

## **AN OBSERVATIONAL STUDY OF TEAM MEETINGS AND STATUS HEARINGS IN A JUVENILE DRUG COURT**

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*There currently are several hundred juvenile drug court programs in operation in the United States, but relatively little research has examined how these programs are implemented. The current project used a structured participant observation protocol to capture what happens within the prehearing team meetings and drug court status hearings of a juvenile drug court. A secondary focus was placed on determining the extent to which the youths' family members participated in the proceedings and whether this was related to program compliance. The 51 participants, on whom 272 separate observations were conducted, were predominantly African American and male. Findings revealed that the most common information discussed during team conferences was participants' performance in substance abuse treatment and instances of noncompliance since the last status review. In addition, participants who had a family member attend court sessions had fewer incidents of non-compliance with respect to attendance at treatment and school.*

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## ARTICLE SUMMARIES

### **TEAM MEETINGS IN JUVENILE DRUG COURTS**

[1] Observational research revealed that attendance in treatment and infractions for noncompliance were discussed most frequently during team meetings in juvenile drug courts.

### **STATUS HEARINGS IN JUVENILE DRUG COURTS**

[2] Attendance of parents or other family members at status hearings was associated with better compliance among juvenile drug court participants.

## INTRODUCTION

Juvenile drug courts (JDCs) have become an increasingly popular court-based intervention for addressing substance abuse problems among adolescent offenders, with 455 programs implemented by the end of 2007 (Belenko & Logan, 2003; Hiller, Malluche, Bryan et al., 2010; Huddleston, Marlowe, & Casebolt, 2008). This proliferation is important for several reasons. First, arrest rates among juveniles for drug abuse violations represent a significant issue for juvenile justice systems. For example, the 2007 arrest rates for drug law violations for youth was nearly double that of 1990 (Puzzanchera, 2009). Second, prior studies have found juvenile involvement in crime is related to illicit drug use (Bennett, Holloway, & Farrington, 2008; Belenko & Dembo, 2003; Huizinga, Menard, & Elliot, 1989). Research also has found that juvenile drug offenders often recidivate at higher rates than non-drug offenders (Belenko & Dembo, 2003). Finally, a small body of scientific research has accrued that suggests JDCs may have a measurable impact on youth delinquency as well as a positive influence on youths' lives and families (Applegate & Santana, 2000; Henggeler, Halliday-Boykins, Cunningham, et al., 2006; Rodriguez & Webb, 2004; Sloan, Smykla, & Rush, 2004).

In contrast to adult drug courts, which Marlowe (2004) has characterized as the most thoroughly researched criminal justice intervention for drug-involved offenders, relatively little research has examined the functioning of juvenile drug courts (Bryan, Hiller, & Leukefeld, 2006; Butts and Roman, 2004; Hiller, et al., 2010). The primary aim of this study is to examine the everyday operations of a juvenile drug court. Such assessment is valuable for two main reasons. First, it provides needed information from which existing courts as well as teams planning programs may learn. To illustrate, the juvenile drug court field has adopted a set of elements, akin to the "10 Key Components" of adult drug courts (OJP, 1997), to distinguish JDC programs from other

intervention models. These elements are presented in the monograph *Juvenile Drug Courts: Strategies in Practice* (Bureau of Justice Statistics, 2003). Central among these strategies is having a team of professionals representing various stakeholders in the juvenile justice system working with a judge to provide direct supervision and support to drug-involved youth (i.e., Strategies 2 and 4). Guidance regarding how to put these strategies into practice, however, was purposely left somewhat vague to accommodate the myriad of ways that jurisdictions across the United States may differ. For example, courts are given general guidance to meet regularly (either with or without the judge present) in team conferences (often called prehearing staffings or team meetings) to share information and updates on a youth's performance in the program. This information, in turn, is recommended to form the basis for the judge's subsequent interaction with the youth during his or her next status review hearing. This paper presents a description of how one JDC holds its prehearing team meetings and status review sessions to provide one concrete example of how a team has interpreted the second and fourth strategies and put them into practice within their local jurisdiction.

