Published in final edited form as:

Crim Justice Policy Rev. 2014 September ; 25(5): 614–636. doi:10.1177/0887403413486342.

Staff Perspectives on Juvenile Drug Court Operations: A Multi-Site Qualitative Study

Amy A. Mericle¹, Steven Belenko^{1,2}, David Festinger¹, Jaymes Fairfax-Columbo¹, and Michael R. McCart³

¹Treatment Research Institute, Philadelphia, PA, USA

²Temple University, Philadelphia, PA, USA

³Medical University of South Carolina, Charleston, SC, USA

Abstract

Substance use is pervasive among youth, particularly among those involved in the juvenile justice system. Juvenile drug courts (JDCs) are a promising approach for delinquent youth with substance abuse issues. However, research regarding JDCs has shown inconsistent effects, and little is known about the specific components associated with positive outcomes. The current study examines data from interviews of JDC judges and team member focus groups in six JDCs from two contiguous southeastern states to identify stakeholders' perceptions about what places youth at risk for involvement in JDC and the factors that may contribute to successful outcomes. In addition, we examine these stakeholders' perceptions of the strengths and challenges facing their JDCs. Our findings highlight the importance of parents and specific strategies implemented by JDCs in influencing the outcomes of youth in JDCs and the importance of interagency collaboration and access to treatment and community resources for the overall success of JDCs.

Keywords

drug courts; juvenile justice; young offenders; parental responsibility

Substance use is a pervasive problem among youth in the United States. By the 12th grade, nearly 50% have used some type of illicit substance during the course of their lifetime, 40% have used these substances within the past year, and 25% have used them within the past month (Johnston, O'Malley, Bachman, & Schulenberg, 2012). Drug use is even more common among youth in the juvenile justice system. Four out of five (78%) of children and teens in the juvenile justice system show evidence of being under the influence during the commission of their offenses, and over half test positive for substances at the time of their arrest. Furthermore, upwards of 40% of delinquent youth exhibit clinically significant

© 2013 SAGE Publications

Reprints and permissions: sagepub.com/journalsPermissions.nav

Corresponding Author: Steven Belenko, Department of Criminal Justice, Temple University, Gladfelter Hall, 5th floor, 1115 Polett Walk, Philadelphia, PA 19122, USA. sbelenko@temple.edu.

Declaration of Conflicting Interests

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

symptoms of drug abuse upon entry into the juvenile justice system (National Center on Addiction and Substance Abuse at Columbia University, 2004).

High rates of adolescent drug use have caused substantial concern and led to development of interventions to address the problem. Following the model set by adult drug court programs in the criminal justice system (National Association of Drug Court Professionals, 1997), juvenile drug courts (JDCs) have emerged as one popular treatment alternative for delinquent youth with substance abuse issues. The first JDC opened in Visalia, California in 1995; 476 JDCs have since been opened in the United States, representing approximately 19% of the total number of substance abuse problemsolving courts in the United States (Huddleston & Marlowe, 2011).

JDCs are specialized dockets to which select drug-involved delinquents are referred. JDCs are overseen by a judge who heads a team of juvenile justice, law enforcement, mental health, social service, school, vocational training, prosecution, defense, probation, and treatment professionals. Participation is voluntary, and typical juvenile drug court involvement lasts approximately 1 year (National Drug Court Institute & National Council of Juvenile and Family Court Judges, 2003). JDCs are rehabilitative as opposed to punitive in nature, and as such drug treatment and behavior modification are key interventions. Other integral components of JDCs include drug screening and frequent status hearings in front of the judge, who in turn administers sanctions and incentives in accordance with juveniles' progress and program compliance (Crumpton et al., 2006; Hills, Shufelt, & Cocozza, 2009).

In contrast to the extensive empirical data on the adult drug court model, research on JDCs is more limited. Fewer studies have examined JDCs in general, and even fewer have rigorously examined the effectiveness of JDCs on outcomes such as drug use and delinquency. Of the studies that do exist, findings are mixed. Meta-analyses suggest that JDCs only marginally decrease delinquency (Aos, Miller, & Drake, 2006; Shaffer, 2006; Wilson, Mitchell, & MacKenzie, 2006). These findings are corroborated by the most recent systematic review of JDC effectiveness published by the Campbell Crime and Justice Group (Mitchell, Wilson, Eggers, & MacKenzie, 2012) which found that JDCs did significantly reduce drug use but they had no effect on drug-related crime and only modest effect on delinquency more generally.

However, some recent and more controlled studies suggest that JDCs may have a much greater impact. For instance, Henggeler and colleagues (2006) found that JDC participants reported significantly less alcohol, marijuana, and polydrug use than did a comparison group of juveniles in family court. They also found that JDC participants reported significantly less involvement in delinquent activity than did their family court counterparts, though this result did not hold when considering arrest records. In a study of four JDCs in Utah, Hickert and colleagues (2010) found that, at 30 months post-program, significantly fewer JDC participants had a new offense than a comparable sample of probationers (34% vs. 48%, respectively). Similarly, in a study of drug courts in Ohio, Shaffer and colleagues (2008) found that, at 28 months follow-up, significantly fewer JDC participants were rearrested than participants in the comparison group (56% vs. 75%, respectively).

Thus, although effect sizes vary, research indicates that JDCs can be successful in reducing drug use and delinquency. However, studies to date have yet to examine which components of JDCs are responsible for these outcomes. According to Belenko and Logan (2003) it is difficult to discern whether drug treatment used in JDCs conforms to the principles of existing evidence-based practices because little is known about the actual process by which drug treatment and other services are administered in these programs. Hiller, Malluche et al. (2010) characterize the JDC process as a “black box” in which the output from the “black box” tends to be focused on as opposed to the contents of the “black box.” Although measuring outcomes of JDC interventions is essential, identification, evaluation, and comparison of their effective components may provide critical information as to which aspects of drug court lead to better or poorer outcomes for participants. Similar concerns have been raised about the research base of adult drug courts (Belenko, Fabrikant, & Wolff, 2011; Goldkamp, White, & Robinson, 2001; Hiller, Belenko et al., 2010; Longshore et al., 2001).

Although there is substantial ambiguity in how JDC interventions are organized and implemented, the Bureau of Justice Assistance (BJA) in collaboration with the National Association of Drug Court Professionals (NADCP) has identified 10 components considered key in drug court interventions: (a) integrating treatment with justice system case processing, (b) utilizing a nonadversarial approach to promote public safety while also protecting the due process rights of participants, (c) promptly identifying and placing eligible participants in the drug court program, (d) providing access to a continuum of care, (e) monitoring abstinence by way of frequent screening, (f) utilizing a coordinated strategy to respond to participants’ compliance, (g) maintaining ongoing judicial interaction with individual participants, (h) monitoring and evaluating the achievement of program goals and effectiveness, (i) utilizing continuing inter-disciplinary education to promote effective planning, implementation, and operations and (j) forging partnerships among drug courts, public agencies, and community organizations to generate local support (National Association of Drug Court Professionals, 1997). In an examination of three successful JDCs, Hiller, Malluche et al. (2010) found that all three had implemented their interventions in a manner consistent with the established key components, suggesting that some of these components may help to drive the effectiveness of JDCs.

