

A RECLAIMING FUTURES
NATIONAL FELLOWSHIP REFERENCE

Key Terminology

FOR COMMUNITIES DEVELOPING ALCOHOL AND DRUG TREATMENT PROGRAMS
IN PARTNERSHIP WITH THE JUVENILE JUSTICE SYSTEM

by Reclaiming Futures Treatment Fellowship

Reclaiming Futures is a National Program of the Robert Wood Johnson Foundation®



RECLAIMING FUTURES

Communities helping teens
overcome drugs, alcohol and crime

This publication was prepared under the leadership of an editorial group made up of the following:

Jan Embree-Bever
RECLAIMING FUTURES LEADERSHIP FACULTY

Dan Merrigan
BOSTON UNIVERSITY SCHOOL OF PUBLIC HEALTH

Randy Muck
SUBSTANCE ABUSE & MENTAL HEALTH SERVICES ADMINISTRATION

Laura Burney Nissen
RECLAIMING FUTURES

Miriam Patterson
RECLAIMING FUTURES

**RECLAIMING FUTURES
NATIONAL PROGRAM OFFICE**

Laura Burney Nissen, Ph.D., M.S.W. DIRECTOR

Jim Carlton DEPUTY DIRECTOR

Mac Prichard COMMUNICATIONS DIRECTOR

Dan Merrigan, Ed.D., M.P.H. LEADERSHIP CONSULTANT

Portland State University
527 SW Hall, Suite 486
Portland, OR 97201
(503) 725-8911
www.reclaimingfutures.org

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This reference document was prepared using funds from grants 46983, 55473, 50681, 50681, 58536 and 51452, Robert Wood Johnson Foundation, Princeton, New Jersey. Points of view or opinions expressed in this document are those of the authors alone and do not necessarily represent the official position or policies of Portland State University, the Urban Institute, the University of Chicago, Boston University, or the Robert Wood Johnson Foundation.

DISCLAIMER:

The definitions in this glossary are not the only definitions used in the juvenile justice and treatment communities. Rather, they are meant to assist juveniles and their families in understanding some of the language they will encounter in the juvenile justice system and in treatment. This glossary is in no way intended to provide exact legal definitions.

RECOMMENDED CITATION:

Reclaiming Futures Treatment Fellowship. (2007). *Key Terminology for Communities Developing Alcohol and Drug Treatment Programs in Partnership with the Juvenile Justice System*. A Reclaiming Futures National Fellowship Report. Portland, OR: Reclaiming Futures National Program Office, Portland State University.

Introduction

Communication, both internal and external, is a critical and key feature of any initiative working with youth in the juvenile justice system.

With that said, words and phrases used across systems and different disciplines may have a differing intent and meaning. Why does this happen? To begin with, our professional training in different disciplines—mental health, substance abuse, social work, juvenile justice, and others—has given us different professional language and acronyms that provide a shorthand to those in each profession. Further, the purpose and mission, and therefore the goals, of our different systems are not the same even when the language seems to be.

One way the National Program Office for Reclaiming Futures believed it could assist communities in working through these language conundrums was to develop a terminology resource that describes commonly used words, acronyms, and phrases. This is another tool for communities to use when developing community teams.

The definitions provided in this terminology report are not intended as the only definitions, but rather as a starting point for community teams as they are developing their programs. For example, each state will have language and definitions set in statute and in licensing, certification, and accreditation agencies. Everyone on a team needs to know what definitions are fixed and how they intend to use definitions on their teams. How will the team define “success”? How will the team decide a youth has “completed” his or her plan? And simply because a phrase or specific language resides in a state’s statutes, licensing, accreditation, or certification, all the people on the team will not necessarily understand its meaning.

The Reclaiming Futures sites know from firsthand experience how difficult it can be when the professionals at the table are convinced they have the correct definition, or they assume their definition is the only one. An example is screening: treatment professionals will assume screening for substance abuse, justice professionals will assume screening for risk to the community, and each will have its own understanding of what constitutes a screening process.

Some terms are used so frequently by so many organizations that to say we present here a definitive definition would be foolhardy. The source from which each definition is taken or adapted is identified, and we could have used many more.

Furthermore, the communities, families, and caregivers of our youth in the juvenile justice system frequently do not understand the words, phrases, and acronyms used by the professionals working with them. Teams may want to consider identifying the words and phrases most commonly used when they initially talk to families of juvenile justice youth, and developing a handout that provides information regarding those terms. Teams must always consider language issues. Are teams working with families who do not speak English? Is there a need for written translation of terminology for the youth’s families?

