazdin 2000, 33-65).

"Understanding the importance of the peer group during adolescence is fundamental to understanding juvenile offending because the dynamic of the group may play a crucial role in drawing some youngsters into antisocial activities" (Steinberg and Schwartz 2000, 27). The most prominent learning theory for delinquency is Edwin Sutherland's differential association (1939). This theory views learning as the result of various social inputs individuals face throughout their lives. Sutherland's theory considered most learning a result of influences from a person's family, peers, and religious institutions. Explicit in this theory is the idea that everyone is exposed to both deviant and conforming information (Lab and Whitehead 1988, 115). While this view is

valuable when considering treatment needs, one must recognize that it does not consider other influences such as television and media as a cause of delinquency.

Sutherland's theory was modified in 1956 with Glaser's differential identification theory. Glazer proposed that personal association is not always necessary for the transmission of behavioral guidelines (Lab and Whitehead 1988, 116) Glazer believed that an individual will copy the behavior that others exhibit. This is especially true when a young person idolizes someone well known or famous. Whatever importance the peer group has for the individual adolescent as a source of identity and companionship is exacerbated by an increase in susceptibility to peer pressure that occurs during the adolescent years (Steinberg and Schwartz 2000, 27-28).

Effective Treatment Practices

Adolescent substance abuse treatment has largely been an adaptation of models perceived as successful with adult clients, which may not meet the needs of the juvenile population. The juvenile population is unique and has special needs. The treatment process should address the needs of each adolescent's life, including cognitive and mental abilities and the individual's family characteristics.

Results from the National Evaluation Data Services (1999) show that among adolescents age 13-17, substance abuse treatment reduces subsequent illegal drug use and criminal activity (Watson 2004, 213). According to Watson, there are four main approaches to treating adolescent substance abuse: 12 step programs, cognitive-behavioral therapies, family based interventions, and therapeutic communities.

The National Mental Health Association (2001) identifies four characteristics of successful treatment programs for juvenile justice populations: programs must be

structured, intensive, focused on changing specific behavior, and community based (National Mental Health Association, 2001).

School based programs have been developed and utilized for preventing drug use within the same age group served by probation programs. Available evidence indicates that "most drug prevention programs currently offered by schools-particularly quick, one dimensional programs implemented without strong planning or staff training-make little or no long term difference on behavior" (Mendel 2000, 4). According to Tobler, "Non-Interactive, lecture-oriented prevention programs that stressed knowledge about drugs or affective development of students showed minimal reductions in marijuana use" (Tobler et al. 1999, 105). Tobler's report notes that traditional programs such as Drug Abuse Resistance Education (DARE) have been extensively evaluated and have been shown to have little or no effect on drug use. Tobler argues that a paradigm shift must be made by teachers migrating from "instructing class" to "facilitating groups" (Tobler et al. 1999, 132-133).

Favorable results in treatment occur primarily under optimal conditions; for example, when mental health or other nonjuvenile correctional personnel provide services with high treatment integrity in well established programs (Feld 1999, 18). Concerns have been raised about probation departments' ability to combine social welfare and criminal social control into one agency. For example, juvenile court law does not define eligibility for welfare services or create an enforceable right or entitlement based upon young peoples' needs (Feld, 1999, 19). Public opinion research suggests long-standing and substantial public support for offender treatment as a core component of juvenile justice (Cullen et al. 2000).

One goal of treatment is to enhance the individual's social function through all areas of daily living. The criterion for such a treatment program evaluation may be measured not only by abstinence, but by reduced usage, higher employment, increased academic success, better personal relationships with family and peers, a decrease of involvement with the legal system, and improved emotional and physical symptoms (Waters-Kaklamanos 2002, 58).

Researchers have identified the need for effective assessment to determine treatment needs as an important part of any treatment program. Risk assessment has a long, evolving history and an understandably important role in corrections (Kelly et al. 2005, 469). In Texas, all juvenile probation departments are required to use the state's risk and needs assessment instrument, or an approved equivalent, for all juvenile referrals who receive either an informal or formal disposition from juvenile court. This instrument, created by the Texas Juvenile Probation Commission (TJPC) and called the Standard Assessment Tool (SAT), is used by more than 93% of jurisdictions (Kelly et al. 2005, 472).

According to Kelly et al. (2005), there are three generations of risk assessment instruments. First generation instruments are subjective assessments that rely on professional judgments. Second generation risk assessments rely on a set of what are commonly referred to as static indicators, such as prior criminal record. Third generation instruments rely on both static and dynamic risk and needs factors. Dynamic risks and needs refer to factors that are changeable and are known to lead to subsequent offending, for example, alcohol and drug use, poor school attendance, and mental health problems (Lauen 1997).

An effective treatment program must also recognize that special programs must include those that address the mental health of the population served. The unique feature of adolescence, or at least early teenage years, is that multiple biological, psychological and social systems are in transition (Kazdin, E, 2000, 33). An examination of decision making abilities among delinquent youths must take into consideration the fact that, as a group, these youths have a much higher rate of mental disorders than do adolescents in general (Kazdin 2000).

Among community samples, co-morbidity rates are high. With people ten to twenty years old, approximately half the individuals with a substance abuse disorder also meet criteria for another disorder (Cohen et al. 1993). Among clinically referred and delinquent samples, rates are even higher; among adolescents with a diagnosis of substance abuse, more than 70%) meet criteria for other disorders (Milin et al. 1991, 569-574).

Probation departments should consider the mental health of the individual and diagnose any needs prior to assigning a treatment plan. Many individuals may suffer significant impairment in multiple domains and areas of functioning. Without systematic evaluation, it is easy to ignore the secondary and tertiary diagnoses overshadowed by the delinquent acts that led to adjudication (Kazdin 2000).

Researchers have identified that the juvenile population is unique and that often the relationship between the juvenile and his or her family is a contributing factor in delinquency. "Both delinquency and drug use appear to be more frequent among children raised in families that have high levels of conflict" (Hawkins et al. 1992). The connection between family strength and member drug is well documented. Family

bonding usually decreases the likelihood that adolescents will use drugs (Hirschi 1969). Using the social control theory, scholars hypothesize that "adolescents refrain from taking drugs because of the parent-adolescent bonds that have formed" (Bahr et al. 1998). Most theories of adolescent drug use assume juveniles will model the drug use behaviors they see in their own home (Needle et al. 1986).

Adolescents with respect for their parents are less likely to oppose their parents' values and follow their parents' example. Family management refers to the way parents monitor, train, and discipline their children. There are a number of different management practices used by parents; one of the most important is monitoring (Bahr 1998). Coombs (1988) observed that adolescents had lower levels of drug use "when their parents provided clear rules, expectations, and guidance" (Coombs et al. 1988).

Research Setting

Williamson County was formed in 1848 from land previously part of Milam County. According to the United States Census Bureau, the population estimate for the county was 353,830 in 2006 making it the 16th largest county in Texas.

Williamson County Juvenile Services

Juvenile Services was first developed in 1981 as an extension of the juvenile court. The Texas Juvenile Probation Commission, commonly referred to as TJPC, was created in 1981 by the Texas Legislature to bring consistency to juvenile probation services in the state. TJPC is among ten state agencies under the umbrella of the Texas Health and Human Services Commission.

Williamson County Juvenile Services is managed by a chief juvenile probation officer. The department consists of six divisions: Central Administration, Probation Services, Detention Services, Juvenile Justice Alternative Education Program, Academy Residential Services, and Court Services.

Currently, Williamson County Juvenile Services has approximately 135 full and part time employees, with a budget of over 9 million dollars. The department operates out of Georgetown, Texas, with additional satellite offices located in Cedar Park, Round Rock, and Taylor.

CHAPTER 3

MODEL DRUG TREATMENT PROGRAM FOR JUVENILE PROBATIONERS

Purpose

The purpose of this chapter is to identify the ideal components for a model drug treatment program for the population served by juvenile probation departments. This model will serve as a guide, by which to evaluate the drug treatment practices currently used by Williamson County Juvenile Services. The overall goal of this project is to assist juvenile probation departments in Texas to better serve the needs of this population.

Conceptual Framework

This research is gauging, and the conceptual framework that will be used is a practical ideal type. Gauging allows the researcher to measure a problem or policy against a standard (Shields 2003, 8). Practical ideal types provide benchmarks with which to understand reality (Shields 1998, 219). and uses categories to effectively organize the individual components of a larger and more complex program. A review of the literature helped to establish ideal characteristics of a drug prevention program. These components then establish a practical ideal drug prevention model for youth under the supervision of a juvenile probation department. The six components of the practical ideal type drug prevention program include: effective screening to identify the treatment needs of the youth supervised, offering drug education and counseling programs specific

to the areas of drug use and addiction, providing mental health services for the population served, offering family counseling, requiring cognitive education programs, and drug testing to ensure abstinence from drug use.

The following table (Table 3.1) details each of the categories and subcategories of an effective substance abuse treatment plan, and links each category to the literature.