Given the relative dearth of research on JDCs, particularly on specific operational components and the organizational and participant characteristics associated with positive outcomes, the current study examines qualitative data collected from interviews with JDC judges as well as focus groups with drug court team members to identify stakeholders’ perceptions about what places youth at risk for involvement in JDC and the factors that may contribute to successful outcomes. In addition, we examine these stakeholders’ perceptions of the strengths and challenges facing their JDCs. With these data, we offer recommendations to help improve the outcomes of JDC participants and the implementation of evidence-based practices within JDC settings.

Method

This qualitative study was undertaken as part of a larger study examining the effectiveness of a strategy to enhance the capacity of JDCs to reduce youth substance-use and criminal behavior by incorporating components of evidence-based treatments into their existing services (Henggeler, McCart, Cunningham, & Chapman, 2012). With limited or inconsistent research on the operations, participants, and outcomes in JDCs, there is a need for inductive exploratory and descriptive research to help generate potential theories and hypotheses about the effects of JDCs. In contrast to quantitative methods such as surveys, qualitative research methods provide a highly informative way to explore and understand the strengths and challenges of JDCs (Miller & Crabtree, 1999). In particular, focus groups and qualitative interviews provide a greater breadth of data and allow the respondents to elaborate and enrich on their observations and experiences (Fontana & Frey, 2000). Given the state of JDC research thus far, using qualitative individual and group interviews to obtain the perspectives and observations of key JDC staff can allow a richer understanding of the strengths and challenges faced by these programs.

Participants

A total of six JDCs from two contiguous southeastern states participated in this aspect of the study (five from one state and one from a neighboring state). As Table 1 displays, all but one had been in operation for at least 5 years at the time of the study and half could be characterized as “postadjudication” drug courts. On average, these JDCs enrolled 18 new youth each year, although this ranged greatly (from 6 to 29) from court to court. All participating JDCs followed guidelines developed by the National Association of Drug Court Professionals (1997) and each court was administered by a broad-based team of professionals that included a judge and representatives from other agencies and disciplines (e.g., treatment providers, probation officers, prosecutors, and defense attorneys).

The judge from each of the participating courts participated in a semistructured interview. All judges were Caucasian; five of the six were male, and five of the six had worked in the juvenile justice field for 10 years or more. Other drug court team members participated in focus groups. Across the six JDCs, a total of 38 individuals participated in the focus groups and the size of each focus group ranged from four to 10 participants. Approximately 42% of focus group members were service providers. However, each focus group contained both treatment and juvenile justice representatives (e.g., prosecutors and defense attorneys, probation officers, court officials), and the drug court coordinator was present in all but one of the focus groups.

Recruitment and Data Collection Procedures

Focus groups members were recruited by the project director. All focus group included the JDC coordinator (generally an employee of the juvenile court system). That person was asked to nominate other staff that played key leadership roles in the JDC, and that represented the primary agencies involved with operating the JDC. These staff typically included a person from the states attorney’s office (prosecutor), juvenile probation officer, public defender, case managers, and various service providers such as substance abuse

treatment and family support services. An introductory email was sent to potential focus group members seeking their participation, and their interest was confirmed in follow-up emails or phone calls. For the interviews, each JDC judge was contacted through the JDC coordinator and an interview was scheduled.

Experienced senior researchers (authors SB and DF) from the Treatment Research Institute (TRI) obtained informed consent and collected the initial interview and focus group data for two of the study sites and trained project staff from the Medical University of South Carolina (MUSC) on how to conduct the other four interviews and focus groups. For both the interviews and focus groups, the aims of the study and the nature of the data to be collected were described to all participants, including all potential risks and benefits to participation. Participants were given an opportunity to ask questions and to discuss any potential concerns, after which judges and other drug court team members provided informed consent and participated in the interview or focus group. The semistructured judge interviews typically lasted 30 to 45 minutes and were audio recorded for later transcription and analysis. Focus groups with team members typically lasted 90 minutes and were also audio recorded and transcribed. There was no compensation provided to the respondents, and the study procedures and protocols were approved by the Institutional Review Boards of MUSC and TRI.

Measures

The question guide developed for the judge interviews and the focus groups were similar. The guide contained questions on factors that affect drug use and delinquency among high-risk youth, factors related to success in drug court, the role of family members in drug court, most and least successful aspects of drug court, use of behavioral management strategies, adequacy of staff training, willingness to adopt new practices and procedures, and interagency collaboration. Judges and focus group members were also invited to share any additional information that they felt might be relevant in the operation of their drug court. The current article focuses on analysis of data specifically pertaining to risk factors for involvement in JDC, factors enhancing success in JDCs, as well as programmatic successes and challenges. Basic descriptive data were collected during each interview and focus group to track the collection date, site, data type, moderator(s), first name and role of focus group participant, as well as any pertinent notes/comments about the data collection process. JDC coordinators were also asked to provide basic information about their court pertaining to type (e.g., pre- or postadjudication), receipt of federal funding, trainings attended, and evaluation and reporting activities.

Data Analysis

Taped interviews and focus groups were transcribed by project staff using an agreed upon set of transcription conventions (MacLean, Meyer, & Estable, 2004) and independently checked by another research assistant for accuracy (Tilley & Powick, 2002). Any discrepancies found were resolved by consensus. Transcripts were coded using coding and cross-case analysis techniques outlined by Miles and Huberman (1994) using NVIVO qualitative data analysis software (QRS International, 2008). Initial codes were developed

from the topics in the interview guide. The coding scheme was further developed as additional themes emerged from the content of the interviews (Crabtree & Miller, 1999).

Three senior project staff completed all of the coding (AAM, SB, DF). Two transcripts (one judge interview and one focus group) were randomly selected to be coded independently by all three senior project staff members and compared to assist in validating the coding scheme. Two additional transcripts (one judge interview and one focus group) were coded by two senior staff members (AAM, SB) to establish reliability of the coding process. Any coding discrepancies were discussed until consensus was achieved. All other transcripts were coded by one senior project staff member (AAM).

Following transcript coding, text segments within particular codes of interest were reviewed by another author (JFC) to further assess validity. Again, any questionable coding assignments were discussed until consensus was achieved. Finally, coded text segments were tallied and summarized to capture key findings across sites and participants (judges versus focus groups). Whenever quotes were used to exemplify topics or themes, care was taken to ensure that they represented the majority of views expressed (unless otherwise noted) and were taken from a variety of different individuals interviewed in order to represent, as much as possible, the voices of all participants.

Results

Although the interview and focus groups covered a wide variety of topics, given the gaps in the existing JDC research literature, we were specifically interested in these stakeholders' perceptions of risk factors for involvement in JDC, factors enhancing success in JDCs, as well as programmatic successes and challenges. The most common themes that emerged from the discussions of these topics are summarized below.

Risk Factors for Delinquency and Drug Use

Table 2 lists various risk factors for delinquency and drug use mentioned by both judges and focus group members.