A second reason more descriptive research is needed is to provide a clearer understanding of which JDC elements relate to participant outcomes both during and after their tenure in the program. Work by Marlowe and colleagues (Marlowe, Festinger, Lee et al., 2003; Marlowe, Festinger, Lee et al., 2006) on the relationship between the frequency of judicial review and drug use and criminal behavior is a rare example of research designed to isolate the effective components of adult drug courts. There is nothing analogous to this in the extant juvenile drug court literature, and basic descriptive research on how these programs are implemented can provide a basis on which to do more sophisticated studies for identifying which parts of the JDC are associated with favorable outcomes.

The primary objective of the current study, therefore, is to add to the limited JDC literature by describing the prehearing team conferences and status review hearings of one juvenile drug court program. A secondary objective relates to the need to understand which components are related to participant behavior during and after program participation. More specifically, data on the relationship between family involvement in the status review process (i.e., Strategy 12) and youth compliance with the program are presented.

## **METHOD**

### **Sample**

Only observational data were collected on demographic characteristics; as such, limited information was available for describing the juveniles in this JDC. The sample was comprised of 51 participants, on whom 272 observations were conducted. Ninety-eight percent of the participants were African American and 2% were Caucasian. A majority of the sample was male (92%). Although objective measures of the youths' age, prior criminal history, and use of illicit drugs were not collected, it should be noted that admission policies dictated that only youth between the ages of 14 and 17 years with two or fewer prior adjudications, and who reported using drugs on a daily basis, were eligible for program entry.

### **JDC Description**

The juvenile drug court program examined in the current study began operations in September 2004. It serves predominantly African American youth from the inner city areas of a large city in the Mid-Atlantic region of the United States. This program was designed to provide non-violent, substance-abusing youth with drug abuse treatment, intensive supervision, and case management services. In exchange for pleading guilty to a felony charge (typically a drug offense),

juveniles were given the opportunity to voluntarily complete the program. After fulfilling the requirements of the program, youth who remain arrest-free for one additional year have the charge and plea permanently expunged from their juvenile record.

Structurally, the juvenile drug court is divided into four phases. The first three phases are expected to take the participant at least six months to complete and include substance abuse treatment (provided through an intensive outpatient treatment program), case management, supervision through probation and contracted community providers, and urine drug testing. School attendance and progress are closely monitored as well. During the first and second phase of the program, youth are placed in intensive outpatient treatment (nine hours per week), randomly tested for drug use at least two times per week, and are expected to attend two drug court review sessions per month. Youth advance through the first three stages by meeting the goals in their individualized treatment plans. As they are promoted to higher phases, the intensity of treatment services and supervision is decreased. For example, when the youth is promoted to Phase 3, he or she attends five hours of substance abuse treatment per week, has a status hearing with the team and judge every three weeks, and has the terms of his or her community supervision reduced. Upon completion of the 3<sup>rd</sup> phase of the program, youth attend a commencement and then enter the 4<sup>th</sup> phase of the program. During this phase, they meet with the treatment court coordinator every week for the first month and report to the treatment court to update their status every six months for one year.

When participants are non-compliant with the program (that is, they have an unexcused absence from a treatment session, poor performance at school, or submit a drug-positive urine screen), the judge sanctions them during the next court hearing. Sanctions include receiving a verbal reprimand from the judge, having to write an essay related to

their non-compliant behavior, doing 4-12 hours of community service, and attendance at Respite (an experiential wilderness program). If a youth submits a positive urine drug screen, this triggers a reassessment of his or her drug use. If the assessment indicates the need for a higher level of care, then the youth may be referred to a short-term residential drug treatment program or some other form of more intensive treatment. If a higher level of care is not indicated from the assessment, the youth may receive another form of sanction or consequence. Youths also are rewarded for positive behavior by the team and the judge. Rewards include praise from the judge or team, applause during the court status hearing, and promotion to a higher program phase. Expungement of the record is the ultimate reward, and this is reserved for those who complete all requirements of the program.

