

## JUVENILE DRUG TREATMENT COURT GUIDELINES

CASE MANAGEMENT & PLANNING FOR YOUTH & FAMILIES

### DISCLAIMER

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## **MODULE OBJECTIVES**

- Describe the research behind the risk/needs/responsivity model and why application is useful with JDTC populations.
- Discuss types of assessments and screening tools and how such tools should be utilized in practice to drive case outcomes.
- Learn how to develop case and treatment plans that best meet the needs of youth and families

## **ASSESSMENT & CASE MANAGEMENT**

Needs assessments should include information for each participant on:

- Use of alcohol or other drugs.
- Guideline Criminogenic needs.

4.1

- Mental health needs.
- History of abuse or other traumatic experiences.
- Well-being needs and strengths.
- Parental drug use, parental mental health needs, and parenting skills.

## **ASSESSMENT & CASE MANAGEMENT**

# Guideline 4.2

Case management and treatment plans should be individualized and culturally appropriate, based on an assessment of the youth's and family's needs.

CREATING **EFFECTIVE CASE PLANS FOR** YOUTH AND FAMILIES

## GUIDELINE 4.1 Screen for Risk and Needs

- Use of alcohol or other drugs.
- Criminogenic needs.
- Mental health needs.
- History of abuse or other traumatic experiences.
- Well-being needs and strengths.
- Parental drug use, parental mental health needs, and parenting skills.



## **RISK/NEEDS/RESPONSIVITY:** SCIENTIFIC REVIEW

- Risk: Who to treat
- Need: What to treat
- Responsivity: How to treat
  - Because criminal behavior can be predicted, services should be matched to each person's risk of reoffending
  - To reduce recidivism: Higher risk youth need additional services, lower risk youth need little to no intervention

## THE CENTRAL EIGHT

#### The Big Four (Tier I)

- antisocial personality traits, thinking, and attitudes
- criminal associations

#### **Tier II**

- Substance use disorders
- Family/marital relationships
- Education and employment
  Positive leisure activities

Source: Andrews & Bonta (2010) The Psychology of Criminal Conduct

### **CRIMINOGENIC NEEDS**

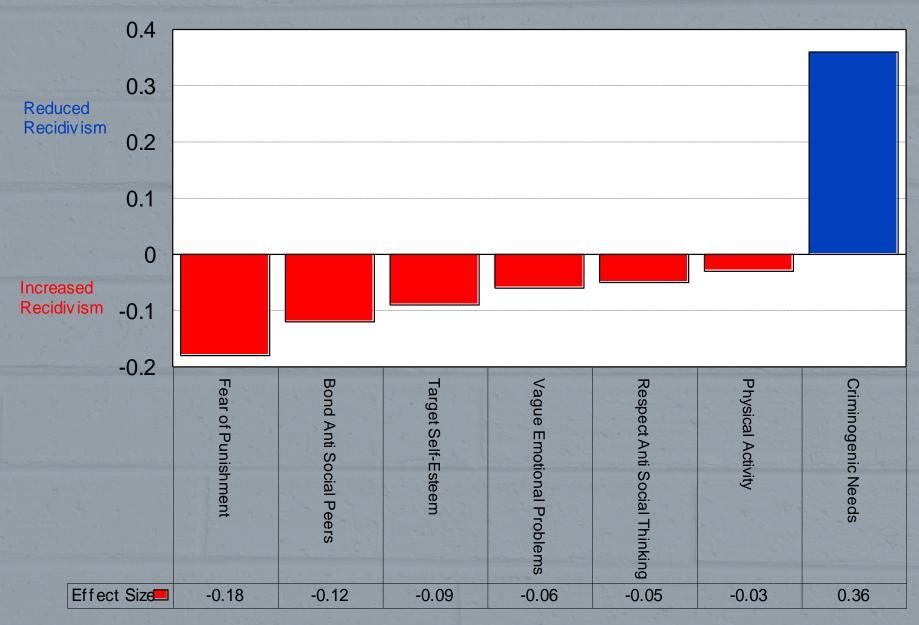
#### **Most Effective Treatment Models**

- Targeting the "Big Four"
- Family based approaches

Use of evidence-based treatment approaches

Individualize treatment matching to meet developmental and cultural needs.