Table 3.1: Practical Ideal Type Categories Linked to Literature

Category	Literature
Effective screening to identify the treatment needs of the youth supervised Timely Intervention Reliable assessment tools Standardized assessment tools	Borum 2003, Stein et al. 2005, Winters et al. 2002, Rahdent and Stinchfield 1995, NIJ 1999 Hoge 1999
Drug Counseling to address treatment needs Inpatient programs Outpatient programs Drug education 12 step programs	ASAM 2001,Peyrot 1991, Anglin and Maugh II 1992,Etheridge et al. 2001
Mental Health Services when such need is identified Screening of all juveniles supervised Offering specialized services for those needing services Offering Wrap-around services	Logan 2006, Winters et al. 2002 Cocozza and Skowyra 2000, Herz 2001, Belenko et al. 2004
Family Services Include family services to address dysfunctions in the home	Ashcroft et al. 2000, Coombs et al. 1988, Bahr et al 1998, Hirschi 1969, Barber 1997
Cognitive behavioral program in treatment Program should be at least 11 weeks in length, and highly structured Program should be facilitated by a nonprobation professional	OJJP 2005, Vickers 2002, Spear and Skala 1995 Lipsey et al. 2001, Feld 1999,
Drug testing all juveniles served to ensure drug use is not continuing Mandatory drug testing Random intervals Proper testing methods	Wish and Gropper 1990, Winters et al. 2002

Screening to Identify the Treatment Needs of the Youth Supervised

Effective treatment begins early. When a juvenile has first contact with juvenile justice authorities, a screening is necessary to determine if service needs exist for the juvenile. An effective assessment identifies risk factors for treatment planning. The key

dynamic risk (or needs) factors from this assessment then become targets for intervention (Borum 2003, 124). Substance abuse assessment tools are commonly divided into screening and comprehensive assessment instruments. Screening is generally used to determine if the individual requires a comprehensive evaluation for determining treatment needs.

Standard psychological assessments (or screenings) are those with fixed stimulus, fixed response and scoring formats and for which normative and psychometric data are available (Hoge 1999, 253-254). One advantage of using the standardized instruments is their capacity to enforce the consistency of assessment and decision activities; this consistency will help to ensure the appropriate treatment (Hoge 1999, 254).

To address substance abuse and substance dependency disorders, the Substance Abuse Subtle Screening Inventory (SASSI) was developed in 1985 (Stein et al. 2005, 384). The SASSI was designed to detect acknowledged as well as unacknowledged substance abuse. The SASSI-A is the adolescent version of the original instrument. Developed in 1990, the SASSI-A has shown positive results in the correct classification of substance-dependent adolescents; however, the test was less successful in correctly classifying adolescents without substance abuse or those denying substance abuse. Stein et al. (2005) studied a sample of 202 adolescents in a Northeastern correctional facility during a three year period (1997-2000). Research indicated that, generally, the SASSI-A was effective in predicting substance abuse or dependence disorders.

Later, the SASSI-A2 was developed in an effort to enhance the accuracy and utility of the original instrument. The SASSI-A2 is frequently used by probation departments to determine if a juvenile should receive further assessment for treatment

needs (Stein et al. 2005, 384-385). This instrument allows for economic allocation of resources and identification of resources (Stein et al. 2005, 384). The instrument is economical and can be administered quickly. Research has suggested that screening tools should take no longer than 30 minutes to administer and, ideally, should be 10-15 minutes in length (Winters et al. 2002, 1448). It is important that a follow-up evaluation occur when substance abuse disorders or substance dependency disorders are identified.

A comprehensive assessment should include: an in depth examination of the severity and nature of drug abuse identified in the initial screening, an assessment of additional concerns identified in the initial screening as well as identifying concerns that may not have been identified in the initial screening, and an effort to utilize multiple methods and sources with an emphasis on the youth's family (Rahdent and Stinchfield 1995). A comprehensive assessment or clinical interview should only be completed by a trained professional with specific training in the area of chemical dependency. Generally, he or she should be, at minimum a licensed chemical dependency counselor (LCDC).

Drug Counseling and Drug Education to Address Treatment Needs

Drug counseling is a major element of most substance use treatment programs. The American Academy of Addiction Medicine, (ASAM 2001) provides a widely used model for determining the level of treatment needed to address substance related disorders. The ASAM PPC-2R provides two sets of guidelines, one for adults and one for adolescents, and five broad levels of care for each group. The levels of care are: Level 0.5, Early Intervention; Level I, Outpatient Treatment; Level II, Intensive Outpatient/Partial Hospitalization; Level III, Residential/Inpatient Treatment; and Level IV, Medically-Managed Intensive Inpatient Treatment. Within these broad levels of

service is a range of specific levels of care (American Society of Addiction Medicine, 2007).

Juveniles under supervision require multiple models of treatment to address their unique needs. Peyrot compared common treatment models as either "specialist" or "generalist" in nature. Models utilizing the specialist approach attempt to treat clients by terminating the drug use and keeping the user "clean". Examples of popular treatment models using this approach are AA and NA (Alcohol Anonymous and Narcotics Anonymous) (Peyrot 1991, 24). Such models use a direct approach, dealing with addiction directly, and with abstinence as the goal. AA and NA use a twelve step approach, which encourages the addict to develop a comfortable life with addiction. Twelve step groups operate in most communities. Research on twelve step programs has shown them to be effective, however, the extent to which adolescents benefit is limited (Etheridge et al. 2001, 576). Most twelve step programs focus on the first five steps during primary treatment, while addressing the remaining steps during aftercare.

Generalist treatment models add counseling and tutoring to the treatment of drug abuse. Such models attempt to address the "underlying" problems responsible for the drug use. Here, drug addiction is regarded as just one of the many possible manifestations of an underlying problem. The fact that the problem materialized in the form of drug abuse is contingent and incidental (Peyot 1991, 25). Both treatment options are useful in treating the juvenile population.

Outpatient drug-free treatment programs began in the 1970s, designed mainly for youthful users of drugs other than opiates (Anglin and Maugh II 1992, 71). The primary treatment approach relies on counseling and social skills training. Programs vary widely, ranging from highly demanding nonresidential communities to relaxed programs incorporating recreational activities (Anglin and Maugh II 1992, 71). Outpatient treatment emphasizes abstinence from both legal and illegal drugs, and focuses on the circumstances that might have contributed to the drug use.

Most juvenile offenders benefit from outpatient programs. Outpatient programs should include both intensive and traditional outpatient services. Intensive outpatient programs are usually delivered by nonmedical staff in a clinic. Patients receive 6-9 hours of counseling services each week during contacts. Traditional outpatient services are typically delivered by counselors in a clinic or office setting and provide fewer hours of counseling than those receiving intensive treatment. Probation departments need to be familiar with local agencies that offer outpatient treatment and effectively address the needs of the population serviced.

Juvenile probation departments need to be familiar with appropriate placement options to service the needs of the adolescents they serve. Placement in treatment facilities are normally a last resort and used for only the most serious cases. Most juveniles can be served effectively through substance abuse counseling while remaining at home.

Substance use counseling should be done by, at a minimum, a Licensed Chemical Dependency Counselor. Favorable results in treatment occur primarily under optimal

conditions; for example, when mental health or other nonjuvenile correctional personnel provide services with high treatment integrity in well established programs (Feld 1999, 18). The goal of treatment is to attain a higher level of social functioning by reducing risk factors, enhancing positive factors, and thus decreasing the possibility of relapse (Substance Abuse and Mental Health Services Administration).

Mental Health Services

In 2006, according to the National Survey on Drug Use and Health (NSDUH), there were 3.2 million youths (12.8% of the population aged 12-17) who reported at least one major depressive episode in their lifetime. Of these adolescents, 34.6 percent had used illicit drugs during the same time period (Substance Abuse and Mental Health Services Administration). While alarming, these numbers likely underestimate the number of juveniles in the juvenile justice system. Youth in the juvenile justice system generally experience higher rates of mental health disorders than youth in the general population (Carver 2006, 6).

According to Grisso and associates (2000), many of the best traditional mental health assessments have limitations when administered to juveniles. In response to the need for early stage assessments, Grisso and Barnum developed the Massachusetts Youth Screening Instrument-Second Version (MAYSI II). Since its development the MAYSI-2 has become widely accepted and incorporated into standard intake practices in the juvenile justice system in many states across the county, and in several countries outside the U.S. (Logan 2006, 13). Screening tools, ideally, should be administered within 10-15 minutes; they should address issues such as drug use, suicide ideation, and abuse

(Winters et al. 2002). The MAYSI measures anger, drug use, suicide ideation, depression, somatic complaints, abuse, and traumatic experiences.

Some researchers report that juvenile justice officials struggle with determining whether a juvenile requires services from the juvenile court, from mental health agencies, or from both (Cocozza and Skowyra 2000, 7). When service is provided by multiple agencies, coordination and notification problems are common (Herz 2001, 172).; However, failure to diagnose mental health problems and make referrals to mental health services can hamper the effectiveness of substance abuse interventions (Belenko et al., 2004, 21-22)..

Family Services

Using drugs and alcohol is often an attempt to separate oneself from one's parents and establish a heightened sense of maturity and independence. According to Ashcroft et al., "any program that hopes to improve a juvenile's future must include his or her family in the solution" (Ashcroft et al. 2000, 8). Often, juveniles under probation supervision have not enjoyed a stable home life, or received encouragement from family members. Research has shown there is a relationship between a juvenile's risk of delinquency and disruptions in family life, including frequent moves, divorce, and parental incarceration (Ashcroft et al., 2000, 8). An effective model for treatment of juveniles must include a family component.

Bonding is the attachment, connection, or closeness adolescents feel toward their parents (Barber 1997, 5). When there are strong parent-child bonds, adolescents may respect, listen to, and desire to please their parents more than when bonds are weak (Bahr et al. 1998, 980). The practical ideal model for an effective treatment program for

juvenile probationers recognizes that juveniles need to develop skills that maximize the positives in their relationship with their parents. Consistent, stable and positive emotional connections with significant others, like parents, appear to equip children with important social skills as well as a sense that the world is safe, secure, and predictable (Barber 1997, 6). Family involvement in treatment also demonstrates to the adolescent that his or her family wants to help, improves overall family communication, and identifies underlying issues that might have caused the juvenile to use drugs in the past.

Cognitive Behavioral Programs

According to the Office of Juvenile Justice and Delinquency Prevention (OJJDP), Cognitive Behavioral therapy is a problem-focused approach designed to help people identify and change the dysfunctional beliefs, thoughts, and patterns of behavior that contribute to their problems (OJJDP 2003). Its underlying principle is that thoughts affect emotions, which then influence behaviors. Cognitive Education's emphasis is on teaching skills within a model that directly link assessment, intervention and evaluation. Unlike other types of treatment, Cognitive Behavioral therapy views the adolescent as an "active, equal partner" in the therapy who collaborates by learning "tools for life" to prevent relapse after resolution of the presenting difficulties (Vickers 2002, 250).