### **JDC Team**

The juvenile drug court team consists of representatives from several stakeholder groups, including a juvenile court judge, coordinator, two attorneys from the district attorney's office, a public defender, a juvenile probation officer, an individual from the local school district, two representatives from the outpatient drug treatment program working with the youth, and one family therapist. Most of these professionals participated in the BJA-sponsored Drug Court Planning Initiative (DCPI) prior to beginning the program and were observed to work very well with each other. Demographically, 50% of the team was male; and 60% were African American and the remaining 40% were Caucasian. Prehearing conferences were attended by all team members but the judge, and these conferences were held immediately prior to the drug court status hearing. During these conferences, each team member had a copy of a written report that had been compiled by the coordinator using all of the information available on the participant since his or her last court review session. During the conference, each case



was discussed and any inaccuracies were corrected and any new information was added to the report. A copy of the updated report was shared with the judge immediately prior to the hearing to refer to as he reviewed each participant's status in the program.

### **Participant Observation Procedure**

Across approximately a 4-month time frame (June 13, 2006 to October 24, 2006), observational data were collected during each of 19 prehearing team meetings and subsequent status review hearings. In total, 272 different observations related to the team discussions of the youths' progress as well as the interaction between the judge and the youths during the court review session were coded. Non-reactive participant observation was deliberately chosen as the data collection method because it allowed investigators to examine the activities of participants and program personnel in a more natural manner not afforded by other common data collection methods (e.g., interviews, surveys; Hagan, 1997). During a full review of the project, the Temple University Institutional Review Board (IRB) granted a waiver of informed consent from the drug court participants because data were coded only with identifiers holding meaning solely to research staff (i.e., nothing that could personally identify the individual to anyone but research staff was recorded) and because the data collection method did not involve interacting directly with the youths. Observations of the prehearing team conference did involve minimal interaction between the researchers and the team. Thus, the IRB required collection of informed consent from the drug court team members. Informed consent signatures were collected prior to the commencement of data collection.

Based on an approach described by Satel (1998), a code sheet was developed to enable the systematic collection of observational data by the researchers. In the three weeks preceding the actual data collection interval, the principal

researcher attended each team conference and status hearing to train the two research assistants who would be responsible for data collection. As a part of this, the code sheet was modified several times to more accurately reflect program operations and improve the accuracy of data collected. As shown in Table 1, the final version of the code sheet was divided into two sections: one section for the prehearing conferences and a second section for the status hearings. General information was coded at the top of each sheet, such as the date of the observation, the observed gender and race or ethnicity of the participant, the time when the judicial review of the individual began, and the time it ended. There were five areas for which pre-hearing conference observations were coded, including treatment, education, supervision/case management, drug use, and recommended sanctions. For the drug court hearing, there were four areas for coding information. These included attendance at the hearing (both participant and family members), actual sanctions or rewards imposed, and the judge's demeanor with the participant.<sup>1</sup>

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<sup>1</sup> Results related specifically to the interactions between the judge and the participants are discussed in another manuscript targeted for juvenile court judges (Samuelson, Hiller, Henderson et al., under review).

**Table 1. Summary of Coding Instrument**

Variables Coded for  
General Information

Variables Coded for Pre-Conference Hearing

Variables Coded for Drug Court Hearing

- Date of hearing	<b><u>Treatment</u></b>	<b><u>Recommended Sanction</u></b>	<b><u>Attendance</u></b>	<b>Judge's Demeanor with <u>Participant</u></b>
- Time contact with Judge	- discussed	- discussed	- participant	
- Participant Ethnicity	- unexcused absence	- # hours community service	- family member	- tense v. relaxed
- Participant Gender	- unexcused lateness	- IHD	- mother	- stern v. friendly
	- attitude	- # days courtroom observ.	- father	- closed v. open
	- other	- ultimatum:	- other	- scolding v. encouraging
		- 30 days to show cause hearing	- judge addressed	- dismissive v. attentive
	<b><u>Education</u></b>	- 250 word essay	family member	
	- discussed	- verbal reprimand		
	- # unexcused absences	- # weeks delayed phase up	<b><u>Actual Sanction</u></b>	
	- # unexcused lateness	- # days of Respite	- imposed	
	- # suspensions	- other	- # hrs. community service	
	- # classes skipped/cut		- IHD	
	- other			