Since by its very nature, innovative approaches for working with juvenile justice youth will evolve over time, the terminology listed in this report should be used as a talking point in cross-training to help various team members with various backgrounds understand each other better. Teams can revise, edit, and add terms and acronyms as needed.

The Terms

AA: See Alcoholics Anonymous.

ACRA: See Adolescent Community Reinforcement Approach.

addiction: A chronic, relapsing disease of the brain with social and behavioral manifestations, marked by continued alcohol or drug use despite negative consequences. (4)

addiction counseling: Professional and ethical application of specific competencies that constitute eight practice dimensions, including clinical evaluation; treatment planning; referral; service coordination; individual, group, and family counseling; client, family, and community education; and documentation. (4)

adjudication hearing: A fact-finding proceeding in which the juvenile's responsibility for the alleged offense must be established. The allegations must be proved, as in a criminal trial, "beyond a reasonable doubt." (13)

adolescent: An individual 11 to 21 years of age. For the purposes of substance abuse treatment programs, their licensing authority may define the age range for their programs; for juvenile justice entities, their states determine when a youth is legally considered an adult (reaching the age of majority). (5)

Adolescent Community Reinforcement Approach (ACRA): A treatment composed of 12 individual sessions with the adolescent and a concerned member of the adolescent's support system. ACRA focuses on teaching alternative skills to cope with problems and meet needs, and emphasizes the adolescent's environment. A concerted effort is made to change the environmental contingencies, both positive and negative, related to substance use. (7)

Adolescent Treatment Models (ATM) Project:

An initiative begun in 1998 and designed to evaluate 10 existing substance abuse treatment programs (for adolescents) that were promising models for replication. (23)

advocacy: [1] *For* clients: A social or political movement working for changes in legislation, policy, and funding to reflect clients' concerns and protect their rights. [2] *By* clients: A philosophy of substance abuse treatment practice maintaining that clients should be involved actively in their own treatment and have rights in its planning and implementation. Much of advocacy is about shifting the system from the directive model to one in which the client is an empowered, involved participant in treatment decisions. (4)

aftercare: See continuing care.

AIDS: See HIV/AIDS.

Alcoholics Anonymous (AA): A fellowship of men and women who share their experience, strength, and hope with each other, that they may solve their common problem and help others recover from alcoholism. The only requirement for membership is a desire to stop drinking. (1)

arraignment: A special hearing to give the juvenile formal notice of the charges and of his or her rights, to ascertain whether the juvenile has an attorney and if necessary appoint one, and to ask the juvenile to admit or deny the allegations. (13)

ASAM: American Society of Addiction Medicine. See ASAM PPC-2R.

ASAM PPC-2R: A tool for matching clients with the appropriate level of care, such as outpatient, intensive outpatient, residential, and so forth. (3)

assessment: The process of or tool used to determine the nature and complexity of the individual's problems. The objectives of assessment are: identify those who are experiencing problems (including delinquent behaviors) related to substance abuse and/or who have progressed to the stage of dependence; assess the full spectrum of problems for which treatment may be needed; plan appropriate interventions and services; involve appropriate family members or significant others in the individual's treatment; and evaluate the effectiveness of the interventions and services implemented. Sometimes referred to as a comprehensive evaluation, differential assessment, or comprehensive assessment. For information regarding areas that are required to be covered during the assessment, see the Reclaiming Futures Treatment Improvement Workbook. *See also* screening. (5)

ATM: *See* Adolescent Treatment Models.

biopsychosocial: The biological, psychosocial, and social influences in human behavior and development. (4)

boundary spanner: Someone who can work between systems and whose goals, though superficially complementary, may carry inherent conflicts that must be mediated and negotiated through use of strategy and specific analytic skills. (17)

CAMI: Chemical abuse and mental illness. *See* co-occurring, coexisting disorders.

Cannabis Youth Treatment (CYT) Series:
See Adolescent Community Reinforcement Approach (ACRA); Cognitive Behavioral Therapy (CBT); Family Support Network (FSN); Motivational Enhancement Therapy (MET); Multidimensional Family Therapy (MDFT).

case management: A process to ensure that treatment and services for both youth and families are available and delivered, that participant progress and compliance are monitored, and that timely and complete information about participant progress is made available to all members of the youth's service coordination team. (13)

CBT: *See* Cognitive Behavioral Therapy.

