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**Document Title:** Developing Juvenile Drug Court Practices on Process Standards: A Systematic Review and Qualitative Synthesis

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**Document Number:** 250441

**Date Received:** December 2016

**Award Number:** 2014-DC-BX-K001

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Developing Juvenile Drug Court Practices on Process Standards:

# **A Systematic Review and Qualitative Synthesis**

**November 2016**

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**This project was supported by Grant # 2014-DC-BX-K001 awarded by the Office of Juvenile Justice and Delinquency Prevention, Office of Justice Programs, U.S. Department of Justice.**

**The opinions, findings, and conclusions or recommendations expressed in this report are those of the authors and do not necessarily reflect those of the Department of Justice.**

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## Structured Abstract

**Objectives.** The objective of this study was to systematically review the evidence on implementation barriers and facilitators, and other process issues related to juvenile drug courts, referred to herein as juvenile drug treatment courts (JDTCs), including systemwide contextual factors. This review focused on program factors directly relevant to the success of a JDC such as program fidelity, demographics of subjects, program elements, and JDC structure, as well as other potential moderators of effectiveness.

**Search methods.** We searched the following databases and Internet resources for eligible studies: American Society of Criminology conference proceedings, Academy of Criminal Justice Sciences conference proceedings, Campbell Library, Chestnut Health Systems website, CINAHL, Clinical Trials Register, Cochrane Library, ProQuest Dissertations & Theses Global, ERIC, Google Scholar, International Bibliography of the Social Sciences, International Clinical Trials Registry, JMATE conference proceedings, National Drug Court Institute website, National Criminal Justice Reference Service, NIH RePORTER, NPC Research website, ProQuest Criminal Justice, ProQuest Dissertation & Theses: Full Text, ProQuest Education, ProQuest Family Health, ProQuest Health & Medical Complete, ProQuest Health Management, ProQuest Nursing & Allied Health, ProQuest Psychology, ProQuest Science, ProQuest Social Science, ProQuest Sociology, PsycARTICLES, PsycINFO, PubMed (drug treatment studies only), RAND Drug Policy Research Center website, Sociological Abstracts, The Drug Court Clearinghouse via American University's Justice Programs Office website, University of Cincinnati School of Criminal Justice website, and the Urban Institute website. We examined the references found in research reviews, meta-analyses, and eligible studies. The search strategy was tailored to each database or website with the goal of identifying all relevant process and implementation studies of JDCs. The search process identified 7,261 titles and abstracts that were initially screened for potential relevance. This resulted in 572 titles and abstracts that were examined more carefully by two independent coders. This process produced 286 documents that were retrieved and for which the full text was examined to determine final eligibility, resulting in 59 eligible and coded studies.

**Eligibility.** Both qualitative and quantitative evidence were eligible. A study must have examined a JDC and provided quantitative or qualitative evidence regarding JDC process issues. Purely theoretical discussions of JDC operations and other editorial or thought pieces were not included. A study that collected data within a JDC but did not evaluate something related to the functioning of the JDC was not included, such as a study using JDC clients to examine peer influence on drug use. Also excluded were process evaluations restricted to determining a JDC's adherence to the National Drug Court Institute and National Council of Juvenile and Family Court Judges' "16 strategies" without an assessment of barriers or facilitators of implementing these strategies, or the value of them.

**Systematic review methods.** Meta-aggregation was the method used for this systematic review, as outlined by the Cochrane Collaboration. This approach involved the extraction of study findings (i.e., a text summary or direct quote), the assessment of the quality of the evidence supporting the finding, and the categorization of the findings into conceptual groups. These conceptual groups were then subjected to thematic analysis using standard qualitative data analytic techniques to arrive at an interpretative summary of each grouping of findings. A credibility of evidence assessment (questionable, low, moderate, and high) was assigned to each interpretive summary statement, which reflected the highest quality assessment achieved by at least two findings that contributed to an interpretive statement.

**Findings.** The 477 findings extracted from the 59 studies were aggregated into 14 broad conceptual categories that reflected different aspects of the juvenile drug court system. Forty interpretive statements were developed across these categories, which reflect a broad range of process issues. Most of these statements were rated as moderate ( $n = 10$ ) or high ( $n = 21$ ) in terms of credibility of evidence reflecting a moderately strong connection between the study finding and the quantitative or qualitative evidence. The bulk of these statements focused on family members as stakeholders in the JDC process; standards for ensuring accountability, such as the consistent application of behavioral contingencies; and various needs of JDC participants, such as mental health treatment.

**Conclusions.** The findings demonstrate the complexities of implementing the conceptually simple JDC model. Youth and their families arrive at a juvenile drug court with a range of needs that extend beyond the youth's substance use and involvement in other delinquent behavior, including mental health needs, a history of trauma, and learning disabilities. Families may be prepared to effectively partner with the court to facilitate a youth's engagement in treatment services and comply with court expectations. However, families may experience obstacles to this partnership, such as parental substance abuse, or they may actively work against the JDC process. Furthermore, JDCs exist within a broader institutional and social context and rely on services available within the community and on support from various stakeholders. The quality and effectiveness of these services (e.g., substance abuse treatment, mental health treatment) will directly affect outcomes for youth and their families.

# Introduction

## Juvenile Drug Treatment Court Model

The fundamental logic of a drug court, whether adult or juvenile, is to use the legal tools available to the court to keep drug offenders in substance abuse treatment. This objective is accomplished through sanctions for failures to comply with court requirements and rewards for successes, ideally leading to graduation from the program, the withdrawal of the charges that brought the individual into the court, or the expungement of the conviction from their record (National Association of Drug Court Professionals, 1997; U.S. General Accounting Office, 1997). The underlying assumption is that involvement in substance abuse treatment and other stipulated services will reduce substance use and result in a reduced likelihood of engagement in other criminal behavior.

The juvenile drug treatment court (JDTC) model has three main components. The first is the youth and their families who enter the JDTC. The model assumes that a youth entering a JDTC has a substance use disorder of sufficient severity to require treatment and that the substance use is contributing to his or her involvement in other delinquent or problem behaviors. The second component is the court itself. The JDTC model takes a nonadversarial courtroom approach and strives to coordinate community treatment and recovery services for a youth and his or her family. To enhance treatment engagement and abstinence from substance use, the court uses behavioral contingencies (sanctions and rewards) that fall within the legal scope of the court. The final component of this model is the inclusion of community services. The simplicity of this model obscures the complexities of successfully implementing such a program. The youth served by these programs have complex needs and vary considerably in terms of developmental maturity. The focus of this systematic review synthesizes what the field has learned about this complexity and how it can help JDTCs evolve in ways that enhance the likelihood of achieving their desired goals.

## Prior Reviews of Juvenile Drug Courts Implementation Standards

The development of practice standards for JDTCs is an important aspect of facilitating the implementation of best practices given the complexities associated with youths and families served by the court, as well as the broader community within which the court operates. Our current effort to develop new standards builds on the prior standards developed in 2003 by the National Drug Court Institute (NDCI) and the National Council of Juvenile and Family Court Judges (NCJFCJ). The Juvenile Drug Courts: Strategies in Practice or the “16 strategies” developed by NDCI and NCJFCJ outlined principles JDTCs should consider in the operation of a JDTC, ranging from planning, collaborating, and monitoring and evaluating to gender-appropriate services, family engagement, and confidentiality. However, these principles were not research informed nor did they constitute a “regulatory checklist” for drug courts (NDCI &

NCJFCJ, 2003, p. 1). NDCI and NCJFCJ were careful to note that the “16 strategies” were not blueprints for change and improving efficacy, but they provided a roadmap to better organize a field seeking to address youth substance disorders differently.

Similarly, the National Center for Mental Health and Juvenile Justice in conjunction with the Louisiana Supreme Court Drug Court Office developed recommendations for juvenile drug courts (Hills, Shufelt, & Cocozza, 2009). The primary purpose of these recommendations was to inform the identification and execution of strategies to improve intervention practices, and not necessarily to recommend what the appropriate implementation practices are. These recommendations focused on three distinct areas in which a JDTC could model its practices to maximize efficacy. These included screening and assessment, treatment, and outcome monitoring. These recommendations went beyond the “16 strategies” in terms of quantity but were limited in scope and focused more on actionable items.

Cooper (2002) outlined lessons learned from the proliferation and initial implementation of JDTCs. The lessons Cooper (2002) highlighted translate to outstanding needs JDTCs should address. These needs include, but are not limited to, the development of strategies to motivate youth involvement in drug courts, which address negative peer influence, family needs, and training for judges, probation staff, treatment staff, and other service providers. While Cooper (2002) conceded a final juvenile drug treatment model has yet to emerge, critical program elements have. These elements were informed by initial implementation experiences of juvenile drug treatment courts and include nine elements in total. The critical program elements are similar to the earlier identified needs with the exception of addressing negative peer influences. One distinctive program element emphasizes using an adolescent-centered treatment approach, complete with individualized treatment for youth and their families.

Belenko and Logan (2003) proposed a three-phase model for planning, implementation, and evaluation of JDTCs. However, instead of offering recommendations, Belenko and Logan’s model emphasized planning that should incorporate elements related to the external environment, infrastructure, and program environment. Additionally, the second phase of their model involved implementation with the use of assessments and program interventions that address risk factors and strengthen family and community bonds. Finally, the last phase of their model, the evaluation phase, calls for “an initial evaluation with program monitoring, self-assessment, and program modification; process evaluation; and outcome evaluation” (p. 202). Belenko and Logan (2003) advocated for this model to maximize and marry the effectiveness of existing local resources with treatment research to ultimately enable JDTCs to deliver research-informed interventions.

Meanwhile, van Wormer and Lutze (2010) highlighted the importance of JDTCs in building a strong foundation to fully implement the “16 strategies.” van Wormer and Lutze (2010) emphasized strong team dynamics, collaboration, and decision making as key ingredients to

building a sound foundation to strengthen JDTC programs and practices. The authors argued that greater attention must be paid to creating and implementing a solid JDTC model. In addition, they noted a properly developed JDTC should experience four phases of development to ensure fidelity and strengthen outcomes. These developmental phases include collaborative planning and design, implementation, stabilization through active monitoring of implementation to avoid drift, and institutionalization through structural and professional integrity.

The field has produced multiple attempts to examine the development of JDTCs, their inner workings, and future practices. Together these efforts, including creating guiding principles, establishing lessons learned, developing recommendations, or designing proposals for operating models, signal the need to create an informed consensus around JDTC implementation standards.