Research has suggested that successful recovery for adolescents is more likely when juveniles are engaged in programs that include behavioral and cognitive coping strategies (Spear and Skala 1995). Favorable results in treatment occur primarily under optimal conditions, for example, when mental health or other nonjuvenile correctional personnel provide services with high treatment integrity in well established programs (Feld 1999, 18). Research has also shown that cognitive-behavioral intervention

programs appear to be effective; especially when they are highly structured, directive, and skill oriented (Lipsey et al. 2001, 145-146). Lipsey's research shows that successful cognitive treatment programs use a group program, last between 11 and 20 weeks, and meet one or two times per week. The most promising finding from this research was in juvenile offenders. Demonstration programs with juveniles produced sizeable reductions in recidivism, with treated offenders showing only one-third the recidivism rates of untreated controls (Lipsey et al. 2001, 155). Cognitive behavioral programs have been effective for a broad range of offenders including drug offenders and those driving under the influence. (Lipsey et al. 2001, 146).

Cognitive behavioral programs focus on thinking and behavior. In one study, Ross and Fabiano (1985) found that 94% of programs which include a cognitive component were found to be effective as compared with 29% of programs without a cognitive component. Another study recommends that treatment approaches be modified to an adolescent's cognitive processes and abilities (Rosser et al., 83-96). Treatment options can be designed to consider the impulsivity of the juvenile in treatment, recognizing that not all juveniles have the same abilities. Another study found that cognitive-behavioral interventions were more effective in reducing recidivism rates; specifically in social skills development programs (Vickers 2002, 480).

Drug Testing

In order to reduce the demand for drugs and to deter use, adolescents must be drug tested. Knowledge that one may be tested for drugs may deter use, and the testing itself may identify current users for referral to treatment, periodic urine monitoring, or other interventions (Wish and Gropper 1990, 322). Specimens collected for drug testing

commonly include urine, hair, saliva, or sweat. Urine tests are the most commonly used method of identifying drug use and are considered accurate, reliable, and fair. The United States Department of Health and Human Services publishes standards for drug testing in federally certified labs.

A drug testing program must be forensically supportable. Four steps must be taken for each urine sample collected:

1. The urine must be tested twice; an initial test and a confirmatory test.
2. Enough urine must be collected for multiple tests.
3. Trained personnel must complete the testing in a secure facility.
4. The chain of custody must be continuous from receipt to disposal.

The National Institute on Drug Abuse guidelines recommend that an initial positive result be confirmed by a test that uses an alternative method of detection (Wish and Gropper 1990, 339-340). Drug test results are influenced by several factors, including the amount and frequency of drug use. Additional factors include the use of some over-the counter medications that can produce a false positive and the use of adulteration procedures which can produce a false negative (e.g. using diuretics, diluting the sample, or adding large quantities of salt to the sample) (Winters, et al. 2002, 1446-1447).

Probation officers should be knowledgeable about how positive drug tests are validated. Table 3.2 illustrates how long common drugs can be expected to stay in the urine of an individual who consumes the drug. The individual's tolerance level will affect how long after drug consumption a user will show a positive result (Wish and Gropper 1990, 346).

Table 3.2 Approximate Duration of Detectability for Common Drugs[6]

Substance	Duration of Detectability
Marijuana	2-7 days (single use) 1-2 months (prolonged use)
Amphetamine (speed)	1-2 days
Methamphetamine (ice, crystal, crank)	1-2 days
Cocaine	2-4 days
PCP	14 days
Alcohol	1-12 hours
Codeine	2 days

Adapted from LabCorp Drugs of Abuse Reference Guide, Occupational testing services

Most drugs will remain in urine samples for a very short period of time. Many of the more common drugs used regularly by juveniles have the shortest durations of detectability. A juvenile using marijuana on a weekend could pass a drug test by the middle of the following week, if his drug use was not prolonged.

The following chapter discusses the research methodology used for this study.

[6] Detailed information concerning the duration of detectability for common drugs is available on line http://www.labcorp.com/pdf/doa_reference_guide.pdf

CHAPTER 4

RESEARCH METHODOLOGY

Purpose

The purpose of this chapter is to present the research methodologies used to measure Williamson County Juvenile Services' supervising practices against the practical ideal model in Chapter 3. Cluster sampling is the technique used in this study. Research methods used for this case study include structured interviews and document analysis. The practical ideal model is operationalized and used as a template for data collection.

Cluster sampling is used when it is impractical to compile an exhaustive list of the elements of the target population (Babbie 2004, 208) For this report, the records of forty-two juveniles were selected in order to review practices that were used in addressing individual treatment needs.

Case Study Research

The case study research method assesses the current practices used at Williamson County Juvenile Services against the model treatment methods developed from a review of the literature. Robert Yin defines case study research as "a research strategy…used in many situations to contribute to our knowledge of individual, group, organizational, social, political, and related phenomena." (Yin 2003, 1). Yin also believes that case studies can be done using either qualitative or quantitative evidence. Evidence can come

from fieldwork, archival records, verbal reports, observations, or any combination thereof. (Yin 1981, 58-59). Yin believes that using multiple sources of evidence is one of the strengths of case study research (Yin 2003, 97).

According to Earl Babbie (2004, 113), triangulation involves the "use of several different research methods to test the same finding." Triangulation is important because every method of research has its own strengths and weaknesses (Babbie 2004, 113).

This study uses three methods of collecting data. First, structured interviews were used to gather data on the current practices for addressing substance use needs in the population served by Williamson County Juvenile Services. Second, document analysis was used, targeting the policy and procedure manuals of Williamson County Juvenile Services and the probation staff pamphlets. Current policy and procedures describes the practices under which the county expects the probation staff to operate. Pamphlets are an example of available resources probation staff uses to direct families to available resources. Finally, archival data was reviewed to determine if staff follow the policies of the county, and to address common practices that are followed which are not addressed by policy.

Structured Interview

According to Babbie (2004, 263), an interview is a method of collecting data that can be conducted in person or by phone. This method requires an interviewer to ask questions of the respondent.

Seven employees of Williamson County Juvenile Services were selected for interviews because of their positions within the department. Included were the Director of Field Services, Probation Resource Officer and Mental Health Professional Team

(PROMPT) officer, Family Preservation Program Supervisor, one Field Supervisor, and three probation officers. The intend of the selection process was to gather employees at all levels who are involved in ensuring that drug treatment is provided to adolescents in the department's field services branch.

The Director of Field Services is responsible for all probation programs and supervises all probation officers. The PROMPT program combines probation supervision with mental health counseling. The Family Preservation Program Supervisor is responsible for the department's specialized program which combines probation supervision with family counseling to address concerns within the home environment. The field supervisor is responsible for supervising field probation officers, as well as juveniles under probation supervision. Probation officers supervise adolescents on probation and refer juveniles to treatment programs. Questions were selected to provide insight into current practices, perceived needs, and available resources in the community. See appendix D for a list of the questions asked in this study.

Document Analysis

According to Yin, "the most important use of documents is to corroborate and augment evidence from other sources" (Yin 2003, 87). Documentation is stable and can be reviewed repeatedly (Yin 2003, 86). Weaknesses include low retrievability, and the tendency for the researcher to mistake evidence as absolute truth (Yin 2003, 86-87). As stated, documents used in this study were policies from the policy and procedure manual of Williamson County Juvenile Services and pamphlets describing services available to the population served by Juvenile Services.

Archival Data

Archival records include service and organizational documents such as service records, organizational data, maps and charts, surveys, and personal records (Yin 2003, 89). "These types of records can be used in conjunction with other sources of information in producing a case study" (Yin 2003, 89). With this type of evidence, a researcher must consider the conditions under which the artifact was produced as well as its accuracy (Yin 2003, 89).

Case plans, supervision orders, and notes used in this study pertain to juveniles, the information is confidential and the researcher was granted permission to view theses items by the Director of Field Services.

Table 4.1 illustrates how the conceptual framework is linked to these data collection methods. Each question was developed to fit the components found within the categories.

Table 4.1 Operationalization of the Conceptual framework

Category	Current Practice	Method	Question	Position
Screening to identify treatment needs				
Initial Screening to determine if an individual has an ideation for drug use	Policy, MAYSI	Interview/Document	Does the department have a policy requiring initial screening for all juveniles referred to the department?	Director of Field Services, PROMPT officer, Field Supervisor, Probation Staff
	WCJS referral, community referral	Interview/Archival	What follow-up services are available?	Director of Field Services, Field Supervisor

Table 4.1 continued: **Operationalization of the Conceptual framework**

Category	Current Practice	Method	Question	Position
Initial Drug Assessment to determine if an individual has a high probability of having a substance abuse or dependency disorder	SASSI	Interview/Document/ Archival	Who completes the SASSI?	Director of Field Services, Field Supervisor, Probation Staff
	Determined by supervising officer or court order	Interview/Document/ Archival	Who is assessed?	Director of Field Services, Field Supervisor, Probation Staff
	Community referrals	Interview/Document	What follow-up services are available?	Director of Field Services
Follow-up Assessment to determine what treatment practices should be considered	Community Referrals, Chronological Notes	Interview/Document	What outside agencies complete outside assessments?	Director of Field Services, Field Supervisor, Probation Staff, FPP supervisor
	Case plans Chronicle notes	Interview/Archival	How are juveniles monitored to ensure they comply with the follow-up assessment?	Director of Field Services, Field Staff
Drug Education/Counseling				
Drug Education	Referrals	Interviews	Which juveniles attend the department drug education program?	Director of Field Services, Field Staff
	Community Referrals	Interviews/Document analysis	What other drug education programs are available? What determines who receives drug education?	Director of Field Services, Field Supervisor, Probation Staff
Outpatient Counseling	Policy and Procedure, Court Orders, Deferred Prosecution Agreements, Referrals	Interviews	What determines who receives outpatient drug counseling?	Director of Field Services, Field Supervisor, Probation Staff
		Interview/Document analysis	What agencies offer outpatient drug counseling?	Director of Field Services, Field Supervisor, Probation Staff
Residential Treatment	Family placement, court orders	Interview	What determines who is placed in residential programs?	Director of Field Services, Field Supervisor, Probation Staff