As this table shows, judges and focus group members often identified similar risk factors for juvenile drug court involvement, but judges more often spoke of proximal risk factors (e.g., individual, parental, and peer risk factors). Although these were mentioned by focus group members too, the focus group members also frequently mentioned more distal risk factors pertaining to the environment and society. For example, each judge interviewed cited individual-level factors, such as lack of effort, motivation, and future orientation as risk factors for drug court involvement. As one judge noted:

“One thing that disturbs me about today’s generation is ... there is no planning. If you ask them what they are going to do when they grow up, they look like Krispy Kreme donuts. There’s a glazed look on their face. They haven’t even thought about [it] ... If you’re not looking at consequences of your act[ions] and building for the future, then you are not thinking about the future ... You are not as motivated to weigh the consequences of drug use.” (Judge, Site 4)

Both judges and focus group members frequently mentioned parents as a risk factor for drug court involvement. As one judge commented, “Just because you have children does not mean you’re a good parent. You always run into those who want to be buddies, they don’t want to be a momma or a daddy” (Judge, Site 1). Focus group members also mentioned parents as risk factors. In fact, this was noted in each focus group in nearly 30 different passages. As one focus group member summarized, “... lack of parenting skills is extremely important” (Focus Group Member, Site 3). When probed further about the role of parenting in increasing risk for drug court involvement, members of one focus group honed in on lack of parental supervision. As a member from this focus group explained, “... you have single parents who work, and there is not an adult there a lot of times to supervise them. They have siblings take care of siblings” (Focus Group Member, Site 2).

Although both judges and focus group members mentioned environmental and societal factors placing youth at risk, focus group members mentioned them more frequently. As one focus group member lamented:

“I pointed out to someone a few days ago that I think that it used to be the kids who got in trouble were the exception. Now it is becoming more the norm ... I think it has kind of flip flopped because what they are exposed to has changed so much, with the videos and the whole rap thing. I was one who said I think that rap affected children but I have changed my mind, it’s the whole lifestyle that they see, what they think is reality ... they are trying to emulate it.” (Focus Group Member, Site 6)

In sum, although judges and focus group members both identified similar risk factors for juvenile drug court involvement, judges most often cited individual-level risk factors whereas focus group members more often cited societal factors. Both groups, however, frequently mentioned poor parenting skills as a critical risk factor.

Factors Enhancing Success

After discussing factors that might lead to a juvenile’s involvement in a JDC program, judges and focus group members were asked about factors that enhanced clients’ successes in their JDC program. Table 3 lists the factors mentioned by judges and by focus group members.

Judges and focus group members focused on similar factors as being pertinent to enhancing drug court success. Judicial interventions were mentioned by both judges and focus group members most often, specifically judicial interventions that provided JDC participants with structure and helped to increase their self-esteem, as well as those that involved the court taking responsibility for participants in areas where family members as others may have lapsed. Regarding structure, both judges and focus group members suggested that consistency was key, with one focus group member commenting that, “The consistency of allowing those kids to see that ‘if I do what I’m supposed to do, I’m gonna get rewarded; if I screw up, I’m going to get sanctioned,’ and the consistency of it every time ... it changes the game plan ... ” (Focus Group Member, Site 5). Regarding self-esteem, both judges and focus group members indicated that recognition of participants’ successful efforts played an important role, with one judge noting that, “I didn’t realize [that] just giving them the

standing ovation, I mean not something monetary like gift certificates to a restaurant or a mall but an actual standing ovation and sometimes a hug, they need that” (Judge, Site 3). Both judges and focus group members also frequently mentioned judicial interventions in which the drug court assumed responsibility for the youth where others in their life (e.g., their parents or the school system) may be lacking as important. As one judge explained:

“I really think it is [the participant’s success is] because of the drug court family. A lot of times I think, you know, they’ve got their counselors. They’ve got the probation people. They’ve got someone checking in on them. They’ve got someone going to conferences with the teachers in the schools. They’ve got somebody that they’re sort of accountable to sometimes. I think that makes a difference. When I look back I think, “Why is that child succeeding?” It’s the same reason. Somebody cares. Somebody’s checking. Somebody’s doing what they need to do. (Judge, Site 5)

Judges and focus group members at almost all sites also recognized parental factors as being influential in enhancing drug court success, identifying both parents’ attitudes toward participating in drug court as well as their awareness of the seriousness of their child’s problems as key ingredients. Regarding the former, one focus group member stated, “I think the parents who come and say, ‘What can I learn from this?’ say it is the best thing that they have ever been through. The ones that come with their arms folded and say, ‘Doggone drug court is making me come to this class,’ they don’t get anything out of it. It’s up to you what you get out of it” (Focus Group Member, Site 3). Parental awareness of a child’s problems was also seen as critical. As one judge remarked:

“I think for the first time a lot of parents are slowing down and saying, ‘Oh my gosh, you know, my child’s got a problem. You know, something I thought was just growing pains or something I thought was just, you know, maybe some attitude problem, is more than that.’ And when they finally found out from drug court or a child gets in trouble, they say, ‘I need to be a little bit more involved. I need to know where he’s going. I need to have curfews. I need to check in with the school a little bit more and find out what’s going on.’ ... I think it seems parents are sort of re-engaging in children’s lives.” (Judge, Site 5)

Although both judges and focus group members most frequently mentioned judicial interventions and parents as critical to enhancing drug court success, judges at four sites also mentioned the importance of school factors and focus group members at five sites also mentioned the importance to treatment factors. With respect to school factors, judges spoke of the importance of supportive and caring teachers and school administrators. For example, one judge highlighted the investment of classroom teachers in helping JDC participants to be successful, saying, “I’ve seen that in the individual classroom teachers because they’re giving me those progress sheets every week and they’re making the comments on the side about, ‘Wow, he had a great week’ you know ‘He was a little bit off this week.’ So I think the actual classroom teachers are doing a good job” (Judge, Site 5). Regarding treatment factors, focus group members talked about the importance of having treatment providers on the drug court team who really understand how to engage and motivate youth who might be reluctant to share information with other team members. For example, one focus group

member, a treatment provider, commented that, "... we understand what motivates behavior ... we see these kids and we see them in situations where they're talking about very personal things that they're not going to share with the judge or with other people when they have the confidentiality in the group session" (Focus Group Member, Site 3).

In sum, the most commonly discussed factors enhancing JDC success among judges and focus group members pertained to interventions conducted by the JDC that provided participants with structure and helped to increase their self-esteem, as well as those that involved the court taking responsibility for participants in problem areas where family members as others may have lapsed. Judges and focus group members also recognized parental factors as being critical, identifying both parents' attitudes toward participating in drug court as well as their awareness of the seriousness of their child's problems as key ingredients. Judges also frequently mentioned the importance of school factors and focus group members also frequently mentioned the importance to treatment factors.

Barriers to Success—Although judges and focus group members were not specifically asked about barriers to success in JDC, both parties mentioned numerous factors that served as impediments to a participant's success (see Table 4).

In terms of such barriers, both judges and focus groups most frequently identified parental and individual factors as being key factors in limiting drug court success. In addition, judges at five sites also mentioned school factors as barriers, while focus group members at four sites also mentioned family factors as barriers.

