Brief Report Series

Comparing Two Reentry Strategies for Drug Abusing Juvenile Offenders

Lead Research Center
NDRI Midwest Adolescent Center (Nancy Jainchill, Richard Dembo, Charles Turner, Chunki Fong, Sarah Farkas)

Collaborating Research Centers
Florida Research Center (Howard Liddle, Craig Henderson, Linda Alberga)
Mid-Atlantic Research Center (James A. Inciardi, Christine Saum, Steven Martin)

Rationale and Objectives: There is a critical need to identify effective reentry programs for adolescents with substance use problems involved in the juvenile justice system. Successful transition from residential treatment in correctional facilities to one's home community must address the influences of an adolescent's interactions with family, peers, and other aspects of their environment on his/her behavior. To date, few studies have compared interventions for previously incarcerated juveniles returning to their home communities. In addition, studies providing a rigorous examination of "criminal thinking," or Cognitive Restructuring, interventions for adolescents are even more limited.

The Two Reentry Strategies project involving drug abusing juvenile offenders addresses this need by including a short-term and a longer-term, multi-site study. The short-term study (Phase 1) profiles juveniles according to those whose substance use is the primary problem vs. those whose substance use is commingled with, or perhaps secondary to, other problems such as mental health/psychiatric disorders (including physical, sexual, or psychological trauma) or criminal involvement/psychopathy. The classifying dimensions of the profile subtypes are being used in the Phase 2 study. This phase (1) compares the effectiveness of two reentry services -- Cognitive Restructuring (CR) and extant aftercare services (AS) -- in regard to post-reentry treatment outcomes; and, (2) examines interactions of these services with the youth profiles identified in the Phase 1 study. Cognitive Restructuring has the support of many practitioners and administrators involved in the criminal justice system; however, it needs to undergo rigorous testing to determine whether it presents advances over currently available interventions, particularly for adolescents. CR has not been evaluated with respect to its comparative effectiveness with subtypes of substance-abusing youth involved in the juvenile justice system. In addition, the training of juvenile probation officers to provide CR interventions will focus on systems integration issues (e.g., enhanced collaboration between community-based services and juvenile justice agency personnel) -- with major implications for future treatment of substance abusing youth involved in the juvenile justice system.

The Interventions:

--**Cognitive Restructuring (CR).** Cognitive behavioral strategies have been found effective in reducing drug use, criminal activity, family problems and other risky behaviors. Many of these efforts have involved adult offenders. The CR intervention incorporates many traditional Cognitive Behavior Theory principles and adapts them for use by probation and parole officers. Recent efforts to develop aftercare strategies utilizing cognitive behavioral approaches indicate some success in working with youth to increase engagement in aftercare services and reduce substance use (e.g., Godley, Godley & Dennis, 2001). Adult correctional research indicates that cognitive behavioral approaches are currently the most effective strategies to change offender behavior, and are particularly effective in the area of substance abuse (Gendreau & Andrews, 1990; Knight, Hiller, Simpson, 1999). CR assumes that the cognitive process (thinking) is often the key to social behavior. Individuals' beliefs influence their behavior, which has consequences. Hence, CR focuses on changing an individual's distorted or negative thinking patterns ("thinking errors") about themselves and how they explain events to themselves, with a view to moving their behavior in more prosocial directions. Although widely used in the justice system, there have been few evaluations of CR interventions -- particularly with adolescents. In the current study, juvenile Probation Officers are trained to provide CR services to adolescent probationers; they work with released youth to help them to identify and correct thinking errors, and to identify and learn appropriate new behaviors.

--**Alternative Services (AS):** At each site, CR is being compared to the reentry services currently available for youth leaving residential correctional treatment facilities. Although the reentry services differ across sites, they can generally be described as a case management approach that attempts to address client needs through referrals to available, community-based services.

Procedures:

Phase 1: Short-Term Study to Profile Juvenile Justice Youth: Data for the Phase 1 study were collected on youths located in residential facilities in Ohio, Pennsylvania (both of these states participated in Phase 1 only), and Delaware. Information was collected on their substance use, criminal involvement and indicators of potential psychopathy, and mental health/psychiatric disturbance. Outcome data were not collected. However, variables that have been associated with outcomes, relating to treatment were included (e.g., motivation for treatment, therapeutic alliance, history of previous treatment for alcohol/other drug abuse or emotional/psychological problems). The findings informed the selection of candidate variables for use in the Phase 2 intervention study. One manuscript, examining the youths' criminal thinking, presents results from analyses of the Phase 1 data (Dembo, Turner & Jainchill, in press).

