

INTRODUCTION TO SPECIAL ISSUE ON JUVENILE DRUG TREATMENT COURTS

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Research on Juvenile Drug Treatment Courts (JDTCs)¹ has lagged considerably behind that of their adult counterparts. Although evidence is mounting that JDTCs can be effective in reducing delinquency and substance abuse, little is known about the factors that distinguish effective from ineffective programs. Recent review articles and meta-analytic studies concluded that JDTCs produced an average reduction in recidivism of only about 3 to 5 percent—which, although marginally statistically significant, is relatively small in magnitude (Aos, Miller, & Drake, 2006; Shaffer, 2006; Wilson, Mitchell, & MacKenzie, 2006). Importantly, however, the size of the effects varied considerably across programs, with some JDTCs having no effects whatsoever on recidivism, and others reducing recidivism by as much as 8 to 10 percent. In fact, when JDTCs have made substantial efforts to incorporate evidence-based treatments into their curricula and reached out to caregivers in the youths' natural social environments, reductions in delinquency and substance abuse have been reported to be as high as 15 to 40 percent (Henggeler et al., 2006; Shaffer et al., 2008).

These findings should come as no surprise, given that reviewers of substance abuse treatment programs have long recognized that outcomes for adolescents tend to vary widely (Waldron & Turner, 2008). Lackluster results have commonly been reported for programs that failed to offer evidence-based treatments, neglected to include family members or other caregivers in the interventions, or made

¹ These programs are variably referred to as juvenile drug treatment courts, juvenile drug courts, juvenile treatment drug courts and juvenile treatment courts throughout this special issue.

insufficient efforts to tailor the interventions to the cognitive and maturational levels of the juveniles (e.g., Fixsen et al., 2010; Rossman et al., 2004). It would seem that youthful substance-abusing offenders may be unusually intolerant of weak or ineffective efforts. With a relatively narrow margin for error, it is incumbent upon practitioners to “get it right” by honing their skills and targeting their interventions most effectively.

Four articles published in this Special Issue of the *Drug Court Review* fill critical gaps in the literature on JDTCs, and offer concrete guidance for JDTC practitioners to enhance their operations and improve their outcomes. In the first article, Melissa Ives, Ya-Fen Chan, Kathryn Modisette and Michael Dennis compared the services that were received and the outcomes that were produced for a national sample of youths ($n = 1,120$) enrolled in 13 JDTCs to those of a carefully matched comparison sample of youths enrolled in traditional adolescent outpatient (AOP) substance abuse treatment. Both the JDTC and AOP programs were receiving enhancement funding from the Substance Abuse and Mental Health Services Administration (SAMHSA) in an effort to achieve desired outcomes for high-risk youths with substance abuse problems, and thus they collected a common dataset of performance indicators and outcome measures.

Analyses at six months post-admission revealed that, on average, youths in the JDTCs received significantly more substance abuse treatment, family-based services, probation supervision and urine drug testing than did those in AOP, and they were significantly more satisfied with the services they received. Moreover, the JDTC participants reported significantly fewer days of substance use and significantly fewer days of emotional problems at the follow-up than their AOP counterparts. Taken together, these findings suggest that the superior effects of JDTCs might be explained, in part, by their ability to retain juveniles for longer periods of time in substance abuse treatment, apply more consistent supervision,

and engage family members and other caregivers in the interventions.

In a second article, Cindy Schaeffer, Scott Henggeler, Jason Chapman, Colleen Halliday-Boykins, Phillippe Cunningham, Jeff Randall and Steven Shapiro examined what are called the *mechanisms of action* of JDTC effectiveness. In a previous randomized, controlled study (Henggeler et al., 2006), these researchers found that JDTC was superior to traditional family court in reducing self-reported substance use and delinquent activity, and the effects were further enhanced by incorporating evidence-based treatments into the JDTC curriculum. The purpose of the present study was to explain *why* these beneficial outcomes might have been realized. Specifically, the goal was to determine what short-term changes were produced in the lives of the JDTC youths that were subsequently associated with better long-term outcomes.