*Table 1 continues...*

**Supervision/Case Management**

- discussed
- # missed sight contacts
- # missed voice contacts
- other

**Drug Use**

- discussed
- urinalysis drug positive
- positive marijuana
- positive cocaine
- positive benzodiazepines
- positive other
- urinalysis missed
- urinalysis tampered/adulterated
- other

- # days courtroom observ.
- ultimatum:
- 30 days to show cause hearing
- 250 word essay
- verbal reprimand
- # weeks delayed up
- # days of respite
- other

**Rewards**

- given praise/acknowledgment
- phase promotion(to\_)
- other

A portion of the code sheet also was reserved for researchers to write narrative comments about what they observed. Within each area, several variables were coded for each observation. For example, the treatment area under the preconference hearing section included items for recording whether or not the team discussed anything about the youth's performance in treatment since his or her last review, whether the youth had skipped or been late to treatment sessions, and the youth's general attitude while in treatment. With regard to attendance at the drug court review hearing, coders marked whether the youth was present, whether family members attended, who those family members were (the judge asked each family member to introduce him or herself), and whether there was any dialogue between the family member and the judge.

### **Analytic Plan**

Data analyses focused on meeting the two objectives of the study: describing the prehearing team conference and drug court status review hearing, and determining whether there was a relationship between family involvement in the status hearings and the juveniles' in-program behavior. For the first objective, simple descriptive statistics, including percentages and averages, were calculated. The second objective required a series of correlations to be calculated between family involvement in the review sessions and the variables coded during the prehearing conference (e.g., whether the participant skipped treatment, submitted a positive drug test, or had poor behavior at school).

## **RESULTS**

### **Prehearing Team Meetings**

*Treatment.* Among the five areas that were coded during the prehearing team meetings, treatment was the most frequently mentioned topic, with the JDC team talking about

treatment during 161 of the 272 (59%) coded discussions. This aspect of the team discussion was led by a representative from the outpatient treatment program that youth were required to attend as a condition of the JDC program. The topics of the treatment conversations varied, but were most often focused on the youths' attendance and demeanor at treatment sessions. For example, during one session, the treatment representative stated that a participant had been disrespectful to his counselor and was not participating in group counseling sessions. When the participant was confronted about this behavior by the counselor, the participant "cursed her out." The JDC team then reached a consensus that the participant needed a sanction for this behavior and suggested one week of attendance at Respite Care (a wilderness experiential program for juvenile delinquents).

*Education.* Another common topic of discussion during the prehearing team conferences was the youths' education, which was observed to be mentioned during 106 of the 272 (39%) meetings. Led by a representative from the local school district, the majority of these conversations focused on educational status updates, such as changes in the youths' grade level, absences from school, tardiness, whether a participant had re-enrolled in high school, and any future educational plans they may have. For example, during one session, the school district representative reported that a participant had been promoted to 10th grade and was planning to attend a local community college after finishing high school.

*Supervision/Case Management.* Also frequently discussed was supervision/case management, which was mentioned during 112 of the 272 (41%) meetings. These reports were made by the juvenile probation officer on the team. For example, on one occasion, a participant received a negative report regarding compliance with IHD (in-home detention). The IHD officer reportedly saw him loitering on a

street corner and possibly selling drugs. The officer gave the participant a warning on the spot and referred the matter to the JDC team to investigate and address more fully.

*Drug Use.* Although the JDC regularly and randomly urine tested the youth for illicit drugs, this issue was discussed only during 49 of 272 (18%) pre-court observations. When discussed, the focus was on positive drug test results or on anomalies such as a missed drug test or a test that was suspected to be invalid. For example, during one session it was reported that the participant had missed a urine test and had subsequently refused to provide a sample. The team then discussed an appropriate sanction for this misbehavior and forwarded the recommendation to the judge. Even though information on both positive and negative drug-screen results was noted on the reports for the team meetings, the team was observed to rarely discuss drug-negative urine tests. Because positive or suspect drug tests were infrequent and received the lion's share of attention during the discussion, this finding illustrates the team's tendency to focus on negative behavior during the prehearing staffings rather than routinely noting positive behavioral indicators like negative drug screens.