Regarding parenting factors, judges identified three central issues: a lack of support on the part of the parents for their adolescent, generally poor parenting skills, and an unwillingness on the part of parents to recognize their adolescent's problem. Lack of commitment on the part of the parent was noted most often. As one judge stated:

"We have dismissed participants because of the parents. I mean, that's part of their initial orientation and their commitment to come and we've had kids where we saw the parents weren't committed to come in to the program ... even when the kid was coming. But you didn't have that support that you needed to successfully complete the program and they had to be dismissed from the program." (Judge, Site 3)

Judges often mentioned parents' unwillingness to recognize their child's problem impeded adolescents' chances of success in the JDC program. In fact, in referring to a specific case, one judge stated, "... he's [the JDC participant has] got a good family structure. He's got parents who care. It's just they're in denial. That's his only problem. If his parents only realized that, then we could (unintelligible) and he could go through it quicker. And that is the process that we go through in Drug Court. That is part of the process. It's not just to reeducate the kids but the parents" (Judge, Site 1).

Like judges, focus group members also expressed concern over a lack of parental support for their adolescents' as well as poor parenting skills as being contrary to success in the JDC program; however, focus group members also identified parents' own substance use as a barrier to JDC success. Focus group members noted that parental use sets a negative

example that is hard to counter, as the member stated, "... sometimes even the parents are using, so how are you supposed to tell the child, you're not allowed to use" (Focus Group Member, Site 5)?

Judges and focus group members were also in agreement about factors specific to the individual, such as negative attitude and traits, as being a key ingredient in adolescents' inability to be successful in the JDC program. For example, one judge commented, "some of them obviously are very resistant because they've never perceived the police or drug treatment people or a judge as anybody that's on their side (Judge, Site 2). Focus group members echoed similar sentiments, suggesting that individuals who were not invested in the drug court program and who didn't care about disappointing JDC personnel had more difficulty attaining success in the JDC program than did individuals who were so invested (Focus Group Member, Site 4).

Although judges and focus groups agreed on the aforementioned barriers as being key impediments to drug court success, judges also viewed school factors as being important while focus groups identified family factors as being integral to adolescents' difficulty in succeeding in the JDC program. Regarding school factors, judges suggested that a school's lack of cooperation and investment in JDC participants, and their quick-handed approach to expulsion made it more difficult for these participants to succeed, with one judge saying about a particular school:

"I think they were trying to run the kid out of school. They were elevating every infraction into expulsion grade material and try to run him out of the school. And you know, I had to end up defending him because of these infractions, how tardy he was, trying to be elevated into disturbing the school. It was incredible! It was a personality thing and they wanted to run this kid out. It didn't matter that we were trying to change the kid therapeutically." (Judge, Site 4)

Regarding family factors, focus group members often noted that poor family structure tended to undermine an adolescent's motivation to perform well in drug court, with one focus group member proclaiming, "... what we've learned is if you do not have a family structure, even if it's a bad family structure, something to work with, you know, you don't have anything to save" (Focus Group Member, Site 4).

In sum, although barriers to success were not specifically probed, they were mentioned in all judge interviews and focus groups. Many of the same factors that were mentioned as those enhancing success were also discussed as factors inhibiting success. Both judges and focus groups most frequently identified parental and individual factors as being key factors in limiting drug court success. Judges also mentioned school factors as barriers, while focus group members also mentioned family factors as barriers.

Programmatic Successes

In addition to being asked about factors that promoted participant success in JDCs, judges and focus group members were also asked about what they thought were the most and least successful aspects their programs. Table 5 lists factors that were identified as successful.

As this table shows, both judges and focus group members viewed high levels of interagency collaboration as a success of the JDC program, although judges mentioned it more frequently than did focus group members. Regarding this collaboration, judges and focus groups emphasized the ability of many agencies to work together within the JDC program as a success, with one judge saying:

“... in our meeting or in our staffings before we have court each day, each week, we have a representative from the Solicitor’s office there, a representative from the Public Defender’s office there, [name] is there, the probation officers are there. The school is sending school reports so we have the information from the schools. And, we also have the opportunity to talk with the parents to find out how everything is going. So to me the most successful thing is to be able to have everybody sort of knowing what everybody else is doing I think.” (Judge, Site 5)

In addition, judges and focus group members stressed the various agency’s vested interest in meeting the needs of juveniles as a success of JDCs, with one focus group member describing the JDC as “a community resource” and telling the story of an evaluation in which a treatment counselor found that not only did the client have a drug issue but also but had a history of suicidality, relating that, “before she [the treatment counselor] comes back to us and says, ‘Take this child,’ she wants to make sure that we’re the agency to provide the services that she needs” (Focus Group Member, Site 2).

Judges and focus group members also cited effective teamwork as a key success of their JDC program, though focus group members mentioned this more frequently than did judges. One focus group member noted the ability of JDC personnel to make decisions collectively, stating, “... as far as any decision, with so many it’s always staff that, everybody coming to the table with an open mind and discussing it. Sometimes they may interject some personal feeling, you may be for, you may be against, but in the end, decisions are made as a group in a cohesive effort” (Focus Group Member, Site 5). Judges echoed this sentiment, with one judge stating, “I have an extremely creative group. I think that we work extremely well together ... none of them are intimidated by me. I am not intimidated by them. We have a very, very open relationship and all of the decisions are made as a team for the best interests of the kids” (Judge, Site 3).

Programmatic Challenges

While both judges and focus groups agreed that their JDC programs had successes, they realistically acknowledged room for improvement and that their JDC programs did face their share of challenges. Table 6 lists factors that were identified as challenges to success.

As previously noted, both judges and focus group members considered collaborative efforts to be a success of their JDC programs; however, both groups also noted that collaboration could sometimes be quite challenging for them. For example, one judge voiced his displeasure with not having certain agencies represented in his JDC, stating, “... the Department of Juvenile Justice is not involved in our program. They went to all our initial training and when we went to get our grant, our federal grant, I don’t know how many years ago, they were involved, and then when we got to the actual implementation, they backed away” (Judge, Site 3).

In addition, judges and focus group members also expressed some frustration with the way in which client needs were assessed and treatment was administered in the JDC program, with one judge saying, "... I think we do a poor job usually assessing kids up front as to what service is the best for them. Instead, what we do is we say, 'Alright, I got this kid, the judge is screaming down my ear, down my neck to get them into some treatment service. So I'm going to find something that's available ... and I'll shoe horn this kid into that program'" (Judge, Site 6). Focus group members expressed similar frustrations, but also extended this frustration with treatment to the parents, as one focus group member stated:

"That's one thing that I really want to improve on, we haven't had the resources past couple of years. There's no longer parenting classes, or a lot of counseling for parents. When we lost that federal grant, we lost a lot of financial resources and then we've had to basically, keep a real tight budget and [unintelligible] like the spending problem." (Focus Group Member, Site 5)

Judges also identified a lack of community resources as an area of frustration for their JDC programs, often citing a lack of access to valuable treatment resources. As an example, one judge claimed that:

"Probably my biggest frustration is the access to inpatient commitments. There are just points where it is beyond ... there is sort of a hump you can't get over ... and oftentimes the only way to do it is inpatient for six to eight weeks. And to have to wait three, four, and five months ... by the time you have the offense it takes so long to get them in you can't incarcerate them for five months. You just need that immediacy in the response and that has probably been one of my greatest frustrations is that lack." (Judge, Site 4)

While judges identified a lack of community resources as a challenge for the JDC program, focus group members identified behavior management as an area in which the JDC program sometimes struggles, with the contingencies provided for good/bad behavior not always being strong enough to keep JDC participants away from negative influences. According to one focus group member, a reward that a JDC participant earns "is meaningful and it helps them" but that "sometimes it doesn't last long enough to keep them away from the other kinds of reinforcement that take them the other way" (Focus Group Member, Site 5).