CHINS: children in need of services.

Cognitive Behavioral Therapy (CBT): The cognitive behavioral paradigm assumes that thinking, feeling, and doing are separate realms of human process that become associated through learning. Cannabis use, like any behavior, can be linked with thoughts, feelings, and other behaviors through direct experience or through observation. Associations can be strengthened by intense learning experiences or by placing certain thoughts, feelings, or actions in frequent proximity to use. When they are strong enough, associations can even serve as triggers (i.e., antecedents) that effectively cue or reinforce a person's desire (i.e., consequences) to use, even when that person is planning to abstain. (8)

collaboration: A mutually beneficial and well-defined relationship entered into by two or more organizations to achieve common goals. The relationship includes a commitment to mutual relationship and goals, a jointly developed structure and shared responsibility, mutual authority and accountability for success, and sharing of resources and rewards. (14)

collateral sources: People or organizations who provide pertinent information about a client. Collateral sources can include family members and legal, educational, and medical personnel. (4)

completion: In the Reclaiming Futures Model, completion refers to service completion. One of the principle goals of the Reclaiming Futures Model is to implement performance management practices that allow communities to connect youths with appropriate resources and to monitor their interactions through to completion. Community coordination teams can specify for themselves how much of each service plan must be completed for the plan as a whole to be considered complete. *See also* success. (18)

comprehensive evaluation: *See* assessment.

confidentiality: A client's right to privacy as defined by applicable federal and state statutes. *See also* HIPAA. (4)

confidentiality rules and regulations: Rules established by federal and state agencies to limit disclosure of information about a client's substance use disorder and treatment (described in 42 CFR

Part 2B 16). Programs must notify clients of their rights to confidentiality, provide a written summary of these rights, and establish written procedures regulating access to and use of client records. *See also* HIPAA. (4)

consent decree: An agreement by all parties (juvenile, probation officer, judge, attorney) to keep the juvenile under court supervision for a specified period of time under certain negotiated terms and conditions. If the juvenile meets the terms of the agreement, the petition is withdrawn—there is no finding of guilt or innocence, and no juvenile record is made. However, if the juvenile does not live up to the terms of the agreement, the petition can be reinstated. (13)

continuing care: Care that supports a client's progress, monitors his or her condition, and responds to a return to substance use or a return of mental disorder symptoms. It is both a process of post-treatment monitoring and a form a treatment itself, sometimes referred to as aftercare. (4)

continuum of care: The array of services that differ in response to the unique needs of clients throughout the course of treatment and recovery. *See also* system of care. (4)

co-occurring, coexisting disorders: The presence of concurrent psychiatric or medical disorders in combination with a substance use disorder. A number of other terms have been used to describe people in this category, including: dual diagnosis, chemical abuse and mental illness (CAMI), mentally ill chemical abusers (MICA), mentally ill substance abusers (MISA), substance abuse and mental illness (SAMI). (4)

cooperation: Characterized by informal relationships that exist without any commonly defined mission, structure, or planning effort. Information is shared as needed and authority is retained by each organization, so there is virtually no risk to the organizations of loss of authority and/or resources. Resources and rewards are separate. (14)

coordination: Characterized by formal relationships and an understanding of compatible missions. Some planning and division of roles are required, and communication channels are established.

Authority still rests with the individual organizations, but there is some increased risk to all participants of losing authority and/or resources. Resources are available to participants, and rewards are mutually acknowledged. (14)

CSAT: Center for Substance Abuse Treatment.

culture: A set of customs, beliefs, ideals, linguistic practices, and institutional practices that are deployed within and, in many instances, peculiar to a particular community. (12)

cultural competency: The capacity of a service provider or organization to understand and work effectively in accord with the beliefs and practices of people from a given ethnic, racial, religious, or social group or sexual orientation. The provider and program hold the knowledge, skills, and attitudes that allow them to understand the full context of a client's current and past socioenvironmental situation. (4)

cultural diversity: The vast array of different cultural groups based on varying behaviors, attitudes, values, languages, celebrations, rituals, and histories. (4)

CYT: *See* Cannabis Youth Treatment Series.

delinquent act: An offense or crime committed by a minor. Minor status is defined by the state; it is usually a person under age 18, but sometimes under age 17 or 16. (13)

detention: Temporary and safe custody of juveniles who require a restricted environment for their own or the community's protection pending legal action. (13)