## **Objective**

The objective of this study was to systematically review the evidence on implementation barriers, facilitators, and other process issues related to JDTCs, including systemwide contextual factors. This review focused on program factors directly relevant to the success of a JDTC, such as program fidelity, demographics of subjects, program elements, and JDTC structure, as well as other potential moderators of effectiveness.



# Methods

## Inclusion and Exclusion Criteria

Both qualitative and quantitative evidence were eligible. A study must have examined a JDTC and provided quantitative or qualitative evidence regarding JDC process issues. Purely theoretical discussions of JDC operations and other editorial or thought pieces were not included. The specific screening criteria used to determine the eligibility of studies included the following:

1. *Intervention*: The study must have examined a juvenile drug program or an analogous specialized juvenile court that included the following features: a specialized court for handling drug-involved cases that are processed in a nonadversarial manner, referral of youth to appropriate treatment programs, and inclusion of a judge who actively monitors progress. Note that any program that self-identified as a JDC was eligible for inclusion; although some programs may not self-identify as JDCs, they could still be eligible if they met the criteria noted above.
2. *Participants*: Data were collected on the youth participants of the JDC or any other individual involved in the delivery of JDC program or related services.
3. *Research designs*: Both quantitative and qualitative research designs that examined any aspect of the JDC were included. Eligible quantitative studies included any research collecting quantifiable data related to the functioning of a JDC and presenting it in a statistical form. This includes purely descriptive studies, correlational studies, and quasi-experimental and experimental studies. Eligible qualitative studies included any study relying on observational and/or unstructured/semistructured interviewing methods. Publications or manuscripts that reviewed articles were not eligible. In addition, thought pieces that represented the expert opinion of the author and were not based on data (qualitative or quantitative) collected on individuals actively involved in a JDC, either as participants or providers, were not included.
4. *Outcomes (findings)*: Findings related to implementation or process issues, broadly defined, were eligible for this review. Findings related to effectiveness or impact were not eligible but are included in the meta-analysis on the effectiveness of JDCs that is part of the larger JDC project.
5. *Publication date, type, and source*: Research must have been published (or authored) after 1988, as the first known drug court was started in 1989. Studies must have been conducted in the United States, Canada, the United Kingdom, or Australia. There were no restrictions on the type or form of publication; any relevant article, chapter, technical report, or conference paper was eligible as long as it met the other eligibility criteria.

Furthermore, a study that collected data within a JDC but did not evaluate something related to the functioning of the JDC was not included, such as a study using JDC clients to examine peer influence on drug use. Also excluded were process evaluations restricted to determining a JDC's

adherence to the NDCI and NCJFCJs “16 strategies” without an assessment of barriers or facilitators of implementing these strategies, or the value of them.

## **Search Strategy**

We searched the following databases and Internet resources for eligible studies: American Society of Criminology conference proceedings, Academy of Criminal Justice Sciences conference proceedings, Campbell Library, Chestnut Health Systems website, CINAHL, Clinical Trials Register, Cochrane Library, ProQuest Dissertations & Theses Global, ERIC, Google Scholar, International Bibliography of the Social Sciences, International Clinical Trials Registry, JMATE conference proceedings, National Drug Court Institute website, National Criminal Justice Reference Service, NIH RePORTER, NPC Research website, ProQuest Criminal Justice, ProQuest Dissertation & Theses: Full Text, ProQuest Education, ProQuest Family Health, ProQuest Health & Medical Complete, ProQuest Health Management, ProQuest Nursing & Allied Health, ProQuest Psychology, ProQuest Science, ProQuest Social Science, ProQuest Sociology, PsycARTICLES, PsycINFO, PubMed (drug-treatment studies only), RAND Drug Policy Research Center website, Sociological Abstracts, The Drug Court Clearinghouse via American University’s Justice Programs Office website, University of Cincinnati School of Criminal Justice website, and the Urban Institute website. We also examined references found in research reviews, meta-analyses, and eligible studies. The search strategy was tailored to each database or website with the goal of identifying all relevant process and implementation studies of JDCs.

## **Screening and Coding Procedures**

Screening, as well as the coding of individual studies, was completed in a customized database using FileMaker Pro. This database consisted of six different levels of coding: a screening level to determine potential study eligibility based on the title and abstract, an eligibility level to complete a full-text review of study eligibility based the inclusion criteria, and two coding levels to extract data from a study’s characteristics and overall findings. Two additional coding levels were created to complete double coding at the study and finding levels. Starting with the screening level, each level within the database represented a distillation of information from a study, starting with the most general aspect of a study, the title and abstract, to the most specific elements of a study, its characteristics and findings (see Appendix A for screenshots of the database and Appendix B for the coding manual).

Two independent researchers screened, coded, and double coded all studies. Coding involved reading the full text of the study to identify information relevant to the coding protocol, such as features of the methodology and the study findings. The primary focus of coding was to identify a study finding, either quantitative or qualitative, that related to a JDC process or implementation issue. Any number of findings could be coded per study. For each finding, thematic codes were

applied based on a set of 31 predetermined codes that were informed by prior work on juvenile justice and drug court research. Where appropriate, additional thematic codes were created during the coding process to better capture the underlying theme of a particular finding (see Appendix B for the coding manual and the list of all themes). Each finding was then assessed for methodological quality on a 4-point scale. The 4-point scale produced a credibility rating, which reflected the amount of evidence, the analysis of the evidence, and the finding's connection to evidence. The final stage of coding involved validation or double coding, whereby each researcher coded each other's set of eligible studies, without knowledge of the other researcher's coding. Any difference between the coders, including credibility ratings, was resolved through a consensus discussion.

## **Qualitative Procedures**

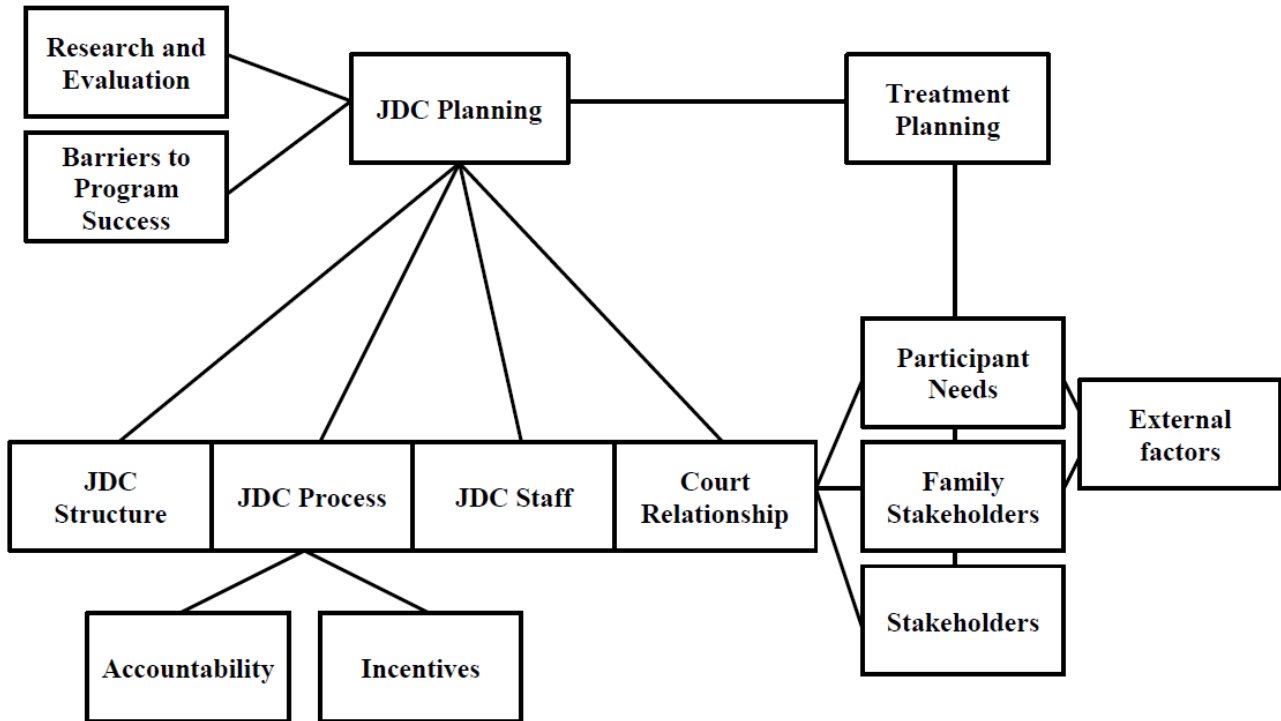
Meta-aggregation was the method of synthesis used for this systematic review, as outlined by the Cochrane Collaboration and by Hannes and Pearson (2012). This approach involved extracting study findings (i.e., a text summary or direct quote) and assigning a series of thematic themes to each finding. The number of themes per finding could vary, meaning researchers did not need to apply a set number of themes. Rather, the assignment of themes was a matter of condensing quotes into a manageable collection of themes. Ninety-seven themes were ultimately developed during the coding process. These 97 themes were grouped into categories based on the similarities among the themes, which led to the development of 14 overarching categories. In the process of categorizing the themes, nine themes were dropped because they provided no meaningful contribution to any of the categories. Some themes were combined and recoded into a new theme to eliminate redundancy.

The findings (i.e., the individual finding quotes from the studies) were then sorted by the newly created categories and were further aggregated into conceptual groups to arrive at an interpretive statement for each. This was achieved through the use of memoing, whereby written notes were created to clarify and refine the relationship between the themes and the categories in which they were grouped. These notes were succinct and resembled paraphrases and summaries of findings within a category. After memoing, the individual findings within a category were grouped to create an interpretive statement on the basis of similarities among the findings. Furthermore, findings from the same study could be in more than one category, but findings from at least two different studies were necessary to contribute to an interpretive statement (see tables in Appendix C).

A credibility of evidence assessment (questionable, low, moderate, and high) was assigned to each interpretive statement. The quality assessment of each finding was completed during coding and was carried over to this stage. A composite rating of all individual quality assessments contributing to an interpretive statement reflected the highest quality assessment achieved by at least two findings contributing to an interpretive statement.

A schematic categorization was created in order to conceptually show the relationships between the different categories (Exhibit 1). After each category was established, they were clustered together based on their direct relevance to one another. The network began with two separate conceptual groupings related to JDC planning and treatment planning. Based on these two groups, categories were arranged in a schematic manner that illustrated the relationship between the categories within these two groups (JDC planning and treatment planning), as well as the relationship between the two overall groups. The findings and coder memos within each category were used in establishing these relationships. For example, the categories of “accountability” and “incentives” often referred to a behavioral management action used throughout the JDC process. For this reason, these categories were grouped with the JDC Process category, which was then grouped under the JDC Planning group.

