THE FACTS ON JUVENILE DRUG TREATMENT COURTS[1]

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Research on Juvenile Drug Treatment Courts (JDTCs) has lagged considerably behind that of its adult counterparts. Although evidence is mounting that JDTCs can be effective at reducing delinquency and substance abuse, the field is just beginning to identify the factors that distinguish effective from ineffective programs.

Effectiveness

Prior to 2006, meta-analytic studies[2] concluded that JDTCs reduced delinquency by an average of only about 3 to 5 percent greater than comparison programs, such as juvenile probation (Aos et al., 2006; Shaffer, 2006; Wilson et al., 2006). Although marginally statistically significant, this difference is small in magnitude. Fortunately, newer findings are more encouraging, which suggests the programs may be getting better at their operations with increasing experience.

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[2] Meta-analysis is an advanced statistical procedure that yields a conservative and rigorous estimate of the average effects of an intervention. It involves systematically reviewing the research literature, selecting out only those studies that are scientifically defensible according to standardized criteria, and then statistically averaging the effects of the intervention across the good-quality studies (e.g., Lipsey & Wilson, 2002).

A recent large-scale study in Utah found that participants in four JDTCs (n = 622) recidivated at a significantly lower rate than a matched comparison sample of juvenile drug-involved probationers (n =596) (Hickert et al., 2010). At 30 months post-entry, 34% of the JDTC participants had been re-arrested for a new juvenile or adult offense, as compared to 48% of the probationers ($p < .05$). In addition, the average time-delay before the first new arrest was approximately a full year later for the JDTC participants ($p < .05$). Similarly, a multi-site study in Ohio found that JDTC participants (n = 310) were significantly less likely than matched juvenile probationers (n = 134) to be arrested for a new offense at 28 months post-entry (56% v. 75%, $p < .05$) (Shaffer et al., 2008).

The most reliable findings come from experimental studies, in which participants are randomly assigned to different treatment conditions (e.g., Heck, 2006; Marlowe, 2009). In a well-controlled experiment, Henggeler et al. (2006) randomly assigned juvenile drug-involved offenders (n = approximately 30 per group) to traditional family court services, JDTC, or JDTC enhanced with additional evidence-based treatments.[3] The results revealed significantly lower rates of substance use and delinquency for the JDTC participants as compared to the family court, and the effects were further increased through the addition of the evidence-based treatments. This study provides strong scientific support for the potential effectiveness of JDTCs in reducing substance use and delinquency.

Cost-Effectiveness

Evaluators are just beginning to measure the cost-benefits and cost-effectiveness of JDTCs. A cost evaluation of the Clackamas County (Portland) JDTC (Carey et al., 2006)

[3] The enhanced evidence-based treatments were Multi-Systemic Therapy (MST) and contingency management (CM), alone and in combination. MST is a manualized intervention that trains parents, teachers and other caregivers to assist in managing the juvenile's behavior. CM involves providing gradually escalating payment vouchers for drug-negative urine specimens and other positive achievements.

found that fewer JDTC participants were re-arrested at 2 years post-entry than a matched comparison sample of juvenile probationers (82% vs. 44%); yet, despite cutting recidivism rates nearly in half, the average cost-saving per participant was only about $971 over the 2-year period. The reason for this was that terminated JDTC participants served significantly more juvenile-detention time than comparison participants, thus sopping up much of the cost-savings that would have been realized from lower recidivism rates.

In contrast, a cost evaluation of a JDTC in Maryland reported net savings exceeding $5,000 per participant over 2 years (Pukstas, 2007). In this study, the JDTC participants not only recidivated at a significantly lower rate than the comparison probationers, but they also served significantly less time in juvenile detention and residential facilities. Because the program did not over-apply detention as a sanction for termination, the net cost savings were more in line with the reduction in juvenile offending.