Phase 2: Comparing the Two Reentry Services: Youth returning home from secure, residential treatment facilities are randomly assigned to one of the two reentry conditions, CR or AS, approximately 45 days prior to their release from the secure facility. This time frame may vary depending upon the requirements of the different sites where the study is being conducted. In Delaware, subjects (and their parents/guardians) are contacted, and consents are obtained which the youths are still in the correctional facility. The face-to-face, baseline interview occurs within the 30 days prior to their

expected release home. In Florida, the youth and parents/guardians are met and consents are obtained when the youth arrives at the Community Release Agency that will be supervising their reentry experience, immediately after their release from the correctional facility. The baseline interview occurs within 48 hours of their return to their home communities. Subsequent interviews are conducted at 3 months and 9 months following release from the residential facility. The follow-up interviews are conducted on all youth who enter one of the reentry conditions (CR or AS), whether or not they complete the treatment program.

The CR reentry intervention occurs during the first three months after release from the residential facility. A total of 400 adolescents in residential facilities located in Rhode Island (n=120), Delaware (n=130), and Florida (n=150) are expected to be enrolled in the study.

Assessments: The primary baseline and follow-up assessment instruments include the Diagnostic Interview Schedule for Children (DISC-IV; Shaffer et al., 1997; Shaffer et al, 2000), sections of the Comprehensive Adolescent Severity Inventory (CASI; Meyers, 1996), and the Family Environment Scale (FES; Moos & Moos, 1994, 1997, 2000). These widely used instruments have excellent psychometric properties. The baseline measures focus on providing a profile of youths' psychosocial, cognitive and psychiatric status prior to their incarceration. A variety of during treatment process measures are used to assess and ensure the fidelity of the delivery of the CR intervention. A similar documentation of services that are ordered, as well as recording of youths' participation in these services, is completed for those assigned to the AS reentry condition. Although a number of outcome measures are collected, primary outcomes of interest include drug use, social and psychological functioning (including cognitive measures that assess psychopathy), and criminal involvement. Self-reported drug use and urinalyses assess post-intervention drug use. Both self-report and arrest records are being used to measure recidivism.

Applications: This research is highly significant. There is a need to better understand how to intervene with justice system involved juveniles who are returning to their home communities. CR may play an important role in this process. CJDATS provides an excellent opportunity to assess the usefulness of CR as a reentry strategy, particularly as it may relate to different types of youths in influencing post-release outcomes. In addition, training juvenile probation officers to provide CR as a reentry intervention will emphasize strategies that focus on systems integration. The inclusion of CR as a reentry intervention in our study offers major implications for future treatment of substance abusing youth involved in the justice system.

References:

Dembo, R., Turner, C. & Jainchill, N. (In press). An assessment of criminal thinking among incarcerated youths ion three states. *Criminal Justice and Behavior*.

Gendreau, P., & Andrews, D.A. (1990). Tertiary prevention: What the meta-analysis of the offender treatment literature tells us about "what works", *Canadian Journal of Criminology, 32,* 173-184.

Godley, S. H., Godley, M. D., & Dennis, M. L. (2001). The assertive aftercare protocol for adolescent substance abusers. In E.F. Wagner and H.B. Waldron (eds.) *Innovations in Adolescent Substance Abuse Interventions*. UK: Elsevier Science, Ltd. 313-331.

Meyers, K. (1996). *Comprehensive Adolescent Severity Inventory* (CASI). Philadelphia, PA: University of Pennsylvania.

Moos, R., & Moos, B. S. (1994, 1997, 2000*). Family Environment Scale*. Palo Alto, CA: Center for Health Care Evaluation, Department of Veterans Affairs and Stanford University Medical Centers.

Shaffer, D., Fisher, P., & Lucas, C. P. (1997). *Diagnostic Interview Schedule for Children* (*DISC-IV*). Columbia University DISC Development Group, New York City, NY.

Shaffer, D., Fisher, P., Lucas, C. P., Dulcan, M. K., & Schwab-Stone, M. E. (2000). NIMH Diagnostic Interview Schedule for Children Version IV (NIMH DISC-IV): Description, differences from previous versions, and reliability of some common diagnoses. *Journal of American Child and Adolescent Psychiatry, 39*(1), 28-38.