The results revealed that the JDTC did a significantly better job than the traditional family court of improving caretakers' supervision and discipline of the juveniles, and reducing the juveniles' associations with delinquent and substance-abusing peers. Moreover, as hypothesized, these short-term improvements were associated with longer-term reductions in substance use and delinquency. These findings are highly consistent with a broad literature on effective treatments for delinquency. The key role of faulty parenting and deviant peer associations in maintaining delinquency and substance abuse is well supported by extensive research on the development of antisocial behavior in adolescents (Lieberman, 2008), as well as by mechanism-of-change studies for evidence-based treatments of juvenile offenders (e.g., Eddy & Chamberlain, 2000; Huey, Henggeler, Brondino, & Pickrel, 2000). Consistent with JDTC guidelines (U.S. Department of Justice, 2003) and recent suggestions for improving JDTCs (Hills, Shufelt, & Cocozza, 2009), the findings of Schaeffer and colleagues reinforce the importance

of family in achieving favorable youth outcomes. Also, consistent with a vast literature on the treatment of delinquency, the findings highlight the importance of limiting youths' association with deviant peers.

In a third study, Christopher Salvatore, Jaime Henderson, Matthew Hiller, Elise White and Benta Samuelson employed observational methods to examine the discussions and interactions occurring during JDTC prehearing team conferences and status hearings. Treatment attendance and the youths' demeanor during treatment were discussed most frequently during the prehearing conferences (59 percent of the discussions), followed by educational performance (39 percent of the discussions) and finally by drug test results (18 percent of the discussions). In general, the prehearing conferences were determined to be primarily focused on discussing problems with the youths' compliance in the program and the imposition of sanctions, rather than on therapeutic progress and taking a strengths-based approach. Given that a balanced focus on strengths and accomplishments has been associated with better outcomes among juvenile offenders, the results point to areas for further improvement in JDTC operations.

Perhaps most importantly, Salvatore and colleagues reported that a family member was present during an average of only about 50 percent of the status hearings, and 21 percent of the youths never had a family member attend a single status hearing during the course of the study. Yet, the attendance of a family member at status hearings was associated with significantly better attendance by the youths in substance abuse treatment, with the submission of more drug-negative urine screens (marginally significant) and with fewer sanctions from the judge. These latter findings highlight, yet again, the critical importance of family involvement in JDTCs in order to achieve favorable results.

Finally, Pamela Linden, Shelly Cohen, Robyn Cohen, Ann Bader and Michael Magnani describe their development and pilot-testing of a JDTC training curriculum. This important work holds the potential for reducing undue variability in the implementation of JDTCs and increasing fidelity to JDTC guidelines by systematizing training protocols. Based on extensive interviews with stakeholders (e.g., juvenile justice authorities, parents, youths and expert advisory board members) across nine JDTCs, the investigators developed a training curriculum that fit with federal guidelines (U.S. Department of Justice, 2003). Consistent with the aforementioned findings of Schaeffer et al. and Salvatore et al., the curriculum also emphasizes the importance of engaging families and strengthening parental authority, as well as severing ties with substance using peers. The curriculum was then implemented with several JDTCs that were in the planning or operational stages. Subsequently, the investigators revised the training curriculum based on the participants' feedback.

The next steps in this important line of research should be to determine whether the training curriculum promotes JDTC fidelity and, most importantly, whether fidelity matters in terms of eliciting significantly better youth outcomes. That is, do JDTCs that adhere to the guidelines have better outcomes than comparable programs that do not? Indeed, the link between program fidelity and youth outcomes has been demonstrated for several evidence-based treatments (Fixsen et al., 2010) and is a major rationale for the creation of "purveyor organizations" designed to continuously support and monitor program fidelity and youth outcomes in evidence-based programs.

In summary, the articles in this Special Issue address critical issues pertaining to JDTCs. Are JDTCs more effective than traditional adolescent outpatient services that largely bypass intensive judicial oversight? Which aspects of JDTCs are associated with more favorable youth outcomes?

How are JDTCs effectively developed, and how should staff members be trained to administer the intervention with fidelity? As is typical in behavioral research, the findings may raise as many questions as they answer. Nevertheless, we hope that the articles in this Special Issue are interesting and useful to the reader, and help to move the JDTC field further toward the identification and implementation of evidence-based practices and best-practice standards.

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