**Exhibit 1. Schematic Categorization of the 477 Findings Across the 63 Studies**

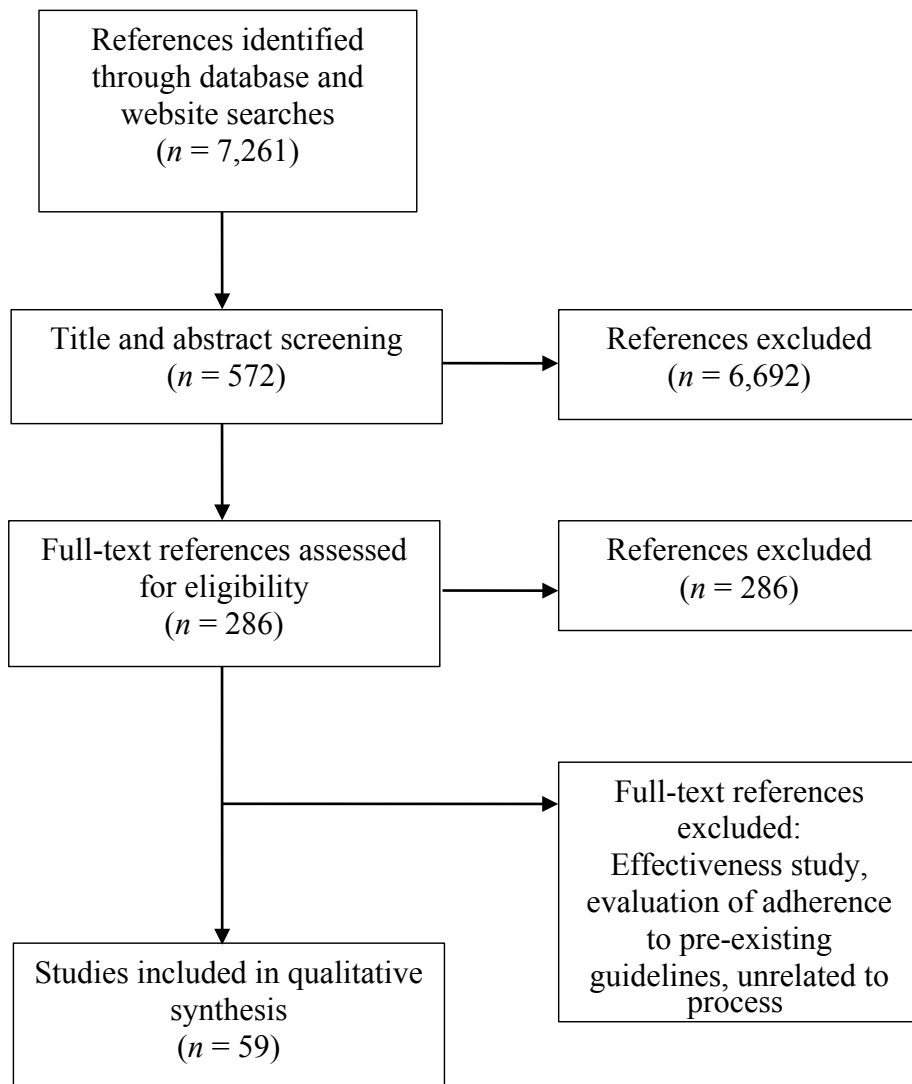


# Results

## Literature Search

The search yielded 7,261 titles and abstracts that were initially screened for potential relevance (Exhibit 2). An initial screening by a single coder eliminated clearly irrelevant references, resulting in 572 references for this review. Two independent coders more carefully examined the titles and abstracts of these 572 studies. The result included 286 documents that were retrieved and for which the full text was examined to determine final eligibility. In all, 59 eligible studies were coded. Exhibit 2 illustrates the process of distilling references into the final 59 studies.

**Exhibit 2. Search Flow Diagram for Juvenile Drug Court Process Studies**



## Description of Included Studies

The final 59 studies included in this review consisted of 12 mixed-method studies, 15 qualitative studies, and 32 quantitative studies (see Appendix A). Across these studies, we identified 477 unique findings related to JDC processes. The quantitative studies (249 findings) accounted for 52% of the total number of findings, whereas the qualitative (120 findings) and mixed-method studies (108 findings) accounted for 25% and 23% of the total number of findings, respectively.

## Overall Process Themes of Juvenile Drug Courts

The 477 findings extracted from the 59 studies were aggregated into 14 broad conceptual categories that reflected different aspects of the JDC system. Forty interpretive statements were developed across these categories, which reflect a broad range of process issues. Most of these statements were rated as moderate ( $n = 10$ ) or high ( $n = 21$ ) in terms of credibility of evidence, reflecting a moderately strong connection between the study finding and the quantitative or qualitative evidence. The bulk of the interpretive statements focused on family members as stakeholders in the JDC process; standards for ensuring accountability of youth compliance with court expectations, such as the consistent application of behavioral contingencies; and various needs of JDC participants, such as mental health treatment. The list that follows provides a brief summary of the overall meaning of each category and the interpretive statements within them. Exhibit 4 shows all 40 interpretive statements within the 14 categories. This table also includes the quantity of evidence associated with each interpretive statement, as well as a rating of the quality of the evidence.

- **JDC planning:** A single interpretive statement defines this category and concerns the role detention and the length of detention can play in the planning process in the implementation of JDCs.
- **JDC structure:** This category includes one interpretive statement and emphasizes the need for clearly defined roles for JDC team members.
- **JDC process:** Four interpretive statements complete this category and illustrate the importance of processes that ensure identification of early failure, assessment of mental health needs, and aftercare planning.
- **Accountability:** This category is one of two with the largest number of interpretive statements, six in total. These findings highlight the complexity of issues to consider when instituting youth accountability, including potential negative effects of intensive monitoring, the role and support of the family in the accountability processes, and the effect of a substance use disorder or other mental health needs on a youth's ability to comply with court expectations.
- **Incentives:** This category includes three interpretive statements and highlights the importance of incentives and tailoring them to youth, and the challenge of implementing behavioral management principles effectively.

- **JDC staff:** The two interpretive statements within this category reveal important aspects of JDC staff training and skill development.
- **Court relationships:** The three interpretive statements that comprise this category relate to distinct relationships among different actors within the JDC process, such as the judge with the youth, the youth with the treatment and court staff, and staff with the youth’s parents. Important issues identified were fair treatment, bonding, and effective communication.
- **Research and evaluation:** This category features one interpretive statement that notes the inadequacy of data collection within the studied JDCs and the need for more varied information about youth for useful evaluation research.
- **Barriers to program success:** Two interpretive statements comprise this category and underscore how social and fiscal barriers challenge the implementation of JDC service provisions.
- **Treatment planning:** The two interpretive statements that form this category offer guidance on where and how to implement treatment within the purview of a JDC for youth with substance disorders.
- **Participant needs:** The interpretive statements in this category outline the myriad of participant-level needs and preexisting equity and health issues that can complicate a youth’s participation in a drug court. Six interpretive statements contributed to this category, making it one of two categories with the largest number of interpretive statements.
- **Family stakeholders:** This category of interpretive statements, which includes five total, underscores the importance of family involvement and the consideration of family dynamics and structure in the drug court process.
- **Stakeholders:** This category contains two interpretive statements and pinpoints the positive role that external stakeholders can play in JDC success.
- **External factors:** Two interpretive statements define this category that highlights the existence and potential influence of external factors on youth success or failure beyond the traditional jurisdiction and purview of a JDC. These include negative peer influences and access to transportation.

## Study Consistency and Strength of Evidence

Each study’s strength of evidence was evaluated using a 4-point scale (0–3). Three questions were used to evaluate and rate the strength of evidence for each study. These questions varied by study design, meaning a different set of questions were used to evaluate the strength of evidence for quantitative and qualitative studies. The study consistency and strength of evidence for each study reflects the rigor of each study’s methodology and reporting of findings. Across the 59 studies included and reviewed, the average credibility was 1.28 for qualitative studies and 2.57 for quantitative studies. These ratings are equivalent to a low strength of evidence for the included qualitative studies and moderate to high strength of evidence for quantitative studies.

Additionally, studies, both qualitative and quantitative, with a greater number of findings ( $n > 10$ ) that could contribute to interpretive statements received moderate-to-high credibility ratings for their strength of evidence. The average number of findings across all studies was 7.7 findings. However, a few studies, Paik (2011), Shaffer and Latessa (2002), and Shaffer, Latessa, Pealer, and Taylor (2002), are outliers; these studies had between four and five times as many eligible findings. Exhibit 4 illustrates the study design and the credibility rating for each study. The mixed-method study by Carey (2004) had two credibility ratings, one for its qualitative findings and another for its quantitative findings. The ratings for each methodology were included in the average rating for credibility for each study design noted previously.

## Discussion

The findings demonstrate the complexities of implementing the JDC model. Youth and their families arrive at a JDC with a range of needs that extend beyond the youth's substance use and involvement in other delinquent behavior, including mental health needs, a history of trauma, and learning disabilities. Families may be prepared to effectively partner with the court to facilitate a youth's engagement in treatment services and compliance with court expectations. However, families may experience obstacles to this partnership, such as parental substance abuse, or they might actively work against the JDC process. Furthermore, JDCs exist within a broader institutional and social context and rely on services available within the community and on support from various stakeholders. The quality and effectiveness of these services (e.g., substance abuse treatment, mental health treatment) will directly affect outcomes for youth and their families. It is well established in the literature (see, for example, Lundgren, Chassler, Amodeo, D'Ippolito, & Sullivan, 2012) that the implementation of evidence-based substance abuse treatments faces numerous challenges, presenting clear obstacles to any JDC relying on a community network of human service providers.

The interpretative statements that emerged from this literature reinforce some of the guiding principles of the "16 strategies," such as collaborative planning, clearly defined target population and eligibility criteria, judicial involvement and supervision, community partnerships, comprehensive treatment planning, cultural competence, family engagement, and goal-oriented incentives and sanctions. However, the findings across these studies reinforce the difficulty of adhering to many of these strategies. For example, limited parental English proficiency was identified not only as a barrier to family engagement but also as a factor in a youth's failure to complete the drug court program. This issue relates to the cultural competence of a juvenile drug court program and family engagement. A few salient issues emerged from these findings that are not addressed by the "16 strategies," ranging from practical barriers to success, such as transportation needs and family fiscal limitations, to the complexities of youth and family needs that must be addressed. Staff turnover, a lack of adequate training, and other issues were identified as organizational and capacity challenges faced by JDCs.