Table 4.1 continued: **Operationalization of the Conceptual framework**

Category	Current Practice	Method	Question	Position
Mental Health Treatment				
Initial screening to determine if a follow-up is needed	MAYSI	Interview, Archival data	Who conducts the initial screening?	Director of Field Services, Field Supervisor, Probation Staff, PROMPT officer
Follow-up services	Community Referral	Interview/Archival Data	How are services coordinated? What Programs are available?	Director of Field Services, Field Supervisor, Probation Staff, PROMPT officer, FPP supervisor
Family Services				
Family Services as a condition of supervision	Community referral or department program	Interview, Document analysis	How are parents involved? What programs are available?	Director of Field Services, Field Supervisor, Probation Staff, PROMPT officer, FPP supervisor
Cognitive Education				
Cognitive Education as a condition of supervision	Community referral or department program	Interview, document analysis	What Programs are available? What determines what program is used?	Director of Field Services, Field Supervisor, Probation Staff
Drug Testing				
Drug Testing as a condition of supervision	Department testing	Interview, document analysis, archival analysis	Are probationers tested for drug use? Who does the testing? Are drug tests required?	Director of Field Services, Field Supervisor

Human Subjects Protection

The proposed research was reviewed by the Texas State Institutional Review Board. The research was found to be exempt. No juveniles were questioned or interviewed for this report. No confidential information is included in this study. The application reference number of the request is 1-33244. (See Appendix A for a copy of the approval form).

The next chapter introduces the results of this study.

CHAPTER 5

RESULTS

Purpose

The purpose of this chapter is to assess the current practices of Williamson County Juvenile Services and how the substance treatment needs of juveniles referred to the department are assessed. The method for the study is a case study of Williamson County Juvenile Services. This chapter summarizes data used to assess the current practices.

In many ways, Williamson County's current practices adhere to the model; all juveniles are screened for alcohol and drug ideation as well as mental health needs. Many of the components of the practical ideal program are followed; however, the county's policy and procedure documents do not always address how these services are to be implemented. Drug ideation follow-up screenings may be completed by using the SASSI, or juveniles can be referred to drug education programs. Additionally, mental health services are available, and probation officers regularly conduct drug screening on the juveniles supervised. Cognitive Education programs are available, however, Williamson County could better serve the community by offering more intensive programs in the area of outpatient counseling and more extensive cognitive education programs.

Screening Results

Effective screening for drug treatment needs is the first component of the practical ideal drug treatment program. According to the practical ideal model, effective treatment includes the following subcategories: timely intervention, reliable assessment tools, and standardized assessment tools. All these components are present within the current practices of Williamson County.

Interview

Timely Intervention is the first subcategory of effective screening to identify the treatment need of supervised youth. According to the Director of Field Services, Texas Juvenile Probation Commission (TJPC) requires all juvenile probation departments to use a screening tool. By law, the TJPC Standard Screening Tool or MAYSI (Massachusetts Youth Screening Instrument) shall be administered no later than two weeks from the first face-to-face contact between the juvenile and a juvenile probation officer (Texas Administrative Code, Title 37, Part 11, Chapter 343, Rule 341.36). The MAYSI takes about ten minutes for most juveniles to complete. As previously stated, research suggests that that "screening tools should take no longer than 30 minutes to administer" (Winters et al. 2002, 148).

By completing a MASYI, Juvenile Services ensures that all formal referrals are provided with an initial screening. Juveniles who score a "caution" or "warning" on the MAYSI are identified and assessed further utilizing an additional screening method, which provides more detail into treatment needs. According to the Director of Field Services, the county makes available the SASSI (Substance Abuse Subtle Screening Inventory) when it is determined that an individual might have drug ideation or

tendencies. The SASSI aids probation staff by indicating whether or not a person has a high probability for having a substance abuse or a dependence disorder. Those identified as having such vulnerabilities could then be referred for additional assessment to determine individual treatment needs.

Neither the MAYSI or SASSI requires intensive specialized training. According to the Director of Field Services for Williamson County, all probation and detention officers receive training on the MAYSI, and all probation staff are offered training on the SASSI. By completing the MAYSI, the department ensures all juveniles receive proper screening to aid staff in determining treatment needs. According to the research, the key needs factors from an assessment become targets for intervention (Borum 2003, 124). Additionally, one advantage of using the standardized instruments relates to their capacity to enforce the consistency of assessments and decision activities (Hoge 1999, 254).

When a youth takes a SASSI and it indicates a need for further assessment, department policy does not ensure uniform practices are employed to complete the assessment requirement. According to the field supervisor, the supervising probation officer should utilize community resources and have the assessment completed. Probation Officers interviewed stated that common practice in the field involves either utilizing a representative from the juvenile's school district, referring the family to a local mental health agency, or directing the family to obtain the assessment through outside agencies. According to the supervisor of the Family Preservation Program, all juveniles in the program that have have been identified as having a drug ideation tendency are required to complete a substance treatment program in order to successfully complete the

Family Preservation Program. However, the Family Preservation Program is not offered to all juveniles that would benefit from the program. Grant and supervision requirements limit the number of juveniles in the program to about 8-10 youths at any given time. Once in the program, it usually takes about four months to complete the program.

For the remaining juveniles, the assigned probation officer will coordinate treatment efforts after considering the recommendations of the assessment. At times, the assigned probation officer will direct the juvenile to the department's drug education program without the benefit of an additional assessment. Most officers interviewed stated that the department would benefit from having a staff member available to complete a clinical interview or follow-up assessment that could identify the extent of treatment needs. Table 5.1 provides an overview of current practices for screening and assessing juveniles for drug ideation.

Overall the county satisfies the practical ideal model; however, improvement could be made in the areas of developing more drug counseling programs for youth with drug ideation tendencies and having a staff member responsible for completing clinical interviews to determine actual treatment needs. This staff member should be a LCDC or trained professional.

Table 5.1: Effective Screening to Identify the Treatment Needs of the Youth

Criteria	Screening Method utilized by WCJS	Stated in policy when and how screening method is administered	Satisfies Ideal Model
Timely Intervention	MAYSI	Yes	Yes
	SASSI	No	Somewhat
	Outside Referrals	No	No
Reliable assessment tools	MAYSI	Yes	Yes
	SASSI	No	No
	Outside Referrals	No	No
Standardized	All methods used	No	No

Document Analysis

This report used Document analysis to supplement the interview questions in order to determine clear objectives for the practical ideal model. Williamson County Juvenile Services addresses this requirement in it's policy and procedure documents. According to policy, "all juveniles receiving a formal referral must be given a MAYSI within 14 days form the time the first face to face contact is made with an officer representing juvenile services". As previously stated, "An effective assessment identifies risk factors for treatment planning" (Borum 2003, 124). This policy satisfies the goal for timely intervention to determine juveniles in need of further assessment.

No policy currently addresses when the SASSI is administered. Many supervised juveniles are court-ordered to complete the SASSI and to follow the recommendations of the screening. The Department meets the criteria of reliable assessment tools by having multiple screening tools available such as the MAYSI and SASSI. Procedures are in place to ensure follow-up assessments are completed.

Archival Data

Archival data in the form of chronological notes and case plans were used to supplement the interviews and document analysis. Table 5.2 demonstrates adherence to the ideal model.

Of the thirty-two cases reviewed twenty-two would require a SASSI, according to the practical ideal model. The ten cases not requiring a SASSI were offenses that were not drug related or offenses in which the juvenile tested positive for drug use on a random urinalysis. Of the twenty-two cases that could benefit from further screenings such as a SASSI, the samples showed only seven were provided a SASSI. Of the juveniles referred

for additional assessments such as a clinical interview following the SASSI, only three actually were provided such an additional assessment.

Table 5.2: Adherence to the Ideal Model for Screening Drug Ideation

Criteria	Number meeting Criteria	Consistent with Ideal Model
MAYSI Administered within 14 days from the time of referral	(N=32) 32	Yes
Juveniles provided a SASSI when referred with a drug offense, or testing positive for drug use	(N=22) 7	No
Juveniles referred for an additional assessment when the need is indicated by the SASSI	(N=7) 3	No

Drug Counseling/Education

The second component of the practical ideal drug treatment program is drug education and drug counseling. The overall consensus among those interviewed was that both drug education and counseling were important elements for an effective treatment program. The Department offers a monthly drug education class. The class is facilitated by outside personnel who volunteer their time to the program. Currently, the department offers limited drug counseling, which means drug counseling is not available for all juveniles that could benefit from the service.

Current programs limit department counseling to those youth accepted into the Family Preservation Program (FPP). The Family Preservation program uses a Licensed Chemical Dependency Counselor (LCDC) to meet the treatment needs of the youth in the program. The Family Preservation Program (FPP) drug program is conducted once per week for a period of about 12 weeks. According to the supervisor of FPP, the program

has been successful for the majority of the youth in the program. However, the FPP is limited to about ten juveniles. All probation officers interviewed stated that few juveniles actually meet the criteria of the FPP. In addition to drug ideation needs, juveniles accepted into this program must have a mental heath diagnoses and a family member willing to accept the additional requirements of the program. (See Appendix E for Family Preservation Criteria).