*Recommended Sanctions.* For each case, when a non-compliant behavior (such as skipping a treatment session or being late to school) was reported, the JDC team reached a consensus about what sanction to recommend to the judge. A total of 69 sanctions were suggested during the 272 pre-court observations. These punishments ranged from writing essays (e.g., about the importance of attending school) to discharge from the program (reserved for those who had repeatedly refused to participate in various components of the program or who had been charged with a new crime). Rewards for adhering to the program requirements were not routinely discussed during the team conferences. When rewards were discussed, this was usually precipitated by the youth doing something particularly distinctive (e.g., receiving an award at

school). The most common rewards were verbal praise from the team and phase promotions, which were announced during the court review sessions. More tangible rewards, such as gift certificates, were not provided, although some members of the JDC team did informally reward success in the program by taking participants to lunch or purchasing gifts (e.g., sunglasses) for them.

### **Drug Court Status Review Hearings**

*Participant Attendance.* Immediately following the prehearing team conferences, the team would adjourn and reconvene in the juvenile judge's courtroom. The coordinator would share the updated reports with the judge with some brief discussion before the participants and family members were admitted. A participant was observed 12 times out of 272 observations to not be present when his or her name was called during the hearing, usually prompting the judge to issue a bench warrant demanding the youth appear. Later, these participants were sanctioned for this non-compliant behavior.

Each juvenile appeared before the judge an average of 4.9 times during the 4-month duration of the study. The median number of appearances was five, and ranged from 0 to 11 appearances. On average, the appearances lasted for 4.03 minutes, ranging from less than a minute to 11 minutes. The modal length of the judge-participant interaction was between 2 and 2.99 minutes, with 23% of the interactions lasting this long. In terms of the total amount of time youth interacted with the judge during the 4-month duration of the study, youth spent a total average of 15.27 minutes interacting with the judge. The median total amount of time before the judge was 12 minutes (range = less than 1 minute to 57 minutes).

*Family Attendance.* As shown in Table 2, a number of juveniles (21%) attended the court hearings by themselves,



but many had family members who were involved to some extent in the program. Thirty-seven participants (79%) had a family member appear in court at least one time, but the typical level of support was relatively low (median = family members attended 40% of the sessions). Approximately one-third of the youths had a family member present during 75% or more of their sessions.

In terms of which family members attended, it was much more likely that a mother attended as compared to a father or other family member. Approximately 70% of the youths had their mother attend court with them at least one time, approximately 25% had their father attend court at least one time, and approximately 37% had another family member (e.g., sibling, grandmother, grandfather, aunt, uncle) attend court at least one time. For 17% of the youths, mothers attended all of the court sessions, compared to only 2% of the fathers and 4% of other family members. Approximately 40% of the youths were accompanied by their mothers for up to 50% of the sessions, compared to 13% for the fathers, and 32% for other family members.

The observed responses by the family members during the court hearings varied by individual participants. These data were coded only for instances during which a family member directly interacted with the judge ( $n = 70$ ). Of these interactions, the majority (59%) of the family members' demeanors were rated as being "good," 27% were rated as "fair," and 14% were rated as being "poor." The following qualitative accounts are presented as examples to illustrate the variation in the family members' interactions with the judge. There were two separate instances during which a youth was placed in a residential treatment program for a longer period than was expected by the parent. One mother expressed her feelings in court by crying and another mother expressed her feelings in court by cursing and yelling. These expressions represent a somewhat negative interaction because they demonstrate the parents overtly disagreed with

the decisions made while in court. In other sessions, some parents interacted more positively during court, by smiling, thanking the judge, and shaking hands with the staff. Clearly, not only did the number of times a family member attended court vary, but the content and quality of the interactions with the court also varied.

### **Family Involvement and Participant Compliance**

The secondary focus of this study was to begin laying the foundation for research to determine which elements of the JDC are effective in enhancing outcomes. Because a youth's family has been repeatedly shown to be a significant influence on his or her delinquent behavior, and because one of the strategies of juvenile drug court is to engage the entire family in the process, the relationships between family involvement in the court sessions and the participants' during-program behavior (e.g., treatment attendance, drug test results) were examined.