A clear picture emerges from these process and implementation studies. That is, current JDCs face considerable challenges in effectively implementing the drug court model. Therefore, outcome evaluation research on these programs needs to assess whether any given program adequately reflects the JDC model to establish the construct validity of what is being evaluated. Although it is critical to gain insight into whether a particular JDC as implemented is effective, without a careful assessment of fidelity of the program, valid inferences regarding JDCs more broadly cannot be made.

## References

*Studies included in the meta-aggregation are denoted by an asterisk (\*).*

- \*Becerra, J., & Young, A. G. (2011). *Latino youth in the Washoe County juvenile drug court*. Retrieved from <http://scholarworks.calstate.edu/handle/10211.9/1200>
- Belenko, S., & Logan, T. K. (2003). Improving the juvenile drug court model. *Journal of Substance Abuse Treatment, 25*, 189–211.
- \*Boghosian, S. (2006). *Juvenile drug courts: Using participant characteristics to predict outcome* (Unpublished thesis, Utah State University, Ann Arbor).
- \*Bryan, V., Hiller, M., & Leukefeld, C. (2006). A qualitative examination of the juvenile drug court treatment process. *Journal of Social Work Practice in the Addictions, 6*(4), 91–114.
- \*Carey, S. M. (2004). *Clackamas County juvenile drug court outcome evaluation final report*. Retrieved from <http://npcresearch.com/publication/clackamas-county-juvenile-drug-court-outcome-evaluation-final-report-2/>
- \*Carey, S.M., Waller, M., & Marchand, G. (2006). *Clackamas County Juvenile Drug Court enhancement: Process, outcome/impact and cost evaluation*. Retrieved from <http://npcresearch.com/publication/clackamas-county-juvenile-drug-court-enhancement-process-outcome-impact-and-cost-evaluation-final-report-2/>
- \*Carter, W. C., & Barker, R. D. (2011). Does completion of juvenile drug court deter adult criminality? *Journal of Social Work Practice in the Addictions, 11*(2), 181–193.
- Cooper, C. S. (2002). Juvenile drug treatment courts in the United States: Initial lessons learned and issues being addressed. *Substance use and misuse, 37*(12 & 13), 1689–1722.
- \*Dickerson, J. G. (2011). How collaborative the collaboration? Assessing the collaboration of services for juvenile offenders. *Juvenile and Family Court Journal, 63*(3), 21–35.
- \*Fradella, H. F., Fischer, R. G., Kleinpeter, C. H., & Koob, J. J. (2009). Latino Youth in the juvenile drug court of Orange County, California. *Journal of Ethnicity in Criminal Justice, 7*(4), 271–292.
- \*Eardley, T., McNab, J., Fisher, K., Kozlina, S., Eccles, J., & Flick, M. (2004). *Evaluation of the New South Wales youth drug court pilot program*. Retrieved from [https://www.sprc.unsw.edu.au/media/SPRCFile/Report8\\_04\\_YDC\\_Pilot\\_Program\\_Evaluation.pdf](https://www.sprc.unsw.edu.au/media/SPRCFile/Report8_04_YDC_Pilot_Program_Evaluation.pdf)
- Hannes, K. & Pearson, A. (2012). “Obstacles to the implementation of evidence-based practice in Belgium: a worked example of meta-aggression.” In K. Hannes and C. Lockwood (Eds), *Synthesizing qualitative research: Choosing the right approach*. Oxford: John Wiley & Sons, Ltd.

- \*Harrison, R. S., Parsons, B. V., & Byrnes, E. C. M. (2006). *Byrne valuation partnership program, final report*. (NCJRS Publication No. 214571). Washington, DC: National Criminal Justice Reference Service.
- \*Hartmann, D. J., & Rhineberger, G. M. (2003). *Evaluation of the Kalamazoo County juvenile drug treatment court program*. Retrieved from <http://jpo.wrlc.org/handle/11204/64>
- \*Heck, C. (n.d.). *Big Horn County juvenile and family drug court*. Laramie, WY: Snowy Range Research and the University of Wyoming.
- \*Henggeler, S., McCart, M., Cunningham, P., & Chapman, J. (2012). Enhancing the effectiveness of juvenile drug courts by integrating evidence-based practices. *Journal of Consulting and Clinical Psychology*, 80(2), 264–275.
- \*Hickert, M. A., Audrey, O., Becker, M. C. J., Erin, E., Prospero, M., & others. (2010). *Evaluation of Utah juvenile drug courts: Final Report*. Retrieved from <http://jpo.wrlc.org/handle/11204/2582>
- \*Hiller et al. (2004). *Juvenile Drug Court Process/Outcome Evaluation*. Retrieved from <http://www.cdar.uky.edu/Downloads/Fayette%20Juvenile%20Evaluation%202004.pdf>
- \*Hiller, M. L., Malluche, D., Bryan, V., DuPont, M. L., Martin, B., Abensur, R., & Payne, C. (2010). A multisite description of juvenile drug courts: Program models and during-program outcomes. *International Journal Offender Therapy & Comparative Criminology*, 54(2), 213–235.
- \*Hiller, M. L., Narevic, E., Logan, T. K., Leukefeld, C. G., & Minton, L. (2002). An evaluation of the Campbell County juvenile drug court. *Offender Substance Abuse Report*, 2(1), 1–9.
- Hills, H., Shufelt, J. L., & Coccozza, J. J. (2009). *Evidence-based practice recommendations for juvenile drug courts*. Delmar, NY: National Center for Mental Health and Juvenile Justice.
- \*Huff, D. (2002). *An assessment of the Polk County juvenile drug court*. Des Moines, IA: Department of Human Rights, Division of Criminal and Juvenile Justice Planning.
- \*Ives, W., Melissa L., Chan, Y.-F., Modisette, K. C., & Dennis, M. L. (2010). Characteristics, needs, services, and outcomes of youths in juvenile treatment drug courts as compared to adolescent outpatient treatment. *Drug Court Review*, 7(1), 10–56.
- \*Jackson, E., & Kupersmidt, J. (2005). *Youth treatment court outcome evaluation: MIS archival analysis results*. Retrieved from [http://www.nccourts.org/Citizens/CPrograms/DTC/documents/YTCReport1\\_0409.pdf](http://www.nccourts.org/Citizens/CPrograms/DTC/documents/YTCReport1_0409.pdf)
- \*Kirchner, R. A., & Kirchner, T. R. (2007). *Successful implementation of a model juvenile treatment court program: Anne Arundel County, MD Juvenile Treatment Court Program Producing Community Outcomes*. Annapolis, MD: Glacier Consulting, Inc.

- \*Konecky, B. (2010). *Juvenile drug court program evaluation* (Unpublished doctoral dissertation, Idaho State University, Pocatello).
- \*Linden, P. L. (2008). *The youth perspective of juvenile treatment courts* (Unpublished doctoral dissertation, State University of New York at Stony Brook).
- \*Linden, P., Cohen, S., Cohen, R., Bader, A., & Magnani, M. (2010). Developing accountability in the lives of youth: Defining the operational features of juvenile treatment courts. *Drug Court Review*, 7(1), 125–170.
- \*Lucas, S. L. (2008). *The juvenile drug court decision making process: An analysis of operating styles, outcome decisions and disparities* (Unpublished doctoral dissertation, Washington State University, Pullman).
- Lundgren, L., Chassler, D., Amodeo, M., D’Ippolito, M., & Sullivan, L. (2012). Barriers to implementation of evidence-based addiction treatment: A national study. *Journal of Substance Abuse Treatment*, 42(3), 231–238.
- \* Mackin, J. R., Lucas, L. M., Lambarth, C. H., Herrera, T. A., Waller, M. S., Carey, S., & Finigan, M. W. (2010a). *Anne Arundel County juvenile treatment court outcome and cost evaluation*. Retrieved from [http://www.npresearch.com/Files/MD%20Outcome%20Cost/AA\\_Co\\_Juv\\_DC\\_outcome-cost\\_0110.pdf](http://www.npresearch.com/Files/MD%20Outcome%20Cost/AA_Co_Juv_DC_outcome-cost_0110.pdf)
- \*Mackin, J. R., Lucas, L. M., Lambarth, C. H., Herrera, T. A., Waller, M. S., Carey, S., & Finigan, M. W. (2010b). *Baltimore County juvenile drug court outcome and cost evaluation*. Portland, OR: NPC Research.
- \*Mackin, J., Lucas, L., Lambarth, C., Waller, M., Herrera, T. A., Waller, M. S., Carey, S., & Finigan, M. W. (2010). *St. Mary’s County juvenile drug court outcome and cost evaluation*. Portland, OR: NPC Research.
- \*MacMaster, S. A., Ellis, R. A., & Holmes, T. (2008). Combining drug court with adolescent residential treatment: Lessons from juvenile and adult programs. *Residential Treatment for Children & Youth*, 23(1-2), 45–60.
- \*Manchak, S. M., Sullivan, C. C., Schweitzer, M., & Sullivan, C. J. (2014). The influence of co-occurring mental health and substance use problems on the effectiveness of juvenile drug courts. *Criminal Justice Policy Review*, 1–18.
- \*Mericle, A. A., Belenko, S., Festinger, D., Fairfax-Columbo, J., & McCart, M. R. (2014). Staff Perspectives on Juvenile Drug Court operations: A Multi-Site qualitative study. *Criminal Justice Policy Review*, 25(5), 614.