In sum, although judges and focus group members both pointed most often to interagency collaboration and teamwork as programmatic successes, collaboration was also frequently mentioned by both groups as programmatic challenge. Judges and focus group members also expressed some frustration with the way in which client needs were assessed and treatment was administered in the JDC program. In addition, judges identified a lack of community resources as an area of frustration for their JDC programs and focus group members mentioned the way in which behavior management administered as an area in with the JDC program sometimes struggles.

Discussion

Given the relative dearth of research regarding JDCs, particularly their effectiveness and factors influencing their success, the aim of this qualitative study of six JDCs was to identify

stakeholders' perceptions about what places youth at risk for involvement in JDC as well as the factors that may contribute to their success in these programs. In addition, we sought to examine these stakeholders' perceptions of the strengths and challenges facing their JDCs. We found that judges and focus group members from the drug court teams identified several key factors that they thought increased an adolescent's risk for ending up in JDC programs, with these factors being individual, parental, peer-based, school-based, familial, environmental, or societal in nature. They also identified judicial interventions relating to providing structure, improving self-esteem, and taking responsibility for behavior as well as parental, school, and counseling-related factors as key in enhancing a juvenile's chance of success in JDC programs. Stakeholders cited parental issues such as insufficient support of their children, inadequate parenting skills, denying an adolescent's drug use, and parental use of substances as well as individual, school, and family-related factors as integral in impeding an adolescent's chances of success in JDC programs. In evaluating their JDC programs as a whole, both judges and focus group members agreed that their successes came in the realms of collaboration and teamwork; however, both groups noted room for improvement in areas of collaboration, treatment administration, access to community resources, and behavior management strategies.

Parental factors emerged as a very prominent theme in the interviews and focus groups. Indeed, judges and focus group members frequently cited parents as a risk factor for youth involvement in JDC. They also viewed parents as being critical to a youth's success or failure in drug court. These findings are consistent with decades of cross-sectional and longitudinal research showing that maladaptive parenting represents one of the strongest influences on substance use problems among youth (Dishion & Loeber, 1985; Loeber & Dishion, 1983; Smith & Stern, 1997). Further, these results are in line with studies indicating that parents represent a central vehicle of change for youth receiving treatment for delinquency and substance use (Eddy & Chamberlain, 2000; Henggeler et al., 2009; Huey, Henggeler, Brondino, & Pickrel, 2000). Interestingly, judges and team members discussed that because of the prevalence of maladaptive parenting among JDC-involved families, the court routinely adopts a parenting role by closely monitoring youth and dispensing rewards or punishments based on youth behavior. Although this approach has the potential to yield positive changes among JDC participants, those changes might not be sustained following a youth's involvement in drug court. Ideally, caregivers would also need to learn better parenting skills so they can continue to hold youth accountable post-JDC. Given the concerns expressed by JDC judges and staff about the impacts of parents on JDC outcomes, more proactive outreach to and support for JDC participants' parents are probably needed, as well as access to parenting classes and support groups such as Al-Anon. In addition, the economic strains on many of these families means that many may be working several jobs and thus not able to supervise their children as closely as desired. This suggests the potential importance of after-school program to increase supervision for JDC participants.

As a supplement to court-imposed interventions, it might also be important to incorporate family-based treatments, which commonly target parenting skills, into the JDC setting. At present, there are three leading evidence-based family treatments for youth substance use, including multisystemic therapy (Henggeler et al., 1998; Pickrel & Henggeler, 1996; Shiedow & Henggeler, 2008), functional family therapy (Alexander & Parsons, 1982;

Sexton, 2011; Waldron & Brody, 2010), and multidimensional family therapy (Liddle, 2010; Rowe & Liddle, 2008). Unfortunately, those interventions are somewhat costly and complex, which likely limits their adoption by drug courts. Alternatively, researchers recently evaluated a comparatively less complex family-based contingency management intervention (Henggeler, Cunningham, et al., 2012) integrated into drug courts. Results from that trial provide preliminary support for the effectiveness of contingency management in addressing the treatment needs of JDC-involved youth and their caregivers (e.g., see Henggeler, McCart, Cunningham, & Chapman, 2012). Nevertheless, more research on this and other familybased protocols for youth in drug court is clearly needed.

Although the exact mechanisms of action of JDCs remain unknown, judges' and team members' discussion of factors that influenced the success of JDCs comports with several of the key components of drug courts as delineated by NADCP. Both judges and stakeholders generally agreed with the importance of integrating treatment and court supervision (key component 1), that eligible participants should be identified early and promptly placed in the drug court program (key component 3), that they should offer a continuum of alcohol, drug, and other related treatment and rehabilitation services (key component 4), that interactions between the judge and clients are essential (key component 7), and that building partnerships among drug courts, public agencies, and community-based organizations enhances their effectiveness (key component 10).

In discussing the factors related to JDC program success, the responses of the judge and focus group respondents were clearly consistent with much of the recent theory and research on organizational change and innovation, especially in multisystem environments (Taxman & Belenko, 2012). Our respondents pointed to interagency collaboration and communication, as well as staff cohesion and teamwork as necessary for program success. Research on behavioral health interventions for offenders has found that interagency collaboration and communication are related to greater improvements in client outcomes (Fletcher et al., 2009; Oser, StatonTindall, & Leukefeld, 2006; Taxman, 2008), and a number of theoretical discussions and empirical studies have pointed to the importance of organizational cohesion and shared goals for successful treatment outcomes (Aarons & Sawitsky, 2006; Simpson & Dansereau, 2007; Taxman & Belenko, 2012). New research is needed in the JDC environment to further our understanding of these organizational and systems factors within the JDC context (Hiller, Maluche et al., 2010).

JDC judges and JDC team members also consistently pointed to gaps in the quality and availability of treatment and other community services, as well as the need for improved clinical assessments. Similar service gaps have been noted in studies of adult drug courts (Peyton & Gossweiler, 2001; Taxman & Bouffard, 2002), but the problems may be particularly acute in JDCs, given the known gaps in evidence-based adolescent treatment in the community (Henggeler, 2007; Winters, 1999), and resource constraints that limit the availability of residential treatment (Aarons, Wells, Zagursky, Fettes, & Palinkas, 2009; Kaminer, 2001).