DHHS: U.S. Department of Health and Human Services.

diagnosis: Classification of the nature and severity of the substance use, medical, mental health, or other problems present. DSM-IV-TR and ICD-10 are commonly used to classify substance use and mental disorders. (2) (4) (25)

differential assessment: *See* assessment.

disorder: An affliction that affects the functions of the body and/or mind, disturbing physical and/or mental health. (4)

disposition: A court order, similar to a sentence handed down in criminal court, that sets out what is to be done in response to the delinquent adjudication. The options may include probation supervision, community service, restitution and other sanctions, residential placement, or secure confinement. (13)

disposition hearing: A proceeding held after a juvenile has been adjudicated delinquent. Probation officers present the results of the investigation and make a recommendation to the judge. (13)

diversion: A process of channeling a referred juvenile from formal juvenile court processing to an alternative forum for resolution of the matter and/or to a community-based agency for help. (13)

drug testing: Chemical analysis of different samples—most notably urine, blood, hair, sweat, and saliva—to detect the presence of drugs in the human body. (22)

DSM-IV-TR: Diagnostic and Statistical Manual of Mental Disorders. (2)

dual diagnosis: See co-occurring, coexisting disorders.

due process: The rights of an individual in the justice system, as specified by law: to be represented by an attorney; to confront accusers and cross-examine witnesses; to be presented with specific written charges; to remain silent; to appeal to a higher court. Juveniles do not have the right to be released on bail or (in most states) to be tried by a jury; juveniles are tried by jury when waived to adult or criminal court. (13)

duty to warn: The legal obligation of a counselor (or healthcare provider) to notify the appropriate authorities as defined by statute and/or the potential victim when there is serious danger of a client's inflicting injury on an identified individual. (4)

EBP: evidence-based practice.

EBT: evidence-based treatment.

empirical: Relying on observation or experience rather than theoretical principles or theory. (4)

engagement: In the Reclaiming Futures Model, the standard of engagement is three successful service contacts within 30 days of a youth's full assessment. (9)

epidemiology: The study of the incidence, distribution, and consequences of a particular problem in one or more populations. (4)

etiology: Generally, the study of origins. In treatment, the study of the causes of a disorder. (4)

family: There is no single, immutable definition of family. Different cultures and belief systems influence definitions, and because cultures and beliefs change over time, definitions of what is meant by family are by no means static. Although the definition of family may change according to different circumstances, several broad categories encompass most families, including traditional families, extended families, and elected families. The idea of family implies an enduring involvement on an emotional level. For practical purposes, family can be defined as the individual client's closest emotional connections. (6)

family-involved therapy: The programmatic involvement of family members in the treatment program to correct family relationships that provoke or support continued problems. Family-involved therapy is distinct from family therapy in that it may not view the entire family as the object of therapeutic interest and may not always intervene in the family's relational system. See also family therapy. (6)

Family Support Network (FSN): This treatment uses an intensive, family-focused approach designed to improve parenting skills and to increase family cohesion, closeness, and parental support. Improving these skills is presumed to increase the likelihood of both initial and sustained change. The intervention consists of case management (to promote parent engagement in the treatment process), six parent education group meetings (to improve parent knowledge and skills relevant to adolescent problems and family functioning), four therapeutic home visits, and referral to self-help support groups. At least one parent or caregiver is required to attend group meetings. All family members living at home are invited to participate in home visits. (8)

family therapy: An approach to therapy based on the idea that family is, and behaves as, a system. Interventions are based on the presumption that when one part of the system changes, other parts will change in response. Family therapists, therefore, look for unhealthy structures and faulty patterns of communication. *See also* family-involved therapy. (6)

focus group: A selected set of people used to test and evaluate a concept or product. Focus groups are most commonly 6 to 12 people that constitute an appropriate balance of a targeted demographic. (10)

FSN: *See* Family Support Network.

Global Appraisal of Individual Needs (GAIN):

A standardized biopsychosocial assessment designed to assist clinicians and researchers in obtaining information for diagnosis, placement, treatment planning, and outcomes monitoring that can be used for research, clinical practice, and administrative purposes. (23)

hearsay evidence: Out-of-court statements that have not been tested by cross-examination. (13)

HIPAA: Health Insurance Portability and Accountability Act, comprised of Title 45 of the Code of Federal Regulations, Parts 142, 160, 162, and 164. HIPAA protects the privacy of all health care information, including treatment for substance use disorders, that is retained by health plans, health care clearinghouses, treatment agencies, and individual providers. *See also* confidentiality; confidentiality rules and regulations.