Of those interviewed, all stated that outpatient drug counseling is necessary for the majority of juveniles on probation. All interviewees stated that community resources are limited and hard to find for the population served. Community resources however are a valuable tool for probation departments. "Favorable results in treatment occur under optimal conditions, for example when mental health or other nonjuvenile correctional personnel provide services with high treatment integrity" (Feld 1999, 18).

All those interviewed stated that residential programs are sometimes necessary and used as a last resort, when other methods have failed. Currently the department allows family placements when appropriate. Such placements vary in length and program offerings. Private insurance usually pays for such programs and, according to staff members, is often over a short period of time and expensive. Some youth are court-ordered into a residential program. Such programs can vary from boot camp style to therapeutic communities. Table 5.3 shows current practices as they apply to the practical ideal model. The table indicates that current practices by Williamson County do not support the practical ideal model developed in this study. Policy and Procedure documents do not address when and how drug education and counseling is required for probationers.

Table 5.3: Current Drug Education and Counseling Practices of Williamson County

Criteria	Method	Clearly stated in policy when and how administered	Satisfies Ideal Model
Drug Education	Department administered program	No	No
	Community sponsored programs	No	No
Outpatient Counseling	Community sponsored programs	No	No
Residential Programs	Family Placements	No	No
	Community sponsored programs	No	No
	Court-Ordered Programs	Yes	Yes

Document Analysis

No department policy was found describing drug counseling options or referral procedures for the county. Pamphlets are available which refer individuals for this type of service. Pamphlets are available with contact information for Outreach Screening Assessment Referral (OSAR), Parmer Drug Abuse Program (PDAP), Lifesteps, and Phoenix House.

Archival Data

The evidence suggests juveniles are not receiving adequate drug education and drug counseling. Table 5.4 demonstrates current department practices as compared to the practical ideal model. Of the forty-two cases reviewed, only six juveniles were referred to the department's drug education program. Additionally, only two of the seven juveniles that completed the SASSI received drug counseling.

Table 5.4: Practices in Referring Juveniles for Additional Services

Criteria	Number meeting Criteria	Consistent with Ideal Model
All juveniles identified as being referred for a drug related offense receive a drug education program	(N=32) 6	No
Juveniles with a SASSI indication of a high probability of having a substance abuse or disorder receive drug counseling	(N=22) 2	No

Inclusion of Mental Health Services

The third category of the practical ideal model for an effective drug treatment program for juvenile probationers based on the review of the literature included a mental health services element. "Research on the prevalence rate of mental disorders among delinquent youths has yielded quite varied results in light of differences in sampling methods and measures of identifying disorders" (Kazdin 2000, 58). Most studies indicate the prevalence for mental disorders in delinquent samples far exceed the rate in community samples. One study suggests the rate of mental disorders in delinquent samples is as high as 80% (Teplin et al. 1998). The following subcategories were included because of their relevance to the population served: screening of all juveniles supervised, specialized services for those youth identified as needing such services, and family services.

Of those interviewed, all reported that mental health services play an important role in effectively supervising juvenile probationers. The department offers several special programs for addressing juveniles with special mental health needs. Current programs include PROMPT and Family Preservation Programs.

In addition to these programs, all interviewed staff members reported that additional programs are available through community agencies such as Mental Health Mental Retardation (MHMR) and local school districts.

All interviewed staff reported that all juveniles are initially screened through use of the Massachusetts Youth Screening Instrument (MAYSI) at their initial stage in the juvenile court process. All also reported that follow-up assessments are available through either in-house staff or community agencies that serve the same population. Table 5.5 shows the current mental health services available for youth supervised by Juvenile Services.

Table 5.5: Current Mental Health services for as Compared to the Ideal Model.

Criteria	Method	Clearly stated when and how administered	Satisfies Ideal Model
Initial Screening	MAYSI	Yes	Yes
Follow-up Screening	Juvenile Services counselor	Yes	Yes
Specialized Services	Family Preservation Program, PROMPT program	Yes	Yes
Wrap-Around Services	Community referrals	Yes	Yes
Family Services	Family Preservation, STARRY	Yes	Yes

Document Analysis

The department's policy and procedure manual was used to supplement interview questions. Policy and procedure documents address mental health screening requirements regardless of the reason the individual has been referred to Juvenile Services. Therefore, all juveniles receive the same mental health services regardless of whether or not they have been identified as needing drug or substance use treatment.

Archival Data

Case plans were used to supplement information given in the interview regarding mental health services required in case plans. All juveniles who scored either a caution or warning on the MAYSI received a follow-up assessment. The assigned probation officer in the majority of these cases addressed any identified need in the case plan, either through a department program or through a referral to a community service agency. The majority of all cases reviewed were not identified by the MAYSI as requiring mental health services. Table 5.6 illustrates the number of juveniles receiving a follow-up assessment following a need indication based on MAYSI scores. The table also shows the number of case plans indicating that services were addressed. Of cases indicating a need for services, all received a follow-up, and most case plans addressed the needs identified.

Table 5.6 MAYSI Follow-up Assessments completed

Number of cases reviewed	MAYSI score indicating a need for services	Follow-up assessment completed	Need addressed in case plan
42	**9**	**9**	**7**

Family Services

"Consistent, stable, positive, emotional connections with significant others, like parents, appear to equip children with important social skills" (Barber 1997, 6). According to those interviewed, Williamson County Juvenile Services offers family counseling through the Family Preservation Program. Probation staff also has the ability to refer families for counseling through independent agencies such as Children at Heart Ministries commonly referred to as STARRY. STARRY offers parenting classes, crisis counseling, anger management programs and conflict resolution classes. The Family

Preservation Program (FPP) offers parenting classes as well as other programs that support family growth and conflict resolution for the juveniles served in the program. FPP is a grant funded program that uses a team approach. The program employs a Licensed Professional Counselor as a family therapist; a probation officer/case manager, and a case manager aid.

Document Analysis

Artifacts analyzed in this section includepolicy and procedure, STARRY brochures, and a pamphlet describing the Family Preservation Program. The research indicates that each of these programs addresses the need for parenting classes, as well as for family therapy for the population served by Williamson County Juvenile Services. All programs utilized non-correctional staff to facilitate counseling.

Archival Data

Archival data for this portion of the research study included supervision orders and does not include files supporting the effectiveness of counseling efforts because counseling files are not maintained by Juvenile Services probation staff. Juveniles may participate in family counseling and parenting classes not conducted by juvenile service staff. This confidentiality allows the juvenile to address his or her needs with the counselor, with the understanding that probation staff will not have access to the file. All probation orders and deferred prosecution agreements require counseling as assigned by the supervising officer.

Cognitive Education

The fourth component of an effective drug treatment program for juvenile probationers is cognitive education. "Cognitive behavioral therapy views the adolescent as an active equal partner in the therapy" (Vickers 2002, 250). Current practices by Williamson County Juvenile Services include cognitive education as an option in the treatment of juveniles, however, not specifically for juveniles identified as having treatment needs in the area of drug use or drug ideation. According to the Director of Field Services, the department recognizes that cognitive education is a valuable tool for the treatment of juveniles, and the department is considering implementing additional programs to expand cognitive education offerings.

Recently, Williamson County Juvenile Services contracted with the Ride On Center for Kids (ROCK) to offer additional services for youth under supervision by the department. While this new program is not specifically geared toward juveniles that would fall under the category treatment of substance use, many of the juveniles do, in fact, have a history of drug use.

Additionally, the department offers a monthly Youth Life Skills class. Juveniles attending this program complete a four hour class facilitated by a trained instructor and the youth receives additional assignments to complete at home. These assignments are reviewed by a probation officer and are expected to take approximately six hours to complete.

The department also referred juveniles to a weekly program provided by a local organization, Cognitive Center for Youth. This program requires the juvenile and a parent to attend several classes together and for the juvenile to attend the remaining classes without a parent. The juvenile is expected to complete assignments and give

presentations to other participants in the program. Generally, the program lasts for approximately sixteen weeks, and each class lasts about two and one half hours.

Document Analysis

Document reviewed for this section included the department's policy and procedure manual, department flyers for Youth Life Skills, a pamphlet provided by Cognitive Center for Youth, and internal documents from the ROCK program. All listed programs are suitable for youth with substance use tendencies. Table 5.7 indicates current programs as they apply to the practical ideal model.

Archival Data

Archival data for this section included chronological data, case plans of probationers, and the ROCK proposal.

Drug Testing

The final component of the practical idea model is the requirement that supervised juveniles be randomly screened for drug use. According to the Director of Field Services, Williamson County takes drug testing seriously. The Director stated that policy and procedure requires testing, and all court orders address this requirement. Probation Officers are all trained to properly handle the specimens collected.

According to the Director of Field Services, the County uses two methods of drug testing. Juveniles can be given a drug screen that provides instant results indicating the presence of illegal drugs. Usually this type of test only indicates marijuana and/or

cocaine. This testing method, however, does not indicate the amount of the illegal substance present in the urine.

The second type of drug test is more conclusive. This test detects the presence of a wide range of illegal substances. This test requires the urine sample collected be mailed to a lab and be analyzed. The results not only indicate illegal substances in the urine, but also provide the level of the drug present. Samples are collected by probation staff, secured in a leak proof container, sealed with a tamper resistant label which must be signed by the juvenile, and sent to an approved facility for testing. A chain of custody document must be included in each step of this process.

The Director of Field Services stated that all supervised probationers are aware of the testing requirements, and sanctions are employed by probation staff when a juvenile's test shows positive for any drug. The Director also stated that sanctions include additional treatment programs, community service hours, or additional court action.

Document Analysis

Document analysis for this subcategory of a practical ideal model for a substance use component of a juvenile probation department included policy and procedure. The County addresses drug screening with the policy titled *Urinalysis Drug Testing.* According to the policy, "Drug tests shall be conducted NO LESS THAN one time per month" for all juveniles under active supervision by the department when the juvenile is on probation for a drug offense or has a history of drug use. (See Appendix B for a copy of this policy.)