There are several important limitations to this study that must be considered when interpreting the findings. This study was conducted in a small group of JDCs located in a

relatively small region of two adjoining southeastern States. As such, it is unknown whether the results would generalize to other JDCs or juvenile offender populations in other geographic regions. Relatedly, the focus groups and judge interviews were restricted to 38 stakeholders in total, with varied representativeness across the six participating sites. Although the focus groups and interviews for each court typically included representatives from the state attorneys' office (prosecutors), juvenile probation officer, public defender, case managers, and various service providers such as substance abuse treatment and family support services, the number of representatives varied by court as a function of size and availability. This varied representativeness may have influenced the findings. For example it is possible that representatives with more unfavorable opinions of the court and its practices might have been less likely to attend the focus groups.

Finally, findings of this study were based solely on self-report and qualitative data. Although the study employed highly standardized focus group materials including the judges and stakeholder guides and standardized transcript coding procedures, the data reflect individual perceptions and opinions, which may be based on attribution rather than fact. It is quite possible that other unmeasured factors may have influenced individual perceptions and views of the court and clients, or that more weight was placed on certain elements because of the differential valence of specific situations. For example, a stakeholder or group of stakeholders may have focused on a certain issue that happened more recently, or that was more salient, even if it was less representative.

Future research on the instrumental components of drug courts is needed to identify effective organizational and client-level factors that affect outcomes. This could involve examining various performance indicators, both process and content, as potential predictors of outcomes, or conducting a series of randomized controlled studies to systematically examine various key components of the court. As more interventions are empirically tested within JDC settings, greater understanding of its active mechanisms will become known. Continued research is also needed on how to more broadly and effectively integrate evidence-based interventions (such as family-focused interventions, contingency management, and cognitive-behavioral therapies) that address the challenges and barriers noted by JDC staff in our study (Henggeler et al., 2006; Henggeler, McCart et al., 2012).

Summary and Conclusions

Substance use is a pervasive problem among youth in the United States. JDCs have emerged as a promising approach to dealing with youth with substance abuse issues. Unlike adult drug courts, research regarding JDCs is quite limited. Although some research indicates that JDCs can be successful in reducing drug use and delinquency, effect sizes tend to be varied, and no studies to date have examined exactly which components of JDCs are most influential regarding these outcomes. In our qualitative study of factors placing individuals at risk for JDC involvement and factors enhancing individual success in JDC, parents were noted by both judges and focus group members as critical determinants in whether youth became involved in and succeed in JDC. Judicial interventions that provided structure, improved self-esteem, and assumed responsibility for youth were cited as key to promoting success in JDC programs. Although judges and focus group members in the JDCs studied

were able to point to programmatic successes, they also noted that interagency collaboration and treatment issues still presented challenges. As the number of evidence-based practices for substance abusing adolescents grows, the implementation of these into JDCs will become even more pressing. Studies on factors that promote and inhibit the implementation and adoption of these interventions in JDCs will be increasingly critical.

Acknowledgments

In addition to study participants, the authors would like to thank Jennifer Shackleford, Michele Lanier, and Jennifer Browder for their assistance in scheduling and conducting the interviews and focus groups, and to also thank Ann Ashby for providing key administrative support over the course of the project.

Funding

The author(s) disclosed receipt of the following financial support for the research, authorship, and/or publication of this article: This research was supported by grant R01DA13066 from the National Institute on Drug Abuse to the Medical University of South Carolina (Scott Henggeler, Principal Investigator).

Author Biographies

Amy A. Mericle, PhD is a Research Scientist at the Treatment Research Institute. She completed doctoral studies at the University of Chicago and completed post-doctoral studies at the University of California, San Francisco. Dr. Mericle is a health services researcher; her work focuses on examining unmet treatment needs of vulnerable populations and innovative service delivery approaches to address these needs.

Steven Belenko, PhD is Professor in the Temple University Department of Criminal Justice. He is also adjunct Professor at the Department of Psychiatry at the University of Pennsylvania School of Medicine, and is Director of the Methods Core for the Center for Behavioral Health Services and Criminal Justice Research at Rutgers University. Dr. Belenko's research focuses on the implementation of evidence-based treatment and other services into the criminal justice and juvenile justice systems, the impact of substance abuse and other health problems on the adult and juvenile justice systems, and developing and testing organizational change strategies to improve implementation of treatment and other health services for offenders.

David Festinger, PhD is the Director of TRI's Section on Law and Ethics Research and an Adjunct Assistant Professor of Psychiatry at the University of Pennsylvania School of Medicine. Dr. Festinger holds a PhD in clinical psychology, Masters Degrees in both counseling and clinical health psychology, and is a licensed clinical psychologist. He is a fellow in the American Psychological Association's Division of psychopharmacology. Dr. Festinger's research has focused primarily on bringing experimental research methods to bear on major ethical questions facing research participants in substance abuse research, empirically isolating the active mechanisms of drug courts, and developing empirically based dispositional procedures for substance abusing offenders.

Jaymes Fairfax-Columbo received his BA in Honors Psychology and Political Science at Swarthmore College. He is currently a JD/PhD Candidate in Clinical-Forensic Psychology at Drexel University, where he is mentored by Dr. Dave DeMatteo, JD/PhD. His research

interests include diversionary courts; psychopathology; substance abuse/treatment; and risk assessment, reentry planning, and recidivism reduction both in general and for high-profile offenders. At the time this article was written, Jaymes was a Research Assistant in the Behavioral Treatments and Applications division of the Treatment Research Institute.

Michael R. McCart, PhD is the Assistant Director of the Family Services Research Center and an Assistant Professor in the Department of Psychiatry and Behavioral Sciences at the Medical University of South Carolina. Dr. McCart earned his PhD in clinical psychology from the University of Wisconsin-Milwaukee. His research focuses on the development, evaluation, and dissemination of evidence-based treatments for juvenile delinquency and adolescent substance use.

