



Brief Report Series

Facilitating Adolescent Offenders' Reintegration from Juvenile Detention to Community (DTC)

University of Miami

Howard Liddle, Gayle Dakof, Linda Alberga, Craig Henderson, Cindy Rowe, Michael French, Ralph DiClemente, and Christian DeLucia

Collaborating Research Centers

National Development and Research Institutes (Nancy Jainchill, Richard Dembo, Rocio Ungaro)
University of Rhode Island (Peter Friedmann, Lyn Stein, Henry Simpson)
National Institute on Drug Abuse (Bennett Fletcher)

Rationale and Objectives. Drug abuse and related risk behaviors by young offenders are among the nation's most urgent public health priorities (National Center for Juvenile Justice, 2001). Substance abuse continues to increase steadily among juvenile justice involved youth (Golub & Johnson, 2001), with a large proportion (60%) exhibiting drug problems severe enough to require intervention (Farabee et al, 2001; DOJ, 2000). Further, incarcerated juveniles probably represent the largest concentration of youth infected with or at high risk for HIV due to drug use and unsafe sexual behaviors (CDC, 1996). While juvenile detention facilities have the potential to identify and offer services to many drug involved juvenile offenders (American Academy of Pediatrics: Policy Statement 2001), in reality these settings offer very limited treatment opportunities or referrals to agencies following release (NIDA, 2002). More effective and coordinated intervention at the point of the youth's entry into detention is needed in order to better facilitate reentry into community life. In other words, successfully engaging youth while they are still in detention might form a necessary and often missing bridge back to community life, and consequently help in halting the insidious cycle of youth drug abuse, sexual risk taking, and criminal activity. As such, this multi-site study will develop and test a cross-systems, family-based, drug abuse and HIV/STD intervention for substance abusing juvenile offenders based on Multidimensional Family Therapy (MDFT), an efficacious family-based intervention which has been tested and refined over the past 20 years (e.g., Liddle et al. 2002). The treatment administered in this study will vary from those administered in prior clinical trials across three critical dimensions: a) service delivery will commence while the youth is still in detention; b) the MDFT treatment package will be augmented to include an explicit focus on cross-systems coordination of services; and c) a two-session, five hour, multiple family group-based HIV/STD prevention module will occur during the course of therapy. As such, MDFT-CS is uniquely positioned to meet the diverse service needs of study youth and their families.

Multiple systems oriented family-based treatments hold considerable promise in the search for viable and effective interventions for detained drug abusing adolescents (Liddle, 2004). These treatments have demonstrated success with juvenile justice involved drug abusing youth (Henggeler et al., 1991; Rowe & Liddle, 2003). They are specifically designed to work collaboratively with the multiple systems that impact the teen's and family's life (e.g., juvenile justice authorities and social service agencies). MDFT (Liddle, 2002), for instance, has been more effective than a range of other treatments in reducing substance use and delinquency, and in increasing the prosocial behaviors of substance abusing, juvenile justice involved adolescents (Liddle et al., 2001; Liddle et al., 2004). MDFT has potential as an integrative juvenile detention intervention, given its strong empirical base, significant cost savings in comparison to standard treatments (French et al., 2002), successful adoption in practice (Liddle, Rowe, et al., 2002), and its well articulated protocols for working collaboratively with juvenile justice (Liddle, 2002).

Study Characteristics.

Design. The study is a three-site randomized clinical trial, with sites in Miami, Florida, Tampa, Florida, and Providence, Rhode Island. A total of 300 participants entering detention facilities will be randomized to either MDFT-CS or the Enhanced Services As Usual condition. **Participants.** The sample will include youth ages 13 to 17. Based on demographics of clinical samples from these regions, the total sample is expected to be primarily male (approximately 80%) and from ethnic minority groups (40% Hispanic, 40% African American). **Procedures.** Adolescents and parent-figures will be assessed using standard measures on multiple occasions over a one-year period. **Measures.** The comprehensive interview battery will assess various individual-, family-, peer-, and systems-level factors (e.g., substance use, delinquency, high-risk sexual behavior, school problems, family conflict, peer delinquency, and coordination of services between drug abuse treatment and juvenile justice system). In addition, biological markers of substance use and STD infection (gonorrhea, chlamydia, and trichomonas) will be obtained and economic cost and benefit analyses will be conducted.

Interventions. *Common Components* While in detention, youth in both conditions will receive a one-hour, interactive HIV/STD intervention; youth will also receive standard health care and crisis intervention as necessary.

MDFT-CS A therapist will begin working on engagement and foundation building with an adolescent and his/her family during the youth's detention. Upon release, therapy will focus on the core problem areas of drug use, delinquent behavior, and high-risk sexual behaviors. Protective factors present in the youth's environment (e.g., supportive family relations) will be mobilized as well. A typical course of MDFT includes a combination of individual- and family-based intervention aimed at changing the adolescent, parent-figure(s), family interaction, and family functioning. Therapists will also work to facilitate cross-system collaborations (e.g., by establishing and maintaining contact with judges, probation officers, and key school personnel). Also, as a component of the overall intervention, therapists will deliver a state-of-the-art family-based HIV/STD intervention component targeting high-risk sexual behavior through the use of empirically supported principles and techniques.