Archival Data

Archival data for this subcategory included chronological notes, probation orders, and deferred prosecution agreements. All probation orders and deferred agreements stated that the individual supervised would be tested for drug use. Of the forty-two cases reviewed, thirty-nine had been tested for drug use at least one time during the supervision period. The three cases that had not been screened for drug use had only recently been placed on supervision; therefore it is likely that drug testing would be conducted during their supervision period.

Summary

This chapter provided information obtained from structured interviews, document analysis, and archival data about current practices used by Williamson County Juvenile Services in supervising juveniles identified with an ideation for drug use. The data collected through these methods indicate that, overall, Williamson County's methods meet the ideal model developed through the literature. Table 5.9 illustrates Williamson County's adherence to each of the criteria developed through the literature. Williamson County satisfies the practical ideal model in the areas of mental health services, follow-up mental heath assessments, cognitive education, and drug testing. Williamson County somewhat satisfies the practical ideal model with current practices when completing drug screenings and follow-up assessments. The county does not satisfy the practical ideal model with current practices for drug education programs, drug counseling, and referring juveniles for additional services.

Table 5.7 Williamson County Adherence to the Practical Ideal Model

Criteria for the Model Substance Abuse Program for Juvenile Probationers	Current methods satisfy the Practical Ideal Model
Current Screening Methods to Identify Treatment Needs for Juveniles	Somewhat
Follow-Up Methods for Screening Drug Ideation (MAYSI/SASSI)	Somewhat
Current Drug Education and Counseling Programs	No
Current Practices in Referring Juveniles for Additional Services	No
Current Mental Health Services	Yes
Follow-Up Assessments (Mental Health Services)	Yes
Current Programs which include Cognitive Education	Yes
Current Drug Testing Practices	Yes

CHAPTER 6

CONCLUSIONS AND RECOMMENDATIONS

Purpose

The purpose of this research was to (1) review existing literature to identify the components of a successful drug treatment plan that can be utilized by juvenile probation departments, (2) assess the extend by which Williamson County Juvenile Services meets practical ideal model program, and (3) make recommendations to assist Texas juvenile probation departments in developing more effective drug treatment programs.

This chapter presents conclusions of the research project and suggests recommendations for improving the current practices in Williamson County, Texas.

Screening to Identify Treatment Needs

Williamson County Juvenile Services addresses initial screening requirements in Policy and Procedure. The Policy and Procedure manual provides step by step guidelines to ensure that acceptable practices are followed. Current practices require all referred juveniles to take a MAYSI. The case study of Williamson County indicated this practice is being followed and staff seems knowledgeable about this requirement.

When a juveniles scores “caution” or “warning” on the MAYSI in the area of drug ideation, County policy is not clear about what process should be followed. Uniform standards should be established by designing a policy which requires

administering a SASSI to any juvenile referred for a drug offense and any juvenile whose drug test is positive.

A completed SASSI is required before a juvenile can be accepted into the Family Preservation Program by department policy and is required on some probation orders; however, the Department inconsistently administers the actual screening. By defining policy to require the SASSI on defined populations, the Department would satisfy the requirements of the practical ideal program for supervising probationers with an ideation for drug use.

The Department currently utilizes outside agencies to complete a follow-up (or clinical interview) for juveniles that repeatedly test positive for drug use. No policy was found identifying procedures to complete such an assessment. Current practices include involving school officials and outside agencies. It is unclear how standardized these different assessment sources are to one another. The department could improve its services by employing a professional counselor, such as a Licensed Chemical Dependency Counselor, to offer clinical assessment. Such a position would allow standardized services of treatment programs available within the department.

Drug Education/Counseling

Currently, Williamson County Juvenile Services offers one drug education program. Additional drug counseling is available through community agencies and organizations. The literature suggests that counseling is most effective when facilitated by a non-correctional person. However, the literature also suggests that services should be standardized. The county would benefit the population it serves by employing a counselors to offer this service to juveniles in need of services.

The Director of Field Services stated that the county will soon start offering standardized services in this area through an outside agency. This agency has obtained a grant to offer counseling services to Williamson County. When operational, juveniles will be offered a variety of services with several treatment levels. The offerings will be at multiple locations throughout the county.

Additionally, Williamson County Juvenile Services should consider developing a policy that addresses treatment and referral processes for the probation staff to ensure that all juveniles in need of such services are identified. On-going training should be provided to the probation staff that includes familiarization with community referral sources and treatment providers.

Mental Health Services

Williamson County Juvenile Services meets the practical ideal model for mental health services. All juveniles formally referred to the department receive an initial mental health screening by taking a MAYSI. The department employs a Licensed Professional Counselor (LPC) who is available for follow up assessments based on the results of the MAYSI or concerns identified by the probation staff. Field Probation employs two programs especially designed to provide services to the population.

Improvements, however, could be made by expanding these programs. Both programs, PROMPT and Family Preservation operate regularly at capacity. Not every juvenile who could benefit from such programs will be accepted into the program. Additionally, training could be developed to ensure that field staff is aware of alternative programs in the community that could serve the population of probationers identified as having a need for mental health services.

Family Services

Evidence suggests that Williamson County Juvenile Services adheres to the subcategory of family services but would benefit by expanding the current program and establishing new programs. The Family Preservation Program offers services to families supervised by juvenile services. Services include group and individual counseling as well as parenting classes. Court orders require juveniles and families to participate in such programs as directed by the supervising officer.

Cognitive Education

Evidence suggests that Williamson County has some very good cognitive education programs available to the population served. Evidence also suggests that improvements could be made by communicating the programs more aggressively to the probation staff. Policy and Procedures do not address requirements for referring juveniles to such programs unless the program is court ordered. With additional staff, training improvements could be made by utilizing current available programs for more probationers. Additionally, policies could be developed requiring cognitive education for all juveniles who have been identified as having an ideation toward drug use.

Drug Testing

Evidence supports Williamson County's current practices of testing juveniles for drug use. Juveniles are required to be drug tested by both policy and supervision orders. No changes to current operations are suggested.

Recommendations

The conceptual framework for this study presents the practical ideal categories of a model practice of addressing the supervision requirements of juveniles with an ideation for drug use. Table 6.1 identifies the overall evidence that current practices used by Williamson County Juvenile Services supports each portion of the model.

Table 6.1: Williamson County Drug Treatment Program Recommendations Summary

Ideal Type Category	Evidence Supports	Recommendations
Screening to identify treatment needs for drug ideation	Somewhat	Develop policy which requires the SASSI to be completed at the initial intake meeting for all drug related offenses, and for juveniles that show an ideation for drug use. Develop policy which requires a follow-up assessment or clinical interview for all juveniles that are identified by the SASSI as needing a follow-up. Request funding to employ a LCDC who can complete clinical interviews on juveniles identified as needing a follow-up assessment.
Drug Education/Counseling	Somewhat	Require a drug education program for all supervised probationers. Offer department level outpatient counseling to all juveniles identified as needing such counseling. Employ a LCDC who can develop and facilitate program Current practices support the idea model.
Mental Health Services	Somewhat	Expand current programs to offer services to a larger number of probationers requiring services especially in the area of field supervision.
Family Services	Somewhat	Clarify policy and identify referral sources for field officers.
Cognitive Education	Somewhat	Require Cognitive education for all juveniles identified as having an ideation for drug use. Expand current program to at least an 8 hour class.
Drug Testing	Yes	Current practices support ideal model.

Conclusion

The population of juveniles with an ideation for drug use served by juvenile probation is a growing concern. Overall, Williamson County adheres to the practical

ideal model. While improvements could be made, the county is limited in program offerings because of budget restrictions. Federal and state governments make some additional funding available through grants. Several programs and programs in Williamson County receive such funding. Two such programs are Family Preservation and the PROMPT program. It is vital for a successful juvenile probation department to research grant opportunities in order to provide as wide of a program offering as possible. Williamson County continues to seek new programs and expand current programs as the county population grows.

WORKS CITED

American Society Of Addiction Medicine. Patient Placement Criteria. / http://www.asam.org/PatientPlacementCriteria.html (accessed March 20, 2007).

Anglin, M. Douglas, and Thomas H. Maugh II. 1992. Ensuring success in interventions with drug-using offenders. *Annals of the American Academy of Political and Social Science* 521 (May): 66-90.

Ashcroft, J., D.J. Daniels, and J.R. Flores. 2000. *OJJDP Research 2000*. Washington DC: Office of Juvenile Justice and Delinquency.

Babbie, Earl. 2004. *The Practice of Social Research*. Belmont, CA: Wadsworth/Thomson Learning.

Bahr, Stephen J, Suzanne L. Maughan, Anastasios C. Marcos, and Bingdao Li. 1998. Family, religiosity, and the risk of adolescent drug use. *Journal of Marriage and the family* 60, no. 4 (November): 979-992.

Barber, B.K. 1997. Adolescent socialization in context-the role of connection, regulation, and autonomy in the family. *Journal of Adolescent Research* 12 : 5-11.

Belenko, Steven, Jane B. Sprott, and Courtney Peterson. 2004. Drug and alcohol involvemnet among minority and female offenders: Treatment and policy issues. *Criminal Justice Policy Review* 15, no. 1 (March): 3-36.

Bilchik, Shay. 1999. *Juvenile justice; A century of change*. Washington D.C.: Office of Juvenile Justice and Delinquent Prevention. , 1999 national Report Series.

Borum, Randy. 2003. Managing at-risk juvenile offenders in the community: putting evidence-based principles into practice. *Journal of Contemporary Criminal Justice* 19, no. 1 (February): 114-137.

Butts, Jeffery A., and Daniel P. Mears. 2001. Reviving juvenile justice in a get tough era. *Youth and Society* 33, no. 2 (December): 169-198.