#### Needs Targeted & Correlation with Effect Size for Youthful Offenders



Source: Dowden and Andrews, (1999). What Works in Young Offender Treatment: A Meta Analysis. Forum on Correctional Research. Correctional Services of Canada

### **RESPONSIVITY PRINCIPLE**

Service delivery should be responsive to the learning style and capabilities of each individual youth

What protective factors does the youth possess that will assist with participation in and completion of services?

## GUIDELINE 4.1 Parental Needs Assessment

#### Per the *Guidelines*:

 Screening/assessment for parents and family members of JDTC youth recommended in *Guidelines*

#### **Parents/Guardians may be dealing with:**

- Trauma
- Mental and behavioral health issues
- Substance use disorders

## GUIDELINE 4.1 Screening for Drugs/Alcohol

#### Per the *Guidelines*:

- After risk/needs assessment
- Formal screening to validate youth's alcohol/drug or other substance use or dependence.
- Structured interviews
- Provide complete picture of substance use issues

## GUIDELINE 4.2 INDIVIDUALIZED CASE MANAGEMENT & TREATMENT PLANS

- Identify psychosocial needs
- Focus on strengths
- Assess motivation for treatment
- Utilize multiple treatment components/options to meet needs of youth
- Outline intensity of services
- Use flexible approach, while ensuring fidelity

### **CASE MANAGEMENT VS CASE PLANNING**

#### **Case management:**

- On-going
- Single point of contact that advocates for participant
- Comprehensive & flexible
- Partnering with community based providers & schools
- Based on assessment of risk/need
- Engages youth and families
- Reflected in a case plan that matches to needs/goals

### **CASE MANAGEMENT VS CASE PLANNING**

#### **Case Planning:**

- Focused on goals
- Detailed steps for how to reach goals
- Time-bound
- Written document
- Informed by youth and family = agreement
- Tied to risk/needs assessment

### **CRAFTING THE CASE PLAN**

**Clear expectations/no surprises** Small, time-limited goals that are agreed upon by all parties **Use OARS technique:** •Open-ended questions; •Affirmations; Reflection •Summarizing

**Reviewing and rewarding results** 

## CASE PLAN EXAMPLE

### **CORE PROFESSIONAL ALLIANCE SKILLS**

Articulate Attentive Authentic Confident **Empathetic Empowering Flexible** 

**Listens actively People-oriented** Purposeful Reinforcing Respectful Sense of humor **Strength-based** 

Source: The Carey Group; PA Juvenile Justice Enhancement Strategy

## **OFFICE/FIELD INTERACTION**

Per the *Guidelines:* Interactions youth should focus less on detecting violations, and instead focus finding opportunities to praise on goal attainment.

- Check-in (building rapport)
- Review weekly goals
- Identify successes or obstacles
- Determine if new goals are needed/desired
- Review court conditions
- Provide written materials/instructions
- Close
- Source: The Carey Group (2010)

### **CASE PLAN EXERCISE**

- Review case plan scenario
- Working in groups of 4-5
   develop/write-up a goals attached to a case plan for the youth and family.
   Role play the following positions:

   Probation

  - o Youth
  - Parent

### **IMPLEMENTATION TIPS**

- Create Case Plan workgroup
- Review your current policies and procedures
- Collect information on all assessment & screening tools
- Analyze current case management/planning process flow
- Monitor data for racial/ethnic inequalities in treatment engagement, progress and completion

### **IMPLEMENTATION TIPS**

Decide on improvement areas via priority matrix exercise. Team to ask themselves:

- How big would the impact be if we made this change?
- Is the change feasible?

Prioritize changes: Start with low-hanging fruit, moving to "tough, but worthwhile" changes.

Use GANNT chart or Action Plan to set timelines, track progress and close projects.

## **RECOMMENDATION PRIORITY MATRIX**

High		1 der 1 der 1 der 1 der	. 1
	Quick wins	No brainer – the "sweet spot"	-
ility			1
Feasibility	<b>7</b> 1		
Low	To be avoided unless everything else is done	Tough, but worthwhile	
	Low Potential	Impact	

### **SUMMARY AND QUESTIONS**

JDTCs should adopt research informed case management that takes into account participants' special needs

Adoption of correct assessment tools and screeners important for program operations.

Case plans should allow for flexibility in the application of case management practices.

The case plan is developed between the professional, the participant, and his or her family and includes services delivered in the participant's community.



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