Best Practices

Research reveals that the effect sizes (ESs) for JDTCs vary widely across programs, with some JDTCs having no effect on recidivism (e.g., Cook et al., 2009; Wright & Clymer, 2001; Anspach et al., 2003) and others reducing recidivism by as much as 8 to 15 percentage points (Rodriquez & Webb, 2004; Crumpton et al., 2006). In fact, when JDTCs have taken 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 as high as 15 to 40 percent (Hickert et al., 2010; Henggeler et al., 2006; Shaffer et al., 2008).

These findings should come as no surprise. Reviewers of substance abuse treatment interventions have long known that outcomes for adolescents tend to vary greatly between

programs (e.g., 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 insufficient efforts to tailor their 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 JDTC practitioners to "get it right" by honing their skills and targeting their interventions most effectively from the outset.

Several risk factors have been reliably associated with juvenile delinquency and substance abuse in numerous research studies. These include ineffective supervision and inconsistent disciplinary practices on the part of the juveniles' guardians, as well as frequent associations with deviant peers and low engagement in prosocial activities on the part of the juveniles (e.g., Eddy & Chamberlain, 2000; Huey et al., 2000). Not surprisingly, JDTCs have been most successful when they targeted these specific risk factors.

In the randomized study described earlier (Henggeler et al., 2006), the investigators found that the JDTC did a significantly better job than the traditional family court of improving parental supervision and discipline of the juveniles, and reducing the juveniles' associations with deviant peers (Schaeffer et al., in press). These short-term improvements were found, in turn, to "mediate" (that is, go on to produce) longer-term reductions in substance use and delinquency. These early findings suggest that JDTCs have the potential to out-perform conventional juvenile probation or family court services, but perhaps only to the extent that they use their leverage over the juveniles and their guardians to enhance caregiver supervision, improve caregiver disciplinary practices, and reduce the juveniles'

associations with delinquent peers. If JDTCs do not focus their efforts on these key risk factors, they may be unlikely to achieve significant improvements in outcomes.

Recent studies are providing guidance on how JDTCs can achieve these effects. One study examined the relationship between guardians' attendance at status hearings in a JDTC and youth outcomes (Salvatore et al., in press). The results revealed that the more often caregivers attended status hearings, the less often the juveniles were late to or absent from treatment, were tardy or absent from school, provided positive drug tests, or received sanctions for behavioral infractions in the program. Research in *adult* drug courts has long demonstrated that court hearings are a central ingredient of the intervention (e.g., Carey et al., 2008; Festinger et al., 2002; Marlowe et al., 2006, 2007). It now appears the same may hold true for JDTCs, but with one important caveat: The courtroom interactions should serve, at least in part, to teach the caregivers how to interact effectively with their teens and apply consistent behavioral consequences.

A related finding comes from a multi-site study of three JDTCs in Iowa, in which two of the programs were supervised by volunteer community panels rather than by judges (Cook et al., 2009). No differences were found in rates of new arrests for juvenile or adult offenses over a follow-up period of 4½ years. Of perhaps greater concern, there were no differences in re-arrest rates between the JDTC graduates and terminated participants, thus indicating the programs were generally ineffective. These disappointing results might be attributable to the fact that judges did not supervise roughly two-thirds (62%) of the participants. If, as in the case of adult drug courts, judicial status hearings are a key component of JDTCs, then it should not be surprising that dropping this key ingredient would hinder effectiveness.

Conclusion

Early studies on JDTCs yielded mixed results, but recent findings are giving cause for greater optimism as the programs have become more adept at their operations. Significant positive outcomes have been reported for JDTCs that adhered to best practices and evidence-based practices identified from the fields of adolescent treatment and delinquency prevention. These practices include requiring parents or guardians to attend status hearings; holding status hearings in court in front of a judge; avoiding over-reliance on costly detention sanctions; reducing youths' associations with drug-using and delinquent peers; enhancing parents' or guardians' supervision of their teens; and modeling consistent and effective disciplinary practices. More research is needed to replicate these findings and identify other practices that can further enhance outcomes in JDTC programs.

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