References

- Aarons GA, Sawitzky AC. Organizational culture and climate and mental health provider attitudes toward evidence-based practice. *Psychological Services*. 2006; 3:61–72. [PubMed: 17183411]
- Aarons GA, Wells RS, Zagursky K, Fettes DL, Palinkas LA. Implementing evidence-based practice in community mental health agencies: A multiple stakeholder analysis. *American Journal of Public Health*. 2009; 99:2087–2095. [PubMed: 19762654]
- Alexander, J.; Parsons, BV. *Functional family therapy*. Brooks/Cole Publishing Company; Monterey, CA: 1982.
- Aos, S.; Miller, M.; Drake, E. *Evidence-based public policy options to reduce future prison construction, criminal justice costs, and crime rates*. Washington State Institute for Public Policy; Olympia, WA: 2006.
- Belenko S, Logan T. Delivering more effective treatment to adolescents: Improving the juvenile drug court model. *Journal of Substance Abuse Treatment*. 2003; 25:189–211. [PubMed: 14670524]
- Belenko S, Fabrikant N, Wolff N. The long road to treatment: Models of screening and admission into drug courts. *Criminal Justice and Behavior*. 2011; 38:1222–1243.
- Crabtree, BF.; Miller, WL. Using codes and code manuals: A template organizing style of interpretation. In: Crabtree, BF.; Miller, WL., editors. *Doing qualitative research*. 2nd ed.. SAGE; Thousand Oaks, CA: 1999. p. 163-177.
- Crumpton, D.; Carey, SM.; Mackin, JR.; Finigan, MW.; Pukstas, K.; Weller, JM.; Brekhuis, J. *Maryland drug treatment courts: Interim report of the effectiveness of juvenile drug courts*. NPC Research; Portland, OR: 2006.
- Dishion TJ, Loeber R. Adolescent marijuana and alcohol use: The role of parents and peers revisited. *The American Journal of Drug and Alcohol Abuse*. 1985; 11(1-2):11–25. [PubMed: 4061428]
- Eddy JM, Chamberlain P. Family management and deviant peer association as mediators of the impact of treatment condition on youth antisocial behavior. *Journal of Consulting and Clinical Psychology*. 2000; 68:857–863. [PubMed: 11068971]
- Fletcher BW, Lehman WE, Wexler HK, Melnick G, Taxman FS, Young DW. Measuring collaboration and integration activities in criminal justice and substance abuse treatment agencies. *Drug and Alcohol Dependence*. 2009; 103(Supplement 1):S54–S64. [PubMed: 20088023]
- Fontana, A.; Frey, JH. The interview: From structured questions to negotiated text. In: Denzin, NK.; Lincoln, YS., editors. *Handbook of qualitative research*. 2nd ed.. SAGE; Thousand Oaks, CA: 2000. p. 645-672.
- Goldkamp JS, White MD, Robinson JB. Do drug courts work? Getting inside the drug court black box. *Journal of Drug Issues*. 2001; 31:27–72.
- Henggeler SW. Juvenile drug court: Emerging outcomes and key research issues. *Opinions in Psychiatry*. 2007; 20:242–246.
- Henggeler, SW.; Cunningham, PB.; Rowland, MD.; Schoenwald, SK.; Swenson, CC.; Sheidow, AJ.; Randall, J. *Contingency management for adolescent substance abuse: A practitioner's guide*. Guilford Press; New York, NY: 2012.

- Henggeler SW, Halliday-Boykins CA, Cunningham PB, Randall J, Shapiro SB, Chapman JE. Juvenile drug court: Enhancing outcomes by integrating evidencebased treatments. *Journal of Consulting & Clinical Psychology*. 2006; 74:42–54. [PubMed: 16551142]
- Henggeler SW, Letourneau EJ, Chapman JE, Borduin CM, Schewe PA, McCart MR. Mediators of change for multisystemic therapy with juvenile sexual offenders. *Journal of Consulting and Clinical Psychology*. 2009; 77:451–462. [PubMed: 19485587]
- Henggeler SW, McCart MR, Cunningham PB, Chapman JE. Enhancing the effectiveness of juvenile drug courts by integrating evidence-based practices. *Journal of Consulting and Clinical Psychology*. 2012; 80:264–275. [PubMed: 22309470]
- Henggeler, SW.; Schoenwald, SK.; Borduin, CM.; Rowland, MD.; Cunningham, PB. Multisystemic treatment of antisocial behavior in children and adolescents. Guilford Press; New York, NY: 1998.
- Hickert, AO.; Becker, E.; Prospero, M. Evaluation of Utah juvenile drug courts: Final report. Utah Criminal Justice Center, University of Utah; Salt Lake City: 2010.
- Hiller M, Belenko S, Taxman F, Young D, Perdoni M, Saum C. Measuring drug court structure and operations: Key components and beyond. *Criminal Justice and Behavior*. 2010; 37:933–950.
- Hiller ML, Malluche D, Bryan V, DuPont ML, Martin B, Abensur RL, Payne C. A multisite description of juvenile drug courts: Program models and during-program outcomes. *International Journal of Offender Therapy and Comparative Criminology*. 2010; 54:213–235. [PubMed: 19106251]
- Hills, H.; Shufelt, JL.; Cocozza, JJ. Evidence-based practice recommendations for juvenile drug courts. National Center for Mental Health and Juvenile Justice; Delmar, NY: 2009.
- Huddleston, W.; Marlowe, DB. Painting the current picture: A national report on drug courts and other problem-solving court programs in the United States. National Drug Court Institute; Alexandria, VA: 2011.
- Huey SJ, Henggeler SW, Brondino MJ, Pickrel SG. Mechanisms of change in multisystemic therapy: Reducing delinquent behavior through therapist adherence and improved family and peer functioning. *Journal of Consulting and Clinical Psychology*. 2000; 68:451–467. [PubMed: 10883562]
- Johnston, LD.; O'Malley, PM.; Bachman, JG.; Schulenberg, JE. Monitoring the future: National survey results on drug use, 1975-2011: Volume I, Secondary school students. Institute for Social Research, The University of Michigan; Ann Arbor: 2012.
- Kaminer Y. Alcohol & drug abuse: Adolescent substance abuse treatment: Where do we go from here? *Psychiatric Services*. 2001; 52:147–149. [PubMed: 11157107]
- Liddle, HA. Treating adolescent substance abuse using multidimensional family therapy. Guilford Press; New York, NY: 2010.
- Loeber R, Dishion T. Early predictors of male delinquency: A review. *Psychological Bulletin*. 1983; 94:68–99. [PubMed: 6353467]
- Longshore D, Turner S, Wenzel S, Morral A, Harrell A, McBride D, Iguchi MY. Drug courts: A conceptual framework. *Journal of Drug Issues*. 2001; 31:7–26.
- MacLean LM, Meyer M, Estable A. Improving accuracy of transcripts in qualitative research. *Qualitative Health Research*. 2004; 14:113–123. [PubMed: 14725179]
- Miles, MB.; Huberman, AM. Qualitative data analysis: An expanded sourcebook. 2nd ed.. SAGE; Thousand Oaks, CA: 1994.
- Miller, WL.; Crabtree, BF. Clinical research: A multimethod typology and qualitative roadmap. In: Crabtree, BF.; Miller, WL., editors. *Doing qualitative research*. 2nd ed.. SAGE; Thousand Oaks, CA: 1999. p. 3-29.
- Mitchell, O.; Wilson, D.; Eggers, A.; MacKenzie, D. Drug courts' effects on criminal offending for juveniles and adults. *Campbell Systematic Reviews*; 2012.
- National Association of Drug Court Professionals. Defining drug courts: The key components. Office of Justice Programs, U.S. Dept. of Justice; Washington, DC: 1997.
- National Center on Addiction and Substance Abuse at Columbia University. Criminal neglect: Substance abuse, juvenile justice and the children left behind. Author; New York, NY: 2004.
- National Drug Court Institute. National Council of Juvenile and Family Court Judges. Juvenile drug courts: Strategies in practice. Bureau of Justice Assistance; Washington, DC: 2003.