- \*Mhlanga, B., & Allen, J. M. (n.d.). *The effectiveness of a juvenile drug court program located in Chicago, Illinois*. Retrieved from <https://googledrive.com/host/0BwYZA6eD9SMqN0k5QV9YMkhGZ00/Perspectives/Perspectives2009/AABSS2009TheEffectivenessOfAJuvenileDrugCourtProgramLocatedInChicagoIllinois.pdf>
- \*Miller, M. L., Scocas, E. A., & O'Connell, J. P. (1998). *Evaluation of the juvenile drug court diversion program*. Dover, DE: Statistical Analysis Center.
- National Association of Drug Court Professionals, Drug Court Standards Committee, & U.S. Drug Courts Program Office. (1997). *Defining drug courts: The key components*. Washington, DC: U.S. Dept. of Justice, Office of Justice Programs, Bureau of Justice Assistance.
- National Drug Court Institute (NDCI) & National Council of Juvenile and Family Court Judges (NCJFCJ). (2003). *Juvenile drug courts: Strategies in practice*. Alexandria, VA: Author.
- \*Nestlerode, E., O'Connell, J. P., & Miller, M. L. (1999). *Evaluation of the Delaware Juvenile Drug Court Diversion Program*. Retrieved from <https://www.ncjrs.gov/App/Publications/abstract.aspx?ID=183709>
- \*O'Connell, P., Wright, D., & Clymer, B. (2003). *Beckham County juvenile drug court: Phase II analysis and evaluation*. Oklahoma: Oklahoma Criminal Justice Resource Center and Oklahoma Statistical Analysis Center.
- \*Paik, L. (2009). Maybe he's depressed: Mental illness as a mitigating factor for drug offender accountability. *Law & Social Inquiry*, 34(3), 569.
- \*Paik, L. (2011). *Discretionary Justice: Looking inside a juvenile drug court*. Rutgers University Press.
- \*Parker, S., & Smith, J. W. (2011). *2011 Annual report on North Carolina's drug treatment courts* (NCGS 7A-801). Raleigh, NC: North Carolina Administrative Office of the Courts.
- \*Polakowski, M., Hartley, R. E., & Bates, L. (2008). Treating the tough cases in juvenile drug court: Individual and organizational practices leading to success or failure. *Criminal Justice Review*, 33(3), 379–404.
- \*Rodriguez, N., & Webb, V. J. (2004). Multiple measures of juvenile drug court effectiveness: Results of a quasi-experimental design. *Crime & Delinquency*, 50(2), 292–314.
- \*Ruiz, B. S., Stevens, S. J., Fuhrman, J., Bogart, J. G., & Korchmaros, J. D. (2009). Juvenile drug court model in southern Arizona: Substance abuse, delinquency, and sexual risk outcomes by gender and race/ethnicity. *Journal of Offender Rehabilitation*, 48(5), 416–438.

- \*Saddik Gilmore, A., Rodriguez, N., & Webb, V. J. (2005). Substance abuse and drug courts: The role of social bonds in juvenile drug courts. *Youth Violence and Juvenile Justice*, 3(4), 287–315.
- \*Salvatore, C., Henderson, J. S., Hiller, M. L., White, E., & Samuelson, B. (2010). An observational study of team meetings and status hearings in a juvenile drug court. *Special Issue on Juvenile Drug Courts*, 7(1), 95.
- \*Salvatore, C., Hiller, M. L., Samuelson, B., Henderson, J. S., & White, E. (2011). A systematic observational study of a juvenile drug court judge. *Juvenile and Family Court Journal*, 62(4), 19–36.
- \*Sanborn, R., Kimball, M.S., Lew, D., Desai, K.C., Latiolais, T.J., Hislop, L...Miguez, E. (2014). *Juvenile specialty courts: An examination of rehabilitative justice in Texas and across the nation*. Retrieved from <http://childrenatrisk.org/wp-content/uploads/2013/05/Juvenile-Specialty-Courts-2014.pdf>
- \*Sanchez, A. (2012). *The impact of trauma on juvenile drug court effectiveness* (Unpublished doctoral dissertation, Alliant International University, San Diego, CA).
- \*Schaeffer, C. M., Henggeler, S. W., Chapman, J. E., Halliday-Boykins, C. A., Cunningham, P. B., Randall, J., & Shapiro, S. B. (2010). Mechanisms of effectiveness in juvenile drug court: altering risk processes associated with delinquency and substance abuse. *Drug Court Review*, 7(1), 57–94.
- \*Shaffer, D. K., & Latessa, E. J. (2002). *Delaware county juvenile drug court process evaluation*. Unpublished report, Center for Criminal Justice Research, University of Cincinnati. Retrieved from [http://www.uc.edu/content/dam/uc/ccjr/docs/reports/project\\_reports/Delaware\\_process\\_evaluation.pdf](http://www.uc.edu/content/dam/uc/ccjr/docs/reports/project_reports/Delaware_process_evaluation.pdf)
- \*Shaffer, D. K., Latessa, E. J., Pealer, J., & Taylor, C. (2002). *Cuyahoga County juvenile drug court process evaluation*. Unpublished report. Retrieved from [http://www.uc.edu/content/dam/uc/ccjr/docs/reports/project\\_reports/CuyahogaJuvenileDCpdf.pdf](http://www.uc.edu/content/dam/uc/ccjr/docs/reports/project_reports/CuyahogaJuvenileDCpdf.pdf)
- \*Thompson, K. M. (2000). *A process evaluation of North Dakota's juvenile drug court*. Retrieved from <http://aupa.wrlc.org/handle/11204/52>
- \*Thompson, K. M. (2006). *An outcome evaluation of juvenile drug court using the child and adolescent functional assessment scale*. Retrieved from <http://jpo.wrlc.org/handle/11204/1393>
- \*Tolou-Shams, M., Hadley, W., Conrad, S. M., & Brown, L. K. (2012). The role of family affect in juvenile drug court offenders' substance use and HIV risk. *Journal of Child and Family Studies*, 21(3), 449–456.

- \*Townsend, P. J. (2011). *Juvenile drug court programs in Mississippi: An examination of judicial and administrative perceptions* (Unpublished doctoral dissertation, University of Southern Mississippi, Hattiesburg).
- \*Tranchita, A. P. (2004). *Predictors of graduation and rearrest in a contemporary juvenile drug court program* (Unpublished doctoral dissertation, Utah State University, Logan).
- U.S. General Accounting Office. (1997). *Drug courts: Overview of growth, characteristics and results*. Washington, DC: Author.
- \*van Wormer, J. G. (2010). *Understanding operational dynamics of drug courts* (Unpublished doctoral dissertation, Washington State University, Pullman).
- van Wormer, J. G., & Lutze F. E. (2010). Managing and sustaining your juvenile drug court. *Juvenile and Family Court Journal*, 61(2), 45–53.
- \*Vick, D. (2009). Impact of community-panel juvenile drug court judges in Woodbury County, Iowa. *Politics, Bureaucracy & Justice*, 1(2).
- \*Whiteacre, K. (2004). Denial and adversity in a juvenile drug court. *International Journal of Drug Policy*, 15(4), 297–304.
- \*Whiteacre, K. W. (2007). Strange bedfellows: The tensions of coerced treatment. *Criminal Justice Policy Review*, 18(3), 260–273.
- \*Whiteacre, K. W. (2008). *Drug court justice: Experiences in a juvenile drug court* (Vol. 4). New York, NY: Peter Lang.

## Appendix A. List of Included and Coded Studies

Study ID#	Author/Publication Year	Study Design	Study Description
739	Becerra & Young (2011)	Quantitative	"This is a descriptive study using data supplied by the Specialty Courts coordinator for the Second Judicial court of Washoe County, Nevada. Demographic data was taken from Non-Latino White and Latino participants" (p. 42).
892	Boghosian (2006)	Quantitative	"The current study utilized existing drug court data from the Davis County JDC Program in Layton, Utah" (p. 26).
1049	Bryan et al. (2006)	Qualitative	"Researchers recruited the entire team of juvenile drug court practitioners to participate [in a focus group]... the focus group was led by researchers who were conducting an independent evaluation of this juvenile drug court's implementation process" (p. 96).
1259	Carey (2004)	Mixed-methods	"...utilized data sources on criminal activity to determine whether Drug Court participants and the comparison group differed in re-referrals ... individual phone interviews with the youths and parents in the CCJDC Program ... To investigate what factors predict successful outcomes of participation in drug court, a univariate ANCOVA was run" (pp. 11, 14).
3749	Carey et al. (2006)	Quantitative	"...a sample of participants who entered Drug Court at the time of and after the enhancements had been implemented, along with a sample of individuals eligible for Drug Court but who received traditional court processing. These samples were added to the samples previously selected for the outcome evaluation... All groups were examined through existing administrative databases for a period up to 24 months...a survey was developed based on existing family functioning measures" (p. 9, 38).
1292	Carter & Barker (2011)	Quantitative	"The data analyzed for this study include information for the entire population of juvenile offenders participating in the Davidson County Juvenile Drug Court from 2002 to 2007" (p. 185).
1823	Dickerson (2011)	Qualitative	"A purposive sample of the total number of service providers participating was attempted. All 18 JETS Program service providers participating between 2009 and 2010 were included" (p. 26).
2323	Eardley et al. (2004)	Qualitative	"The reviews were based primarily on interviews with key stakeholders, examination of program documentation and observations of the Court in action" (p. 25).
2192	Fradella et al. (2009)	Quantitative	"This study involved secondary analysis of data from two surveys administered to OCJDC participants by the Orange County Probation Department" (p. 276).
2616	Harrison et al. (2006)	Quantitative	"A pre-post design was used to evaluate individual



Study ID#	Author/Publication Year	Study Design	Study Description
			client success in the Juvenile Drug Court program. In addition, a comparison group was constructed to evaluate the success of Juvenile Drug Court graduates compared to other individuals who either dropped out of Juvenile Drug Court or received traditional juvenile probation services” (p. 8).
2622	Hartmann & Rhineberger (2003)	Qualitative	“The evaluation design consists of two parts: process and outcome. The process evaluation... [consisted] of focus groups conducted with parents and guardians of the juvenile participants and interviews with staff members and treatment providers” (p. 3).
2678	Heck (n.d.)	Qualitative	“Measures of internal program performance, based upon empirical research, were analyzed using available data, court observation, structured interviews, and focus groups” (p. 13).
2727	Henggeler et al. (2012)	Quantitative	“A randomized design with intent-to-treat analyses was used to evaluate the effectiveness of the CM family engagement (CMFAM) intervention for JDC-involved youths” (p. 265).
1325	Hickert et al. (2010)	Quantitative	“...collection of program data from the individual JDCs ... JDCs also provided program materials (e.g., copies of manuals, drug testing policies, agreements) to supplement the data and provide descriptions of their policies and practices” (pp. 5–6).
1567	Hiller et al. (2004)	Mixed methods	“The evaluation of the Fayette County Juvenile Drug Court was conducted using multiple data collection methods to gather both qualitative and quantitative data” (p. 7).
2767	Hiller et al. (2010)	Qualitative	“A cross-sectional review of the files of an annual cohort from each program yielded data on a total sample of 65 clients. Data also were collected from drug court judges ( $n = 3$ ), drug court coordinators ( $n = 3$ ), drug court case managers ( $n = 5$ ), representatives from the Department of Juvenile Justice ( $n = 3$ ), and a defense attorney ( $n = 1$ )” (pp. 216–217).
2769	Hiller et al. (2002)	Mixed methods	“Participant observation and a focus group that completed a logic model of program structure, components, and goals, and a quantitative summary of during-program performance measures” (p. 2).
2882	Huff (2002)	Mixed methods	“Review of relevant documents, informal interviews, observations, and the gathering of participant-specific information from case files and case manager notebooks” (p. 3).
2954	Ives et al. (2010)	Quantitative	“This study...[compared] juvenile treatment drug courts to adolescent outpatient treatment programs on client characteristics, services received and treatment outcomes. The groups were matched using propensity scores...” (p. 10).