**Table 2 Family Attendance at Treatment Court Hearings**

Attendance Rates at Court Hearings	
Percentage of Hearings <i>Any Family Member</i> Appeared in Court	
Average (Range)	49 (0-100)
Median	40
None	21.3
1-25% of the time	14.9
26-50% of the time	21.2
51-75% of the time	10.6
76-99% of the time	6.4
All	25.5
Percentage of Hearings <i>Mother</i> Appeared in Court	
Average (Range)	39 (0-100)
Median	33
None	29.8

*Table 2 continues...*

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1-25% of the time	17.1
26-50% of the time	23.3
51-75% of the time	8.5
76-99% of the time	4.2
All	17.0

Percentage of Hearings *Father* Appeared in Court

Average (Range)	12 (0-100)
Median	0
None	76.6
1-25% of the time	8.5
26-50% of the time	4.2
51-75% of the time	4.2
76-99% of the time	4.2
All	2.1

*Table 2 continues...*

Percentage of Hearings *Other Family Members* Appeared in Court

Average (Range)	11 (0-100)
Median	0
None	63.8
1-25% of the time	23.4
26-50% of the time	8.5
51-75% of the time	0
76-99% of the time	0
All	4.3

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As shown in Table 3, family involvement was significantly related to the youths' behavior in the program. Youths whose family members attended more status hearings were significantly more compliant with the program rules, such as attending treatment sessions, attending school and providing drug-negative urine tests.

**Table 3. Correlations Between Family Attendance at Drug Court Hearings and Participant Compliance**

Compliance Indicator	Percent of Hearings Attended by Any Family ( <i>r</i> )
Absent from Treatment	-.38**
Late to Treatment	-.33*
Absent from School	-.21
Late to School	-.31*
Positive Urine Screen	-.26†
Received a Sanction	-.38**

† $p < .10$ ; \* $p < .05$ ; \*\* $p < .01$

## DISCUSSION

This study adds to a small, but growing, body of empirical research studying juvenile drug courts, and presents a description of the activities occurring within both the prehearing team meetings and the judicial status review hearings. The data address a significant gap in the published literature on these two key aspects of a juvenile drug court. As such, these observations are useful because they provide an example of how one team interpreted the guidance given

by Strategies 2 and 4 in the monograph *Juvenile Drug Court: Strategies in Practice* (Bureau of Justice Assistance, 2003) to meet the needs of their local jurisdiction.

Systematic observation of numerous prehearing conferences and drug court status reviews provide insight into how these are conducted in one JDC that was implemented with a specific plan to abide by the 16 Strategies of juvenile drug courts. Specifically, findings related to prehearing conferences suggested that the most common areas addressed included substance abuse treatment, school performance, and supervision/case management. The results of urine drug tests (which were collected frequently and randomly from each participant) were discussed somewhat infrequently. It is unclear why this was the case. It was somewhat rare for a participant to test positive for an illicit drug, so it appears the team chose to only discuss the positive drug tests rather than focusing on the fact that a positive drug test had not occurred. The team's focus on the negative rather than positive behaviors of the participants might represent a series of missed opportunities to reward compliant behavior. As such, it may also be inconsistent with the 11<sup>th</sup> Strategy of juvenile drug courts, which urges a focus on the strengths of the participants and their families.

A secondary focus of the current study was to lay the foundation for future research that may elucidate which elements of the JDT are effective. Because family is a significant predictor of delinquent youth behavior, and because family involvement is encouraged by the 16 Strategies for JDCs, we examined the relationship between observed family involvement in the drug court hearings and behavioral indicators of whether the participants remained compliant with program rules. Consistent with previous research that has found a direct relationship between familial bonds and delinquency (Gilmore, Rodriguez, & Webb, 2005; Rodriguez & Webb, 2004), this study found that juveniles who had family members attend court sessions with them had

a lower likelihood of engaging in non-compliant behaviors. The more often a family member attended court, the lower was the probability that the youth would be late or absent from treatment, late to school, or receive a sanction for non-compliance. There was also a marginal trend toward lower rates of drug-positives urines as well.