Comparison Intervention The comparison intervention is referred to as Enhanced Services As Usual (ESAU) for two primary reasons. First, individuals will participate in an HIV/STD intervention during their detention. Second, youth will be referred to a high-quality, outpatient, substance abuse treatment that will commence upon the youth's release from detention.

Hypotheses. In general, it is hypothesized that MDFT-CS youth will report more favorable outcomes over time than will ESAU youth. Following are examples of some specific hypotheses. *Implementation Feasibility* MDFT-CS youth will report higher levels of treatment satisfaction than will ESAU youth. *Cross-System Coordination of Services* MDFT-CS therapists and probation officers will report higher levels of collaboration than will ESAU therapists and probation officers. *Clinical Effectiveness* MDFT-CS youth will report lower levels of past ninety-day substance use than will ESAU youth. Past ninety-day arrest rates will be lower for MDFT-CS youth than for ESAU youth. *Economic Benefit Cost* It is hypothesized that the MDFT-CS intervention will result in significantly greater economic benefits than will the ESAU intervention.

Summary. The current study is a multi-site effort to test the possible benefits of a comprehensive family-based intervention (MDFT-CS) relative to an Enhanced Services As Usual condition for drug abusing juvenile offenders. Because these youth are at increased risk for several negative outcomes—including persisting substance use disorders, subsequent incarceration, and HIV—this study has important public health implications. MDFT-CS is consistent with recommendations of policy makers, researchers, clinical providers, and juvenile justice experts: it is multiple systems oriented, comprehensive, and integrated into the juvenile justice system. Because of its real-world application and its assessment of the economic as well as clinical impact of the intervention, this study has the capacity to develop new knowledge about juvenile justice and substance abuse treatment system impact. Ultimately, the study aims to inform strategies about how science based practices can be adapted to the realities of these service systems.

References

- American Academy of Pediatrics: Committee on Pediatrics (2001). Healthcare for children and adolescents in the juvenile correctional care system. *Pediatrics*, 107, 799-803.
- Center for Disease Control and Prevention. (1996). *HIV/AIDS prevention: Facts about HIV/AIDS among African Americans and Hispanics in the United States*. Rockville, MD: CDC.
- Farabee, D., Shen, H., Hser, Y., Grella, C. E., & Anglin, M. D. (2001). The effect of drug treatment on criminal behavior among adolescents in DATOS-A. *Journal of Adolescent Research*, 16, 679-696.
- French, M. T., Roebuck, M. C., Dennis, M. L., Godley, S., Liddle, H., & Tims, F. M. (2002). Outpatient marijuana treatment for adolescents: Economic evaluation of a multisite field experiment. *Evaluation Review*, 27, 421-459.
- Golub, A. & Johnson, B. D. (2001). *The rise of marijuana as the drug of choice among youthful adult arrestees*. Washington, D.C.: Office of Justice Programs: National Institute of Justice.
- Henggeler, S. W., Borduin, C. M., Melton, G. B., Mann, B. J., Smith, L. A., Hall, J. A. et al. (1991). Effects of multisystemic therapy on drug use and abuse in serious juvenile offenders. A progress report from two outcome studies. *Family Dynamics Addiction Quarterly*, 1, 40-51.
- Institute of Medicine (IOM) (1990). *Broadening the base for treatment of alcohol problems*. In Washington, DC: National Academy Press.
- Liddle, H. (2002). *Multidimensional Family Therapy Treatment (MDFT) for adolescent cannabis users. Volume 5 of the Cannabis Youth Treatment (CYT) manual series*. Rockville, MD: Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services.
- Liddle, H. A. (2004). Family-based therapies for adolescent alcohol and drug use: Research contributions and future research needs. *Addiction*, 99(s2), 76-92.
- Liddle, H. A., Dakof G.A., Parker, K., Diamond, G. S., Barrett, K., & Tejada, M. (2001). Multidimensional Family Therapy for adolescent substance abuse: Results of a randomized clinical trial. *American Journal of Drug and Alcohol Abuse*, 27, 651-687.
- Liddle, H. A., Rowe, C. L., Dakof, G. A., Ungaro, R. A., & Henderson, C. E. (2004). Early intervention for adolescent substance abuse: Pretreatment to posttreatment outcomes of a randomized controlled trial comparing multidimensional family therapy and peer group treatment. *Journal of Psychoactive Drugs*, 36(1), 49-63.
- Liddle, H. A., Rowe, C. L., Quille, T., Dakof, G., Mills, D., Sakran, E. et al. (2002). Transporting a research-developed drug abuse treatment into practice. *Journal of Substance Abuse Treatment*, 22, 231-243.
- National Center for Juvenile Justice (2001). *National Juvenile Court Data Archive: Juvenile court case records 1989-1998 [machine-readable data files]*. Pittsburgh, PA: NCJJ.
- National Institute on Drug Abuse (NIDA) (2002). *Criminal justice drug abuse treatment services research system* (Rep. No. RFA# DA-03-003).
- Rowe, C. L. & Liddle, H. A. (2003). Substance abuse. *Journal of Marital and Family Therapy*, 29, 97-120.