Carver, Darin. 2006. Balancing community safety with the treatment needs of mentally ill offenders: How does heightening accountability impact mental health systems?. *Corrections Compendium* 1, no. 31 (January/February): 6-24.

Cocozza, Joseph J., and Kathleen Skowyra. 2000. Youth with mental health disoprders. *Juvenile Justice* 7 (April): 3-11.

Cohen,P., J. Cohen, S. Kasan, C.N. Velez, C. Hartmark, J. Johnson, M. Rojas, J. Book, and E.L. Streuning. 1993. An epidemiologicalstudy of disorders in late childhood and adolescents. *Journal of Child Psychology and Psychiatry* 34, no. Part 1: 851-867.

Coombs, R.H., M.J. Paulson, and M.A. Richardson. 1988. Parenting styles and substance use during childhood and adolescence. *Journal of Youth and Adolescents* 50 : 73-89.

Cullen, F., B. Fisher, and B. Applegate. 2000. *Public opinion about punishment and corrections*. Ed. M.H Tonry. Chicago: University of Chicago Press.

Etheridge, Rose M, Jeff C. Smith, Jennifer L Rounds-Bryant, and Robert L. Hubbard. 2001. Drug abuse treatment and comprehensive services for adolesents. *Journal of Adolescent Research* 16, no. 6 (November): 563-589.

Farabee, David, Haikang shen, Yih-lng Hser, Chtistine E. Grella, and Douglas Anglin. 2001. The effect of drug treatment on criminal behavior among adolescents in DATO-A. *Journal of Adolescent Research* 16, no. 6 (November): 679-694.

Feld, Barry C. 1999. *Bad Kids: Race and the transformation of the juvenile court*. New York: Oxford University Press.

———. 2000. *Cases and materials on juvenile justice administration*. St. Paul, MN: West Group.

Grisso, 0T. 1996. Society's retributive response to juvenile violence: A developmental perspective on juvenile justice. *Law and Human Behavior* 20 : 229-247.

Grisso, Thomas, and Robert G. Schwartz. 2000. *Youth on Trial*. Chicago: University of Chicago Press.

Hawkins, J.D., R.F. Catalano, and J.Y. Miller. 1992. Risk and protective factors for alcohol and other drug problems in adolescence and early adulthood: implications for substance abuse prevention. *Psychological Bulletin* 112: 64-105.

Herz, Denise C. 2001. Understanding the use of mental health placements by the juvenile justice system. *Journal of Emotional and Behavioral Disorders* 9, no. 3: 172-181.

Hinton, W. Jeff, Patricia L. Sims, Mary Ann Adams, and Charles West. 2007. Juvenile justice: A system divided. *Criminal Justice Policy Review* 18, no. 4 (December): 466-483.

Hirschi, T. 1969. *Causes of delinquency*. Berkeley: University of California Press.

Hoge, Robert D. 1999. An expanded role for psychological assessments in juvenile justice systems. *Criminal Justice and Behavior* 26 : 251-266.

Horowitz, Heather, Hung-En Sung, and Susan E. Foster. 2006. The role of substance abuse in U.S. juvenile justice systems and populations. *Corrections Compendium* 31, no. 1 (January/February): 1-26.

Howell, J.C., and S.H. Decker. *The youth gangs, drugs and violence connection*. Washington DC: Office of Juvenile Justice and Delinquency Prevention.

Jessor, R., and S.L. Jessor. 1977. *Problem behavior and psychological development: A longitudinal study of youth*. New York: Academic Press.

Johnston, Lloyd, Patrick M. O'Malley, Jerald G. Cachman, and John E. Schulenberg. *Monitoring the future national results on adolescent drug use: Overview of key finding, 2006*. Bethesda, MD: National Institute on drug Abuse. , 07-6202.

Kazdin, Alan, E. 2000. *Adolescent development, mental disorders, and decision making of delinquent youths*. Ed. Thomas Grisso and Robert G. Schwartz. Chicago: The University of Chicago Press.

———. 2000. *Adolescent development, mental disorders, and decision making of delinquent youths*. Ed. Thomas Grisso and Robert G. Schwartz. Chicago: The University of Chicago Press.

Kelly, William, R., Tammy S. Macy, and Daniel P. Mears. 2005. Juvenile referrals in Texas: An assessment of criminogenic needs and the gap between needs and services. *The Prison Journal* 85 : 467-489.

Lab, Steven P. and John Whitehead. 1988. An analysis of juvenile correctional treatment *Crime & Delinquency*, 34, No. 1, 60-83.

Lauen, R.J. 1997. *Positive approaches to corrections: Research, policy, and practice*. Lanham, MD: American Correctional Association.

Lipsey, Mark, W, Gabrielle L. Chapman, Nana A. Landenberger. 2001. Cognitive-behavioral programs for offenders. *Annals of the American Academy of Political and Social Science* 578 (November): 144-157.

Logan, Leah Dare. 2006. A cross-time analysis of the mental health needs of juvenile offenders. PhD diss., University of Massachusetts Dartmouth, Dartmouth, MA.

McBride, Duane C., Curtis J. VanderWaal, Yvonne M. Terry, and Holly VanBuren. 1999. *Breaking the cycle of drug use among juvenile offenders*. : National Institute of Justice. on line www.NIJ.org, OJP-96-C-004.

Medicine Net.com. 2007. Definition of Addiction. 2007. http://www.medterms.com/script/main/art.asp?articlekey=10177 / (accessed March 18, 2007).

Mendel, Richard A. 2000. *Less hype, more help: Reducing juvenile crime*. Washington DC:.

Merlo, A., and Peter J. Benekos. 2003. Defining juvenile justice in the 21st century. *Youth Violence and Juvenile Justice* 1, no. 3 (July): 276-288.

Milin, R.J., A. Halikas, J.E. Meller, and C. Morse. 1991. Psychopathology among substance abuse juvenile offenders. *Journal of the American Academy of Child and Adolescent Psychiatry* 30 : 569-574.

National Institute of Drug Abuse. 1998. *National survey results on drug use from monitoring the future study, 1975-1995*. Washington DC: National Institute on Drug Abuse. Government Printing Office.

National Institute of Justice. 1998. *1998 Annual Report on Drug Use among Adult and Juvenile Arrestees*. Washington DC: Government Printing Office.

———. 1999. *Breaking the cycle of drug use among juvenile offenders*.

National Mental Health Association. 2001. Treatment works for youth in the juvenile justice system. *Fact sheet*, Alexandria, VA: available; www.nmha.org

Needle, R., H. McCubbin, M. Wilson, R. Reineck, A. Lazar, and H. Mederer. 1986. Interpersonal influences in adolescent drug use0-the role of older siblings, parents, and peers. *International Journal of the Addictions* 21: 739-766.

Nowinski, Joseph K. 1999. Family recovery and substance abuse: A twelve-step guide for treatment Sage Publications Thousand Oaks, CA.

Office of Juvenile Justice and Delinquency Prevention, Drug Offense Cases in Juvenile Courts, 1990-1999 (PDF), September 2003

Petraitis, J., B.R. Flay, and T.Q. Miller. 1995. Reviewing theories of adolescent substance use: Organizing pieces of the puzzle. *Psychological Bulletin* 117: 67-86.

Peyrot. 1991. Institutional and organizational dynamics in community-based drug abuse treatment. *Social Problems* 38, no. 1 (February): 20-33.

Psychiatryonline. Diagnostic and Statistical Manual of Mental Disorders. http://www.psychiatryonline.com/content.aspx?aID=812/ (accessed March 14, 2008).

Rahdent, E.R., and R.D. Stinchfield. 1995. *Current issues and future needs in the assessment of adolescent drug abuse*. Washington DC: National Institute on Drug Abuse Research.

Roberts, Albert R, Kenneth Yeager. 2005. Adolescent substance abuse and crisis intervention. *Brief Treatment and Crisis Intervention* 5, no. 1: 19-33.

Robertson, Steve, Elmer Bailey, and Debra Byler. Interview by Texas Comptroller of Public Accounts (May 22, 2002). .

Ross, R.R., and E. Fabiano. 1998. *Time to think: A cognitive model of delinquency prevention and offender rehabilitation*. Johnson City, TN: Institute of Social Sciences and Art.

Rosser, Rosemary, Sally Stevens, and Bridget Ruiz. Cognitive markers of adolescent risk taking: A correlate of drug abuse in at-risk individuals. *The Prison Journal*,

Ryerson, E. 1978. *The best laid plans: America's juvenile court experiment*. New York: Hill and Wang.

Schaefer, D. 1998. *Choices and consequences: What to do when a teenager uses drugs or alcohol*. Minnesota: Hazelden Foundation.

Shields Patricia. 2003. A pragmatic teaching philosophy. *Journal of Public Affairs Education* 1 : 7-12.

Shields, Patricia. 1998. Pragmatism as a philosophy of science: A tool for public administration. *Research in Public Administration* 4 : 195-225.

Snyder, Howard N., and Melissa Sickmund. 2006. *Juvenile offenders and victims: 2006 national Report*. Washington DC: National Center for Juvenile Justice. US Department of Justice.

Spear, S., and S. Skala. 1995. *Posttreatment services for chemical dependent adolescents*. Washington DC: US Department of Health and Human Services, National Institute on Drug Abuse.

Stein, L.A.R., Rebecca Lebeau-Craven, Rosemarie Martin, Suzanne M. Colby, Nancy P Barnett, Charles Golembeske Jr., and Joseph V. Penn. 2005. Use of the adolescent SASSI in a juvenile correctional setting. *Assessment* 12, no. 4 (December): 384-394.

Steinberg, Laurence, and Robert G. Schwartz. 2000. *Developmental psychology goes to court*. Ed. Thomas Grisso and Robert G. Schwartz. Chicago: University of Chicago Press.