Study ID#	Author/Publication Year	Study Design	Study Description
2957	Jackson & Kupersmidt (2005)	Quantitative	"Frequencies [were] conducted to describe the individual characteristics of referred and discharged participants ... Measures of program compliance and success are examined through frequencies that include drug test results and test compliance, school suspensions, sanctions and rewards received, detention served, and hours of community service delivered" (pg. 8).
3238	Kirchner & Kirchner (2007)	Quantitative	"The framework used by this approach... [used a] logic model, including descriptions of all program components and the relationships between program components. The model establishes a baseline for the process evaluation to determine (1) if the components are being implemented as designed and expected and (2) if improvements can be made to current operations" (p. 5).
3297	Konecky (2010)	Mixed methods	"De-identified data were collected, compiled, and entered into an evaluation study database on the premises of the juvenile detention center ... [the researcher] also sat in on the drug court hearings and reviewed all available documentation (e.g., policies) about the drug court" (pp. 33–34).
3557	Linden (2008)	Qualitative	"Using a semi-structured interview format, qualitative inquiry addressed four major topic areas presented... Court chart reviews and observations of court appearances contributed to data triangulation ... In addition, opinions regarding the results of the 37 individual interviews with current and former Juvenile Treatment Court youth participants were solicited from a second cohort of current Juvenile Treatment Court youth participants in a focus group setting" (p. 30).
3556	Linden et al. (2010)	Qualitative	"Interviews were conducted with key stakeholders from each of the four programs, including judges, presentment (prosecuting) attorneys, law guardians, law clerks, chief clerks, coordinators, case managers, probation officers, mental health and substance abuse treatment providers and educational representatives ... parent focus groups, youth interviews, site visits" (pp. 136–137).
3641	Lucas (2008)	Mixed-methods	"...A participant-observation study was conducted for a JDC in the Northwest region of the United States. [The researcher] systematically observed the decision-making process of the JDC team ... Multi-variate models were constructed for logistic regression analysis and divided into sections based on the dependent variables of sanctions, treatments, and rewards" (pp. 113, 134).
3683	Mackin et al. (2010a)	Quantitative	"This study examines outcomes over a 2-year period

Study ID#	Author/Publication Year	Study Design	Study Description
			for program participants and a matched comparison group” (p. 5).
3682	Mackin et al. (2010b)	Quantitative	“The evaluation team employed univariate and multivariate statistical analyses using SPSS ... The majority of the data necessary for the outcome evaluation were gathered from the administrative databases” (p. 6).
699	Mackin, Lucas, Lambarth, Waller, et al. (2010)	Quantitative	“This study examines outcomes over a 2-year period for program participants and a matched comparison group” (p. 5).
3689	MacMaster et al. (2008)	Quantitative	“Data for the arrest and drug screen were analyzed by simple calculation of percentages. Data for family cohesion were analyzed using paired t-tests” (p. 50).
3726	Manchak et al. (2014)	Quantitative	328 youth with co-occurring mental and substance use disorders were compared with 336 youth with only substance use disorders. The participants in this study were part of a large quasi-experimental matched trial comparing the effectiveness of juvenile drug courts (n = 686) to probation (n = 686) (p. 4).
3982	Mericle et al. (2014)	Qualitative	“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... (p. 614).
3997	Mhlanga & Allen (n.d.)	Quantitative	Reviewed data from Juvenile Drug Court (JDC) from January 2004-January 2008. A total of 186 juveniles were served by this JDC.
4031	Miller et al. (1998)	Quantitative	“A database was created of all 144 juveniles who had been admitted into the diversion program by midsummer 1997. Demographic and program information from case files was recorded... a comparison group was constructed by finding all arrests of juveniles for misdemeanor drug possession in New Castle County during the first half of 1995” (p. 2).
4228	Nestlerode et al. (1999)	Mixed methods	“Criminal history information on all arrests statewide for each juvenile was collected and verified using the Delaware Criminal Justice Information System... other methods of data collection included participation in Drug Court team meetings, court observation, a snapshot of court appearance activity, and discussions with various Court and treatment personnel” (p. 1).
4291	O’Connell et al. (2003)	Quantitative	Participants were asked to complete a client satisfaction survey including questions concerning treatment, parental participation, school improvement, sanctions, and their overall drug court

Study ID#	Author/Publication Year	Study Design	Study Description
			experience (p. 14).
4374	Paik (2009)	Qualitative	“Ethnographic fieldwork conducted between October 2003 and October 2004. [Observations of] field-based staff members as they visited the youths in their communities, as well as the weekly court sessions [were completed]. [The author also conducted] twenty-six ridealongs with field-based staff (e.g., probation officers, drug counselors, and police officers)” (p. 581).
4375	Paik (2011)	Mixed methods	Data based on 15 months of participant observation (court and community) and interviews conducted in two phases (Oct 2003 - Oct 2004 and July to Aug 2007). Observed 172 team meeting and court hearings. Conducted 112 formal interviews of staff, selected clients and family members. Also analyzes administrative data.
4409	Parker & Smith (2011)	Quantitative	Based on 2011 (FY 2009–2010) annual report on North Carolina’s Drug Treatment Courts, including 4 juvenile drug treatment courts. Data analyzed in report based on what the Drug Treatment Court Coordinators in local courts enter in automated computer application system (p. 3).
4556	Polakowski et al. (2008)	Quantitative	“The present study compares a sample of drug court graduates with a similar sample of randomly selected drug court failures in a southwestern community... In addition, the success or failure dichotomy is used to examine the relationship between several characteristics of the program and the eventual outcome of the groups under study...” (pp. 482–483).
4853	Rodriguez & Webb (2004)	Quantitative	“In this study, we use data from 3 years (October 1997 to November 2000) to examine how legal and social variables affect delinquency and drug use patterns once in drug court treatment...A quasi-experimental design is used to compare juveniles assigned to drug court with those assigned to standard probation in Maricopa County, Arizona” (pp. 296, 292).
4954	Ruiz et al. (2009)	Quantitative	The study was conducted between 1999 and 2001 ... Participants were recruited from the treatment provider during the standard intake appointment ... Within 7 days of obtaining consents a trained research technician met with the youth to conduct an interview using the Global Appraisal of Individual Needs (GAIN)...” (pp. 421, 424).
4984	Saddik et al. (2005)	Quantitative	Quasi-experimental research design analyzing data from Maricopa County Juvenile Drug Court including 114 juveniles placed in drug courts from October 1997 to December 2000 compared to a random sample of 100 offenders placed on standard probation.

Study ID#	Author/Publication Year	Study Design	Study Description
3665	Salvatore et al. (2010)	Mixed methods	“Non-reactive participant observation was deliberately chosen as the data collection method ... 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...” (pp. 103, 107).
7053	Salvatore et al. (2011)	Mixed-methods	“Using data collected during systematic observations, [this study examined] the interaction between the judge and a group of JDC participants” (p. 23). In addition, a pilot survey was also completed by JDC participants to understand their perceptions of the judge.
2740	Sanborn et al. (2014)	Qualitative	“...Research process consisted of first gathering data that was available through journals, articles, publications, newspapers, and online resources....[and] gathering data not easily available to the general public, such as program manuals, court contracts, and program descriptions, as well as conducting interviews with court teams and observing specialty court dockets” (p. 24).
5018	Sanchez (2012)	Quantitative	“A series of non-parametric regression analyses [were run] ... The criterion variables of interest included percentage of positive UAs, days spent in the program, and grades in school. Predictor variables included the items from the Mental Health domains relating to traumatic experiences” (p. 59).
5064	Schaeffer et al. (2010)	Quantitative	116 youth randomly assigned to one of four interventions. Assessment questionnaires given to youth and their caretakers at three points: (1) within 72 hours of recruitment into study (pretreatment), (2) 4 months post-recruitment, and (3) 12 months post-recruitment. Used latent growth curve modeling (LGM) techniques for analysis.
5180	Shaffer & Latessa (2002)	Quantitative	This report analyzes two samples: the traditional drug court sample ( $N = 41$ ) and the risk reduction sample ( $N = 73$ ). Interviews conducted with 8 Drug court team members.
5179	Shaffer et al. (2002)	Quantitative	Ninety-four juveniles that entered the program between September 1999 and September 2001 were evaluated; interviews were conducted with nine drug court team members with the goal of gaining information on their perceptions of the drug court processes.
5673	Thompson (2000)	Qualitative	Process evaluation providing description and recommendations of operating procedures of two courts. The exact methods were unclear.
5677	Thompson (2006)	Quantitative	“One hundred ninety juveniles were included in the study. Approximately one-half of the subjects were in drug court and one-half constituted the comparison

Study ID#	Author/Publication Year	Study Design	Study Description
			group” (pp. 3, 10).
5708	Tolou-Shams et al. (2012)	Quantitative	Study involved male juvenile drug court participants and their parents. Study shows self-report results.
5725	Townsend (2011)	Qualitative	The research conducted in-depth qualitative interviews in order to understand the perceptions and attitudes of juvenile drug court judges and administrators. Eight courts participated. Observed two court sessions and one group counseling session.
5729	Tranchita (2004)	Quantitative	“This study reports graduation and rearrest rates for a sample of juvenile drug court participants in Salt Lake City, Utah” (p. iii).
5841	van Wormer (2010)	Quantitative	“... Uses a quantitative design to explore the operational team dynamics of drug courts. The primary strategy employed for this research was the development and administration of a survey that utilized close-ended questions, with Likert scales, yes/no and numeric data collected” (p. 80).
5873	Vick (2009)	Mixed-methods	Used participant-observer technique for data collection in order to understand leadership styles. Quantitative data were also collected on the outcomes of the panel’s clients postgraduation.
6046	Whiteacre (2004)	Qualitative	Thirty-seven interviews were conducted with juveniles attending the JDC, a judge, defender, prosecutor, probation officers, and treatment counselors (p. 297).
6044	Whiteacre (2007)	Qualitative	Exploratory interviews with staff and participants in a juvenile drug court (JDC) ( <i>n</i> = 37) in order to better understand use of sanctions.
5232	Whiteacre (2008)	Qualitative	Interviews and courts observations (p. 113).