Although a correlation between youth success and family attendance is clearly demonstrated here, the analyses performed do not allow any causal inferences to be drawn. Stated otherwise, the direction of this relationship is unclear. It may be that family members chose to attend court hearings when their juveniles were performing well. However, it is important to recognize that previous research has consistently revealed that family involvement in treatment is a key to desistance from delinquency, successful JDC outcomes, and reducing substance use among youth (Dishion & Andrews, 1995; Dishion & McMahon, 1998; Dishion, Nelson, & Kavanaugh, 2003; Gilmore, et al., 2005; Liddle et al., 2001, Rodriguez & Webb, 2004). Parenting practices can be influential in preventing substance use, as research consistently demonstrates effective parental monitoring is a key variable to inhibiting delinquent behaviors (Dishion, Nelson, & Kavanaugh, 2003).

Statistical analyses also revealed that family support varied substantially among these youth. Family levels of involvement were low for many of the youth, with about one fifth of the sample always attending court by themselves. Another 30% had family members who attended less than 50% of the sessions with them. Although a strictly correlational finding, family support was found to be related to compliance with the juvenile drug court program. The lack of engagement of family members in the JDC program brings into question the ability of the juvenile courts to accomplish their mission without a sufficient level of engagement of family members. The results of this study suggest that juvenile drug courts' effectiveness, to some degree, may rely



on the ability of the court to address participants' familial bonds. This point is underscored by the evidence-based literature on the importance of engaging and working with the delinquent youth's family and addressing dysfunctional family systems (Dishion & McMahon, 1998; Dishion, Nelson, & Kavanagh, 2003). Even more directly relevant are the findings of a randomized trial of Multisystemic Therapy (MST) and Contingency Management in a juvenile drug court (Randall, Halliday-Boykins, Cunningham, & Henggeler, 2001). Findings from this study showed that a family-focused therapy like MST enhanced the impact of a juvenile drug court on participants' during-program delinquency and drug use (Henggeler, et al., 2006). Anecdotally, the family therapist on the team often noted that participants who attended family therapy sessions (which was voluntary and infrequently used) had an "easier" time complying with the demanding requirements of the program.

### **Limitations**

There are several limitations with regard to this research. First, data were collected over a somewhat limited time frame. Therefore, analyses cannot be conducted longitudinally because data regarding long-term outcomes for participants were not collected. This prevents an examination of the program effectiveness over time as well as the ability to relate specific components of the program, namely the preconference team sessions, drug court reviews, and family involvement to longer-term goals, such as subsequent recidivism. Furthermore, the sample was mostly African American, which may limit the generalizability of the results to JDCs with greater racial or ethnic heterogeneity among program participants. Findings, however, may be somewhat generalizable to programs that operate in jurisdictions with large, impoverished inner city areas.

Limiting the measurement of family involvement to observations of their participation in the court reviews also is

problematic. Clearly, a family member may be involved in a child's life in a significant way, but still not attend court sessions. However, given the centrality of judicial review in JDC programs, parents may be expected to be particularly mindful of being at these sessions. Even though the timing of the court sessions (late afternoon on Thursdays) may have precluded the participation of some parents, one might also expect parents who wished to be involved, but couldn't, to ask a family member or friend to be there with their child. Regardless, future research should improve the limited observational measure by collecting more information (preferably with some form of standardized instrument) through surveys of the youths and family members.

In conclusion, the widespread use of juvenile drug court programs across the United States has led to a need for studies on how these programs are developed and implemented. It is hoped that the findings and conclusions of this study will have real value to practitioners who are interested in comparing their programs to other expressions of the drug court model as well as practitioners involved in designing new JDC programs. Perhaps of particular importance are the findings that family involvement was significantly related to youths' behaviors while in the program. This may provide a foundation for future studies that are specifically designed to determine which elements of the JDC are effective. Ultimately, knowing which parts of the JDC "work" and which do not would provide invaluable information for program design as well as clear direction on how to maximize participant outcomes.

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