Substance Abuse and Mental Health Services Administration, Results from the 2006 National Survey on Drug Use and Health: National Findings, 2007

Teplin, L.A., K.M. Abram, G.M. McClelland. 1998. *Psychiatric disorders among juvenile detainees*. Washington DC: Office of Juvenile Justice and Delinquency Prevention.

Texas Juvenile Probation Commission. http://www.tjpc.state.tx.us/ (accessed January 29, 2008).

———. The Texas Juvenile Justice System. http://www.tjpc.tx.us/about_us/juv_justice_overview/ (accessed February 22, 2008).

Tobler, Nancy S., Terri Lessard, Diana Marshall, Peter Ochshorn, and Michael Roona. 1999. Effectiveness of school based drug prevention programs for marijuana use. *School Psychology International* 20, no. 1: 105-137.

US Department of Health and Human Services. 1999. *Strategies for integrating substance abuse treatment and the juvenile system: A practical guide*. Washington DC: Center for Substance Abuse Treatment.

US Department Of Justice. http://www.ojp.usdoj.gov/bjs/ (accessed November 15, 2007).

Vickers, Bea. 2002. Cognitive behaviour therapy for adolescents with psychological disorders: A group treatment programme. *Clinical Child Psychology and Psychiatry* 7 : 249-262.

Waters-Kaklamanos, Keely. 2002. An evaluation of an adolescent treatment program for alcohol and drug use. PhD diss., Florida State University, Tallahassee, FL.

Watson, Donnie W. 2004. Juvenile offender comprehensive reentry substance abuse treatment. *The Journal of Correctional Education* 3, no. 55 (September): 211-224.

———., Lorrie Bisesi, Tammy Tanamly, and Noemi Mai. 2003. Comprehensive residential education, arts. and substance abuse treatment (Creasat): A model treatment program for juvenile offenders. *Youth Violence and Juvenile Justice* 1, no. 1 (January): 388-401.

Wilson, Pamela. 2003. Assessing adolescent substance abuse intervention programs in south Texas. Applied Research Project, Texas State University. http://ecommons.txstate/arp/42.

Winters, K.C., W.W. Latimer, and R. Stinchfield. 2002. Clinical issues in the assessment of adolescent alcohol and other drug use. *Behaviour Research and Therapy* 40, no. 12 (December): 1443-1456.

Wish, Eric D., and Bernard A. Gropper. 1990. Drug testing by the criminal justice system: Methods, research, and applications. *Crime and Justice* 13 : 321-391.

Yin, Robert K. 1981. The case study crisis: Some answers. *Administrative Science Quarterly* 26, no. 1 (March): 58-65.

APPENDIX A

INSTITUTIONAL REVIEW BOARD APPROVAL

Exemption Request

Based on the information in the exemption request #1-33244, which you sent Friday, February 1, 2008, your project has been found exempt.

Your project is exempt from full or expedited review by the Texas State Institutional Review Board.

Institutional Review Board
ospirb@txstate.edu
Office of Sponsored Programs
Texas State University-San Marcos
(ph) 512/245-2102 / (fax) 512/245-1822
JCK 420
601 University Drive
San Marcos, TX 78666

APPENDIX B

WILLIAMSON COUNTY DRUG TESTING POLICY

It is the Policy of Williamson County Juvenile Services that broad spectrum laboratory urinalysis drug screens shall be conducted for the following juveniles at any of the following times:

1. **Juveniles Under Active Supervision By Department (Court Ordered Probation, Deferred Prosecution Probation, Justice Court Sanctions Supervision, J.J.A.E.P. student):**

   - ❖ Drug tests shall be conducted NO LESS THAN one time per month under the following circumstances:
     - Juvenile is on probation for a drug offense
     - Substance abuse is indicated as a part of referring offense
     - Previous history of substance abuse / treatment
     - In response to suspicious behavior as indicated by another community agency dealing with the juvenile (i.e. school official, counselor, etc.)
     - At parental request
   - ❖ Unless specifically ordered otherwise by the Juvenile Court, all juveniles, regardless of any of the above circumstances, shall have a drug test conducted as deemed necessary by the supervising officer.

2. **<u>Juveniles referred to detention:</u>**

   - ❖ A drug test shall occur at least one of the following instances upon referral to the detention center:
     - Voluntary agreement in response to detention intake staff request
     - Voluntary submission by child to be taken into consideration at scheduled detention hearing
     - As an Administrative condition of release from detention
     - As part of pre-trial release program
     - As a Court ordered condition of detention
     - As a Court ordered condition of release from detention

3. **<u>As a community service, with a signed release for actual cost, any parent requesting a drug test of their child.</u>**

APPENDIX C

WILLIAMSON COUNTY JUVENILE SERVICES STANDARD SCREENING TOOL (MAYSI) POLICY

It is the policy of Williamson County Juvenile Services that a TJPC Standard Screening Tool (MAYSI) shall be completed for all juveniles who receive a formal referral to the juvenile probation department.

TJPC 341.36

If the MAYSI has been completed within the previous two weeks and contained in the juvenile's case record, a new screening is not required to be completed. The MAYSI shall be administered at the formal intake interview and shall be conducted by the officer conducting the formal intake interview.

The summary scores of all juveniles screened using MAYSI-2 shall be electronically reported to TJPC by the Assistant Business Manager on a monthly basis as reported on Caseworker Data submitted by Juvenile Probation Officers and Detention Officers through Caseworker 5 Database.

See Also: Crisis Intervention Team & Crisis Counseling

TIME OF SCREENING:

Referrals Without Detention: A MAYSI-2 shall be administered no later than 14 calendar days from the first face-to-face contact between the juvenile and a juvenile probation officer.

Referrals With Detention: A MAYSI-2 shall be administered to each juvenile within 48 hours of the time he/she is admitted into detention.

ADMINISTRATION PERSONNEL

A MAYSI-2 shall be administered ONLY by individuals trained to administer the instrument.

APPENDIX D

INTERVIEW QUESTIONS

	Director of Field Services	PROMPT Officer	Family Preservation Supervisor	Field Supervisor	Field Officer	Field Officer	Field Officer
Does the department have a policy requiring initial screening for all juveniles referred to the department?	Yes	Yes	N/A	Yes	Yes	Yes	Yes
What follow-up services are available?	Department, Community resources	N/A	N/A	Department, Community resources	N/A	N/A	N/A
Who completes the SASSI?	Probation Officer	N/A	N/A	Probation Officer	Probation Officer	Probation Officer	Probation Officer
Who is assessed?	Court ordered juveniles, PO referrals	N/A	N/A	PO referrals	PO referrals	PO referrals	PO referrals
What follow-up services are available?	Community resources	N/A	N/A	N/A	N/A	N/A	N/A
What outside agencies complete assessments?	OSAR, outside agencies	N/A	N/A	OSAR, school staff	OSAR, school staff	School staff	Community resources
How are juveniles monitored to ensure they comply with the follow-up assessment?	Probation Supervision	N/A	N/A	N/A	N/A	N/A	N/A
Which juveniles attend the department drug education program?	Probation referrals, supervision orders	N/A	N/A	N/A	N/A	N/A	N/A
What other drug education programs are available?	Community resources	N/A	N/A	Community resources	Community resources	Community resources	Community resources
What determines who receives drug education?	Officer referrals, supervision orders, parents	N/A	N/A	Officer Referrals	Officer Referrals	Officer Referrals	Officer Referrals/probation orders

	Director of Field Services	PROMPT Officer	Family Preservation Supervisor	Field Supervisor	Field Officer	Field Officer	Field Officer
What agencies offer outpatient drug counseling?	Community resources, Private Insurance	N/A	N/A	Schools	Community resources, Private Insurance	Community resources	Community resources
What determines who is placed in residential programs?	Court Orders, Treatment needs, Insurance, availability of beds	N/A	N/A	Court Orders	Court Orders	Court Orders	Court Orders
Who conducts the initial mental health screening?	Intake officer, Detention Officer, Probation Officer	Probation Officer	N/A	Probation officer	Probation Officer	Probation Officer	Probation Officer
How are services coordinated?	Supervision Orders, Case Plan, Community Referrals	Supervision Orders, Case Plan, Community Referrals	Supervision Orders, Case Plan, Community Referrals	Supervision Orders, Case Plan, Community Referrals	Supervision Orders, Case Plan, Community Referrals	Supervision Orders, Case Plan, Community Referrals	Supervision Orders, Case Plan, Community Referrals
What mental health programs are available?	Department Programs, Community Referrals	Department Programs, Community Referrals	Department Programs, Community Referrals	Department Programs, Community Referrals	Department Programs, Community Referrals	Department Programs, Community Referrals	Department Programs, Community Referrals
How are parents involved with probation conditions?	As Directed by supervising officer, As required by assigned programs	As Directed by supervising officer	FPP program requires parent participation	As Directed by supervising officer	As Directed by supervising officer	As Directed by supervising officer	As Directed by supervising officer
What programs are available for parents?	Department Programs, Community Referrals	Department Programs, Community Referrals	Department Programs, Community Referrals	Department Programs, Community Referrals	Department Programs, Community Referrals	Department Programs, Community Referrals	Department Programs, Community Referrals
What cognitive-education programs are available?	Department Programs, Community Referrals	N/A	N/A	Department Programs, Community Referrals	Department Programs, Community Referrals	Department Programs, Community Referrals	Department Programs, Community Referrals
What determines the selection of the cognitive education program?	As Directed by supervising officer, As required by assigned programs	N/A	N/A	As Directed by supervising officer, As required by assigned programs	As Directed by supervising officer, As required by assigned programs	No answer	No answer
Are probationers tested for drug use?	Yes	N/A	N/A	Yes	N/A	N/A	N/A
Who does the drug testing?	Assigned Officer	N/A	N/A	Assigned Officer	N/A	N/A	N/A
Are drug test required?	Yes	N/A	N/A	Yes	N/A	N/A	N/A