HIV/AIDS: Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome.

ICD-10: International Classification of Diseases, 10th revision. (25)

indicated preventive intervention: A strategy designed for someone identified as having minimal but detectable signs, symptoms, or precursors of some illness or condition, but whose condition is below the threshold of a formal diagnosis. *See also* intervention. (4)

individualized treatment plan: A strategy that addresses the identified substance use disorder(s),

as well as issues related to treatment progress, including relationships with family and significant others, employment, education, spirituality, health concerns, and legal needs. Plans are developed in collaboration with the client and significant others, and are tailored to fit the client's unique biopsychosocial strengths and needs. *See also* service plan. (4)

initiation of service: In the Reclaiming Futures Model, initiation of service begins within 14 days of a full assessment. (9)

intake: The process of gathering and assessing information prior to an adjudication hearing through interviews (with the juvenile, family, neighbors, and others) and records review to determine the following: whether the juvenile can be diverted, whether the complaint against the juvenile should become the subject of formal court action, and whether the juvenile can be safely released in the meantime. (13)

intervention: The specific treatment strategies, therapies, or techniques that are used to treat one or more disorders. *See also* indicated preventive intervention; relapse prevention; treatment intervention. (4)

juvenile: A minor, as defined by state: usually a person under the age of 18, sometimes under age 17 or 16. (13)

MET: *See* Motivational Enhancement Therapy.

MFT: *See* Multidimensional Family Therapy.

MICA: Mentally ill chemical abuser. *See* co-occurring, coexisting disorders.

minor: *See* juvenile.

MISA: Mentally ill substance abuser. *See* co-occurring, coexisting disorders.

mission statement: A statement of purpose for an organization that identifies the scope of its operations and reflects its values and priorities. It helps an organization make consistent decisions, motivate its staff, build organizational unity, integrate objectives with goals, and enhance communication. *See also* vision statement. (10)

modality: See treatment modality.

model: A collection of beliefs or unifying theory about what is needed to bring about change with a particular client in a particular treatment context. (4)

Motivational Enhancement Therapy (MET):

A treatment based on principles of cognitive and social psychology. The counselor seeks to develop a discrepancy in the client's perceptions between current behavior and significant personal goals. The working assumption is that intrinsic motivation is a necessary and often sufficient factor in instigating change. The client is the agent of change, with assistance from the counselor. (15)

motivational interviewing: A direct, client-centered counseling style implemented to elicit behavior change by helping clients resolve their ambivalence to change. (4)

Multidimensional Family Therapy (MDFT):

A family-focused treatment that includes 12 weekly sessions to work individually with the adolescents and their families. MDFT focuses on family roles, other problem areas, and their interactions. (7)

multidisciplinary treatment approach: A planned and coordinated program of care involving two or more health professionals for the purpose of improving health care as a result of their joint contributions. (4)

multidisciplinary assessment approach: An organized process by which professionals of different specialties collaborate to assess the needs of the client. (4)

natural helpers: Caring individuals who provide support and encouragement to youth and families and who may connect them with opportunities and services designed to bring about positive life changes. (20)

needs assessment: A systematic process used to acquire an accurate, thorough picture of the strengths and weaknesses of a system or community. Findings can be used to prioritize goals, develop action plans, allocate funds and resources, and improve services. (10)

NIATx: National Treatment Improvement Initiative, niatx.org.

OD: See organizational development.

OJJDP: Office of Juvenile Justice and Delinquency Prevention.

organizational development (OD): A planned, organization-wide effort to increase an organization's effectiveness and overall health. Specific processes will be tailored to achieve a particular change in the organization. OD views an organization as a complex system of systems, and interventions include strategic planning, organization design, leadership development, change management, performance management, coaching, diversity, and work/life balance. (19)

outcomes: Changes or results. Program outcomes generally are worded in terms of how participants will benefit. (10)

Patient Placement Criteria: See ASAM-PPC-2R.

Persistent Effects of Treatment Study—

Adolescents (PETS-A): A project designed to follow up with participating youth in the CYT and ATM studies for two additional interviews and to disseminate the knowledge gained with regard to adolescent substance abuse treatment. (23)

petition: A legal document filed with the juvenile court that provides information about the youth, the offense with which the youth is being charged, and the dispositions imposed. (13)

PETS-A: See Persistent Effects of Treatment Study—Adolescents.