- Oser CB, Staton Tindall M, Leukefeld CG. HIV testing in corrections agencies and community treatment programs: The impact of internal organizational structure. *Journal of Substance Abuse Treatment*. 2006; 32:301–310. [PubMed: 17383554]
- Peyton, EA.; Gossweiler, R. Treatment services in adult drug courts: Report on the 1999 National Drug Court Treatment Survey. U.S. Department of Justice, Drug Courts Program Office; Washington, DC: 2001. National Criminal Justice Reference No. NCJ 188085
- Pickrel SG, Henggeler SW. Multisystemic therapy for adolescent substance abuse and dependence. *Child and Adolescent Psychiatric Clinics of North America*. 1996; 5:201–211.
- QRS International. *NVIVO version 8.0* (Qualitative data analysis software). QRS International Pty Ltd.; Melbourne, Australia: 2008.
- Rowe CL, Liddle HA. Multidimensional family therapy for adolescent alcohol abusers. *Alcoholism Treatment Quarterly*. 2008; 26:105–123.
- Sexton, TL. Functional family therapy in clinical practice: An evidence-based treatment model for working with troubled adolescents. Routledge/Taylor & Francis Group; New York, NY: 2011.
- Shaffer, DK. Reconsidering drug court effectiveness: A meta-analytic review. Department of Criminal Justice, University of Nevada; Las Vegas: 2006. Doctoral dissertation
- Shaffer DK, Listwan SJ, Latessa EJ, Lowenkamp CT. Examining the differential impact of Drug Court services by court type: Findings from Ohio. *Drug Court Review*. 2008; 6:33–66.
- Sheidow AJ, Henggeler SW. Multisystemic therapy for alcohol and other drug abuse in delinquent adolescents. *Alcoholism Treatment Quarterly*. 2008; 26:125–145.
- Simpson DD, Dansereau DF. Assessing organizational functioning as a step toward innovation. *Addiction Science and Clinical Practice*. 2007; 3:20–28.
- Smith CA, Stern SB. A review of family process and intervention research. *Social Service Review*. 1997; 71:382–420.
- Taxman FS. No illusion, offender and organizational change in Maryland's proactive community supervision model. *Criminology and Public Policy*. 2008; 7:275–302.
- Taxman FS, Bouffard J. Treatment inside the drug treatment court: The who, what, where, and how of treatment services. *Substance Use and Misuse*. 2002; 37:1665–1689. [PubMed: 12487238]
- Taxman, F.; Belenko, S. Implementing evidence-based practices in community corrections and addiction treatment. Springer; New York, NY: 2012.
- Tilley SA, Powick KD. Distanced data: Transcribing other people's research tapes. *Canadian Journal of Education*. 2002; 27:291–310.
- Waldron, HB.; Brody, JL. Functional family therapy for adolescent substance use disorders. Guilford Press; New York, NY: 2010.
- Wilson DB, Mitchell O, MacKenzie DL. A systematic review of drug court effects on recidivism. *Journal of Experimental Criminology*. 2006; 2:459–487.
- Winters K. Treating adolescents with substance use disorders: An overview of practice issues and treatment outcome. *Substance Abuse*. 1999; 20:203–225. [PubMed: 12511829]

Table 1Site Characteristics ($N = 6$).

	<i>n</i>	%
Year started		
2002	1	16.7
2003	3	50.0
2004	1	16.7
2007	1	16.7
Funding source		
City	1	16.7
County	3	50.0
State	0	0.0
Federal	1	16.7
Private	1	16.7
Ever received federal funding	4	66.7
Number of youth enrolled/year (<i>M, SD</i>)	18	8.6
Team size (<i>M, SD</i>)	12	5.2
Type of court		
Preadjudication	1	16.7
Postadjudication	3	50.0
Both	1	16.7
Missing	1	16.7
Team ever attended structured training	5	83.3
Team observed other juvenile drug courts	4	66.7
Ever formally evaluated	2	33.3
Required to submit performance reports	4	66.7

Notes: These data were collected in July 2010. One site involved in the baseline qualitative study was no longer operating when these data were collected. Data on year started, funding source, number of clients enrolled annually, and team size for this site was abstracted from a summary report provided to TRI by MUSC on 12/20/09.

Table 2

Risk Factors for Delinquency and Drug Use.

	<u>Focus groups</u>		<u>Judge interviews</u>	
	Sites	Passages	Sites	Passages
Environmental	6	17	3	5
Family	5	12	4	5
Individual	4	10	6	9
Parental	6	29	5	10
Peer	5	13	5	10
School	3	5	5	10
SES	4	8	3	3
Societal	6	20	4	8
Other	1	1	1	1

Notes: SES = Social Economic Status.

Table 3

Factors Enhancing Success.

	<u>Focus groups</u>		<u>Judge interviews</u>	
	Sites	Passages	Sites	Passages
Counseling/treatment	5	10	2	2
Environment	2	3	3	3
Family	2	2	2	6
Judicial interventions				
Addressing parental use	0	0	1	1
Educating parents	2	2	1	1
Improving self-esteem	4	16	5	11
Preventing client use	3	4	2	3
Providing structure/ accountability	6	22	5	12
Supporting parents	2	3	0	0
Taking responsibility	4	13	5	9
Other	1	1	1	1
Parental factors	5	16	5	12
Individual factors	4	10	2	4
Peers	2	2	1	1
School	2	2	4	6
SES	0	0	1	1
Other	2	3	0	0

Notes: SES = Social Economic Status.

Table 4

Factors Presenting Barriers to Success.

	<u>Focus groups</u>		<u>Judge interviews</u>	
	Sites	Passages	Sites	Passages
Counseling/treatment	2	2	0	0
Environment	3	5	4	4
Family factors	4	12	4	6
Individual factors	5	9	5	13
Judicial interventions	1	1	0	0
Parental factors				
Denial of problems	3	4	3	5
Lack of support	5	26	5	17
No time/too busy	3	4	2	5
Parental substance use	4	8	3	4
Poor skills	5	23	4	14
Other	1	2	1	2
Peers	3	3	3	4
School	3	6	5	10
SES	3	4	3	5
Other	2	2	0	0

Notes: SES = Social Economic Status.

Table 5

Programmatic Successes.

	<u>Focus groups</u>		<u>Judge interviews</u>	
	Sites	Passages	Sites	Passages
Behavior management	4	5	3	3
Client attitudes	3	3	2	2
Collaboration	5	15	4	9
Community resources	3	5	3	6
Engaging parents	4	17	3	8
Judge	4	9	1	1
Outcomes				
Keeping clients clean	1	1	0	0
Keeping clients out of the systems	0	0	1	1
Promoting citizenship	4	4	3	3
Other	2	3	1	1
Retention	1	1	0	0
Teamwork	5	17	4	6
Treatment	3	5	3	7
Other	1	1	1	1

Table 6

Programmatic Challenges.

	<u>Focus groups</u>		<u>Judge interviews</u>	
	Sites	Passages	Sites	Passages
Behavior management	5	8	1	2
Client attitudes	2	3	1	2
Collaboration	6	14	4	15
Community resources	4	12	4	7
Engaging parents	3	8	1	3
Judge	2	3	1	1
Outcomes				
Keeping clients clean	1	1	1	1
Other	2	6	4	6
Retention	3	4	0	0
Slots	4	8	3	6
Staff turnover	2	2	4	4
Teamwork	1	1	1	1
Treatment	5	11	4	8
Other	4	10	1	1