## Appendix B. Overall Process Themes for Juvenile Drug Courts

Category and Interpretative Statement	Number of Studies	Type of Evidence	Quality of Evidence Rating
<b>JDC Planning</b>			
Detention and length of detention is correlated with JDC failure.	4	Quantitative	○○○● High
<b>JDC Structure</b>			
Clarity of team member roles is an important aspect of collaboration. This includes how the role fits into the team dynamic.	3	Mixed	○○●○ Moderate
<b>JDC Process</b>			
Failure to show up for drug testing during the initial phase is a warning sign for youth at high risk of program failure.	3	Quantitative	○○○● High
Staff awareness of a youth's mental health issues is enhanced through a mental health evaluation conducted at intake by a trained clinician, enhancing the likelihood of the youth's success.	4	Mixed	○○○● High
Structured aftercare planning can keep youth drug free and reduce the likelihood of relapse.	4	Mixed	○●○○ Low
Staff expressed concerns over the accuracy and validity of drug tests. This creates challenges for effectively holding youth accountable for their behaviors.	3	Mixed	●○○○ Questionable
<b>Accountability</b>			
Benefits of intensive monitoring are mixed: while it can create opportunities to better address youth needs, it can also lead to the detection of more violations of program requirements and the administration of ad hoc sanctions, resulting in a negative view of youth and lower graduation rates.	6	Mixed	○○○● High
Weekly individual assessments of youth, including risk level, are helpful for informing the level of supervision a youth should receive and the development of creative accountability measures.	3	Mixed	○○○● High
Considering a youth's mental health can sensitize a court's understanding of youth failure, noncompliance, and a youth's overall ability to comply with court rules.	2	Mixed	○○●○ Moderate
Parents or guardians are critical court collaborators. This is challenging when parents or guardians disagree with the court about behavioral expectations and appropriate disciplinary responses. Involving parents or guardians in status hearings can facilitate	6	Mixed	○○●○ Moderate

Category and Interpretative Statement	Number of Studies	Type of Evidence	Quality of Evidence Rating
their collaboration in behavioral management.			
A therapeutic environment is enhanced by increasing the number of contacts with a youth and terminating chronically noncompliant youth consistent with the behavioral contract.	3	Mixed	●○○○ Questionable
Adhering to the behavior contingencies from the start ensures accountability and enhances perceptions of fairness.	6	Mixed	●○○○ Questionable
<b>Incentives</b>			
Rewards are important to drug court success and youth indicate appreciating rewards. Increasing rewards can improve graduation rates.	3	Mixed	○○○● High
Individualization of rewards and sanctions, including creative strategies, is valuable.	4	Mixed	○○○● High
Behavioral management (BM) strategies are often difficult to implement. Challenges include funding and staff training in the understanding and use of BM principles.	8	Mixed	○○○● High
<b>JDC Staff</b>			
A nonjudgmental judicial style is critical, as well as providing consistent application of behavioral contingencies and emotional care in the absence of a supportive family.	3	Mixed	○○○● High
Regular training facilitates staff skill development and effective case management, which can help control mission creep, and manage staff turnover.	4	Mixed	○○○● High
<b>Court Relationships</b>			
Youth generally perceive the abuse counselors and JDC staff as treating them fairly. However, some parents perceive paying fees for youth noncompliance as unfair.	3	Mixed	○○●○ Moderate
Bonding with a judge roughly takes 3–5 months.	2	Mixed	○●○○ Low
Staff communication with parents and among themselves can improve treatment initiation, mitigate parental concerns, and enhance parental involvement.	3	Mixed	●○○○ Questionable
<b>Research and Evaluation</b>			
Typical data collection is viewed as inadequate. More detailed and varied information about changes in youth behavior and program processes are seen as valuable.	4	Quantitative	○○●○ Moderate
<b>Barriers to Program Success</b>			
Greater variety and quantity of programming services in the community are needed. Needed services	10	Mixed	○○○● High



Category and Interpretative Statement	Number of Studies	Type of Evidence	Quality of Evidence Rating
include those that address trauma, mental health, family issues, educational challenges, and criminal thinking.			
Funding security is a concern, including the ability to fund program elements, such as rewards, and to hire an adequate number of staff.	6	Mixed	○○●○ Moderate
<b>Treatment Planning</b>			
A JDC that has in-house treatment provides a unified treatment approach that may enhance treatment fidelity and communication among treatment and drug court staff.	2	Quantitative	●○○○ Questionable
Systematic assessment of a youth's substance use and risk factors is needed to appropriately tailor the treatment model.	4	Mixed	●○○○ Questionable
<b>Participant Needs</b>			
Ethnic minority youth have lower success rates than White youth.	7	Mixed	○○○● High
Youth with mental illnesses, histories of abuse or other traumatic experiences, or other co-occurring disorders have lower success rates.	5	Quantitative	○○○● High
Older youth have higher success rates than younger youth.	5	Mixed	○○○● High
Girls have a higher success rate than boys.	7	Quantitative	○○○● High
Youth with a diagnosable substance abuse disorder have higher success rates than those without.	3	Quantitative	○○○● High
Parental English proficiency is related to youth graduation rates.	2	Mixed	○○○○ Moderate
<b>Family Stakeholders</b>			
Family and parental involvement and support in JDC positively influences participant success in the program.	11	Mixed	○○○● High
Family-related factors, such as family cohesion, home functioning, and communication, improve during JDC participation.	4	Quantitative	○○○● High
Family structure and family issues, including poor parenting skills, can be a barrier to program success.	3	Mixed	○○○● High
A lack of family and parental support and involvement is a challenge across the JDC system.	9	Mixed	○○○○ Moderate

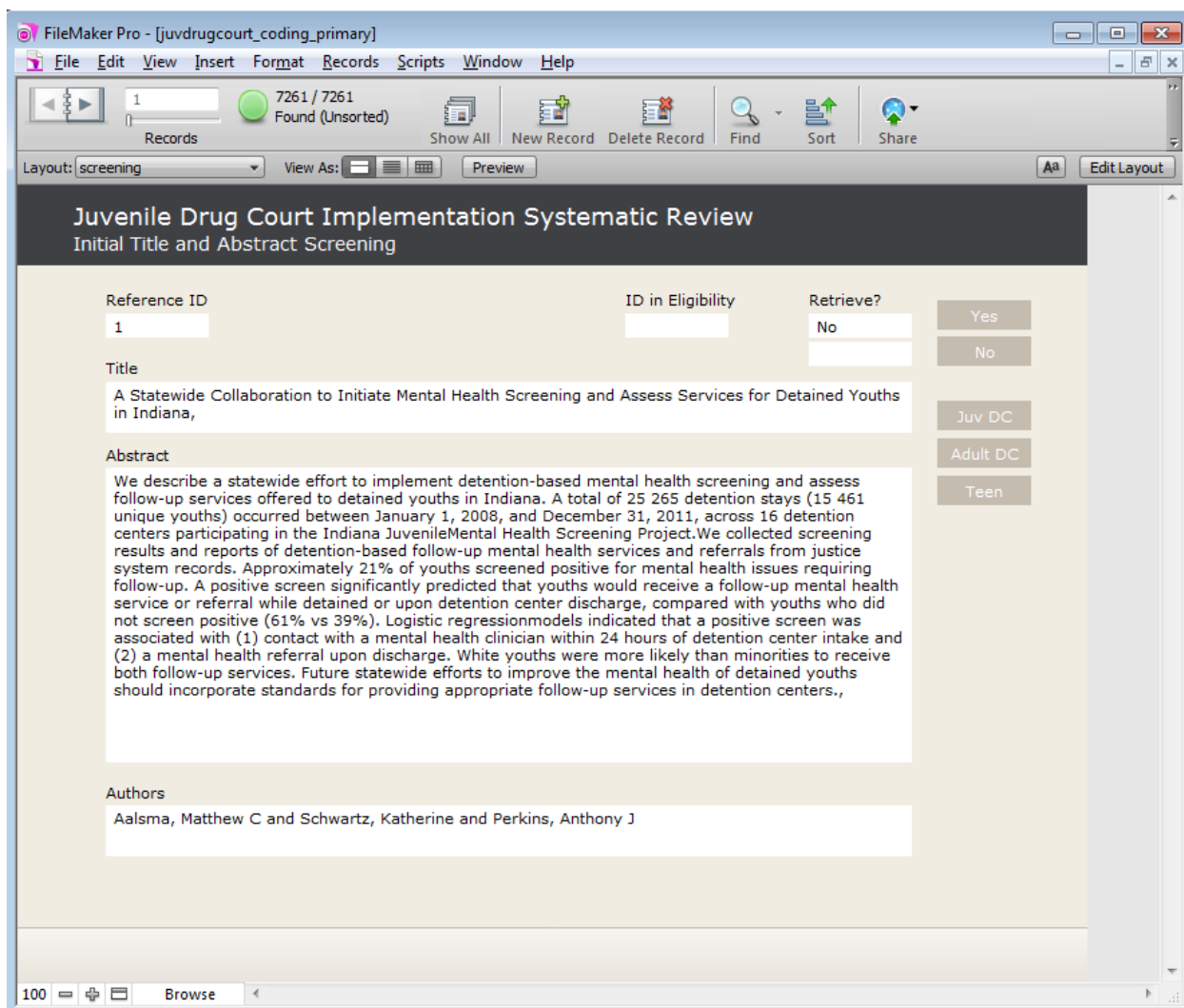
Category and Interpretative Statement	Number of Studies	Type of Evidence	Quality of Evidence Rating
Parental drug use, other mental health needs, and a lack of good parenting skills can negatively impact youth success. Some programs indicated a need for JDCs to incorporate treatment and programming for parents.	4	Mixed	○○●○ Moderate
<b>Stakeholders</b>			
School systems can enhance JDC success through collaboration, support, and the development of prosocial opportunities, or schools can hinder success through a lack of cooperation.	6	Mixed	○○○● High
JDC success, including funding, is enhanced by support and awareness by state and local governments and the general public.	4	Mixed	○○●○ Moderate
<b>External Factors</b>			
Courts express the need for more pro-social activities and opportunities for participants of JDCs, but express the challenge of understanding and impacting youth peer associations. JDC ability to affect youth peer associations appears mixed across courts.	6	Mixed	○○○● High
Access to transportation is an external factor that can negatively impact program attendance and therefore success.	3	Mixed	○●○○ Low