PPC: Patient Placement Criteria. See ASAM-PPC-2R.

predisposition report: A written summary of information and recommendations made by the probation department after a youth has been adjudicated delinquent and based on a formal investigation of juvenile and his or her background. (13)

prevention: The theory and means for reducing the harmful effects of drug use in specific populations. Prevention objectives are to protect individuals before they manifest signs or symptoms of substance use problems, identify people in the early stages of substance abuse and intervene, and end compulsive use of psychoactive substances through treatment. (4)

privacy: See confidentiality; confidentiality rules and regulations; HIPAA.

probation supervision: The period of time during which the juvenile offender remains in the community and can continue normal activities while complying with certain conditions and monitored by supervision. (13)

probation officer: A person who may complete the initial screening of the juvenile to determine how they should be processed, may make detention decisions on some of them, and prepares investigation reports, provides supervision, and delivers after-care services to many juveniles upon their release from institutions. (13)

protective factors: Factors in a child's life that are associated with the reduced potential for drug use, including: strong and positive family bonds; parental monitoring of children's activities and peers; clear and consistently enforced rules of conduct within the family; parental involvement in children's lives; success in school performance; strong bonds with positive institutions; and adoption of conventional norms about drug use. See also risk factors. (16)

psychoactive substance: A pharmacological agent that can change mood, behavior, and cognition process. (4)

qualitative data: Information that is not measured easily, such as an individual's comments. (10)

quantitative data: Data that can be measured, ranked, or rated. (10)

readiness to change: An individual's emotional and cognitive awareness of the need to change, coupled with a commitment to change. (3)

recovery: Achieving and sustaining a state of health in which the individual no longer engages in problematic behavior or psychoactive substance use, and is able to establish a lifestyle that embraces health and positive goals. (4)

relapse: The return to a pattern of substance abuse or the process during which indicators appear before the client's resumption of substance abuse. (4)

relapse prevention: A variety of interventions designed to teach people with substance use disorders to cope more effectively and to overcome the stressors and triggers in their environments that may lead them back into drug use and dependence. The interventions are of five categories: assessment procedures, insight- and awareness-raising techniques, coping skills training, cognitive strategies, and lifestyle modification. See also intervention. (4)

reliability: The degree to which a measure is consistent. See also validity. (4)

resilience: The ability of an individual to cope with or overcome the negative effects of risk factors or to bounce back from a problem. This capability develops and changes over time, is enhanced by protective factors, and contributes to the maintenance or enhancement of health. (4)

restitution: Actions taken by juvenile offenders to compensate or restore losses to victims and the community. Restitution can include financial reparation, repair of damages, personal services, or community service. (13)

risk factors: Factors in a child's life that are associated with the increased potential for drug use, including: chaotic home environment, particularly including parental substance abuse or mental illness; ineffective parenting, particularly of children with difficult temperaments or conduct disorders; lack of parent-child attachment and nurturing; inappropriately shy or aggressive classroom behavior; poor school performance; poor social coping skills; affiliations with peers who display problem behaviors; perceptions of approval of drug use in family, work, school, peer, and community environments. See also protective factors. (16)

SAC: State adolescent coordinators.

SAMHSA: See Substance Abuse and Mental Health Services Administration.

SAMI: Substance abuse and mental illness. See co-occurring, coexisting disorders.

SASATE: Society for Adolescent Substance Abuse Treatment Effectiveness.

screening: The process or tool used to identify people at risk for a problem. As such, it is a brief procedure used to determine the probability that a problem exists, substantiate that there is a reason for concern, or identify the need for further evaluation or assessment. It does not establish definitive information about diagnosis and possible treatment needs. The screening process should last no more than 30 minutes, and the instrument should be simple enough that a wide range of health and justice professionals can administer it with little training. It should focus on the adolescent's substance use severity (primarily consumption patterns) and a core group of associated factors such as legal problems, mental health status, educational functioning, and living situation. *See also* assessment. (5)

service coordination: The process of prioritizing, managing, and implementing the activities in an individual's treatment plan. (4)

service plan: In the Reclaiming Futures Model, the plan that is developed for the youth and family following the full assessment. The service plan includes not only substance abuse treatment services but also a mix of services appropriate for each youth, including educational and prevention services, involvement in prosocial activities, and the assistance of natural helpers. *See also* individualized treatment plan. (18)

significant others: Family member, sexual partner, and others on whom an individual is dependent for meeting all or part of his or her needs. (4)

sobriety: The quality or condition of abstinence from psychoactive substance abuse supported by personal responsibility in recovery. (4)

special population: A diverse group of individuals sharing a particular characteristic, circumstance, or problem. (4)

spirituality: A belief system that acknowledges and appreciates the influence in one's life of a higher power or state of being. (4)

stage of change: Any of several changes through which a person passes in moving from active use to treatment and abstinence. (4)

stage of readiness: An individual's awareness of the need to change. This can be influenced by external pressure (family, legal system, employer) or internal pressure (physical health concerns). (4)

stakeholders: Most generally, a person or group with a direct interest, involvement, or investment in something. In social services, the people in the community who are affected by the problem and/or issue the organization is trying to address. In the Reclaiming Futures Initiative, each of the RF communities identified both professional and natural helpers, as well as government and private entities who had an interest in finding solutions to the issue of youth involved both in substance use and abuse and in delinquent behavior. (11)

status offender: A juvenile who has committed an offense that is considered a violation only because he or she is a minor. Examples: truancy, "ungovernability," violation of curfew, running away from home. (1)

substance abuse: A maladaptive pattern of substance use leading to clinically significant impairment or distress, such as failure to fulfill major role responsibilities, use in spite of physical hazards, legal problems, or interpersonal and social problems. DSM-IV-TR outlines specific criteria. *See also* substance dependence; substance use. (2) (4)

Substance Abuse and Mental Health Services Administration (SAMHSA): A component of the U.S. Department of Health and Human Services (DHHS).

substance dependence: The need for alcohol or other drugs that results from the use of that substance. This need may be driven by mental and physical changes that make it difficult for people to control when, how often, and/or how much they use. Psychological dependence occurs when people need the substance to feel good, normal, or to function. Physical dependence occurs when the body adapts to the substance and needs increasing amounts of achieve the same effect or to function. DMS-IV-TR outlines specific criteria. *See also* substance abuse; substance use. (2) (4)

substance use: Consumption of low and/or infrequent doses of alcohol or drugs, sometimes called experimental, casual, recreational, or social use, such that consequences may be rare or minor. *See also* substance abuse; substance dependence. (4)

success: In the Reclaiming Futures Model, success may be defined in various ways, including: no new arrests or new court referrals, no new drug use, reduced drug use, no subsequent referrals for drug or alcohol treatment, or some combination of these. How members of a cross-disciplinary team view and understand adolescent development, adolescent substance abuse treatment, and juvenile justice agency requirements will play key a role in establishing how a team will define a teen's success, and each team member's philosophical orientation toward treatment and juvenile justice will influence the discussions regarding defining success. *See also* completion. (21)

system of care: An adaptive network of structures, processes, and relationships grounded in system of care values and principles that provides children and youth with serious emotional disturbance and their families with access to and availability of necessary services and supports across administrative and funding jurisdictions. (24)

systems theory: The view of behavior as an interactive part of a larger social structure. (4)

TASC: Treatment Alternatives to Street Crimes.

TAU: Treatment as usual.

transdisciplinary: Knowledge and attitudes that both transcend and are needed by all disciplines working with people with substance use disorders. (4)

treatment goals: Objectives based on resolving problems identified during assessment and reasonably achievable in the active treatment phase. (4)

treatment intervention: A strategy used by the counselor and other professionals to assist the client in achieving treatment goals. *See also* intervention; relapse prevention. (4)

treatment modality: Any specific treatment method or procedure used to relieve symptoms or motivate behaviors that lead to recovery. (4)

treatment objectives: Incremental steps a client takes in achieving treatment goals. (4)

treatment plan: *See* individualized treatment plan; service plan.

universal prevention: Prevention designed for everyone in the eligible population, both the general public and all members of specific eligible groups. Also, activities targeted to the general public or a whole population group that has not been identified on the basis of individual risk. (4)

validity: The degree to which an instrument or process measures what it is designed to measure. *See also* reliability. (4)

vision statement: A succinct statement of what an organization intends to become and to achieve at some future time. Vision statements assist organizations in keeping their goals in sight without specifying the means that will be used to achieve them. *See also* mission statement. (10)

waive: To give up a right, claim, or privilege. (13)

SOURCES

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