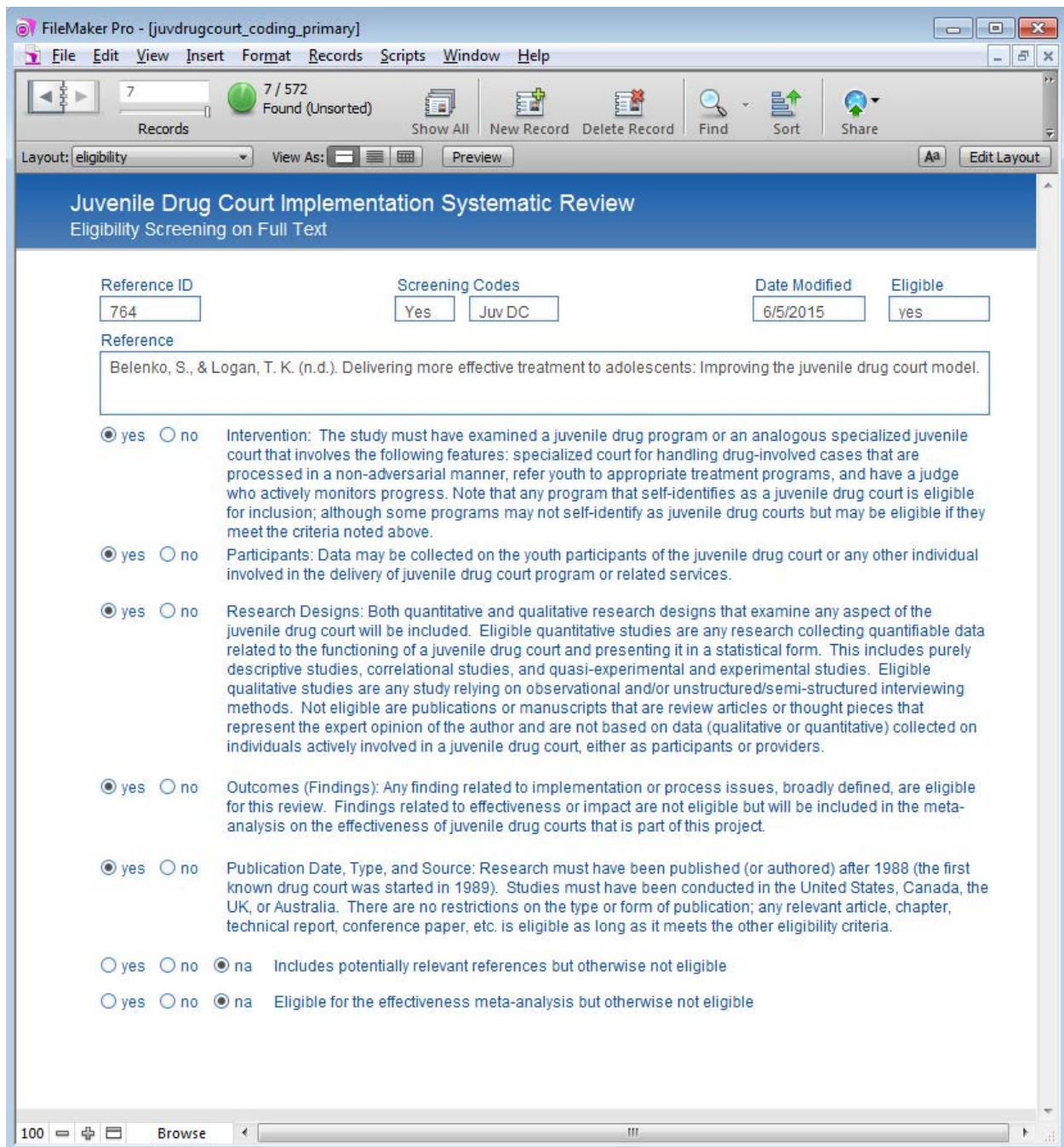
## Appendix C. Quality Rating of Study Methodology

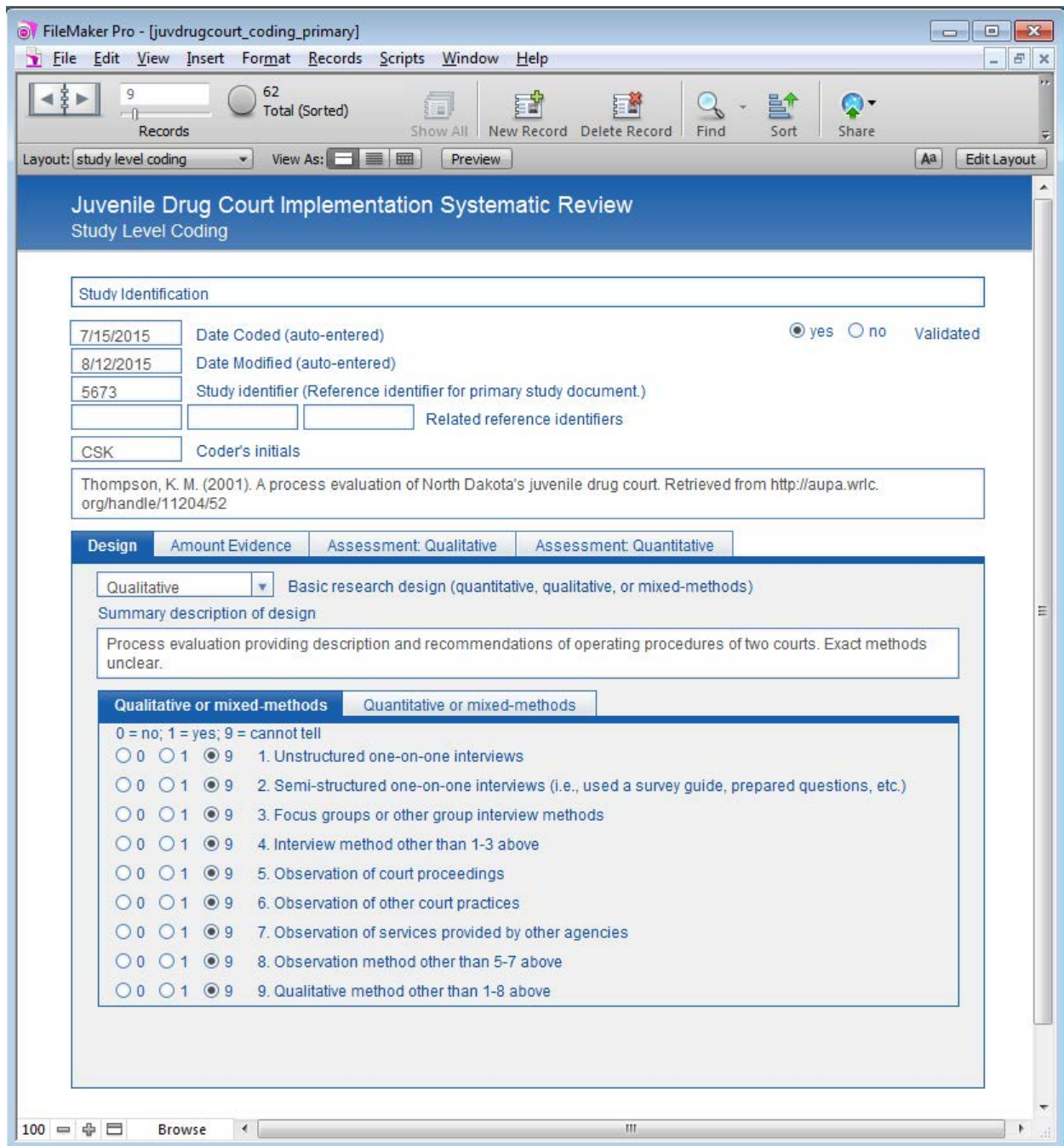
Author	Study Design	Credibility Rating	Number of Findings
Becerra and Young (2011)	Quantitative	3	5
Boghosian (2006)	Quantitative	3	5
Bryan et al. (2006)	Qualitative	1	4
Carey (2004)	Mixed methods	1/3	1
Carey et al. (2006)	Quantitative	2	8
Carter et al. (2011)	Quantitative	3	2
Dickerson (2011)	Qualitative	3	7
Eardley et al. (2004)	Qualitative	0	6
Fradella et al. (2009)	Quantitative	3	12
Harrison et al. (2006)	Quantitative	1	3
Hartmann et al. (2003)	Qualitative	2	5
Heck (n.d.)	Qualitative	0	3
Henggeler et al. (2012)	Quantitative	3	5
Sanborn et al. (2014)	Qualitative	0	4
Hickert et al. (2010)	Quantitative	3	3
Hiller et al. (2004)	Mixed methods	0	3
Hiller et al. (2010)	Qualitative	0	3
Hiller et al. (2002)	Mixed methods	0	2
Huff (2002)	Mixed methods	3	8
Ives et al. (2010)	Quantitative	3	4
Jackson and Kupersmidt (2005)	Quantitative	3	4
Kirchner and Kirchner (2007)	Quantitative	3	1
Konecky (2010)	Mixed methods	3	18
Linden (2008)	Qualitative	3	13
Linden et al. (2010)	Qualitative	1	7
Lucas (2008)	Mixed methods	2	8
Mackin et al. (2010b)	Quantitative	2	5
Mackin et al. (2010a)	Quantitative	2	2
Mackin et al. (2010c)	Quantitative	1	2
MacMaster et al. (2008)	Quantitative	2	2
Manchak et al. (2014)	Quantitative	3	9
Mericle et al. (2014)	Qualitative	3	12
Mhlanga & Allen (n.d.)	Quantitative	2	6
Miller et al. (1998)	Quantitative	3	2
Nestlerode et al. (1999)	Mixed methods	2	2

Author	Study Design	Credibility Rating	Number of Findings
O'Connell et al. (2003)	Quantitative	2	15
Paik (2009)	Qualitative	2	15
Paik (2011)	Mixed methods	3	35
Parker and Smith (2011)	Quantitative	2	1
Polakowski et al. (2008)	Quantitative	3	4
Rodriguez and Webb (2004)	Quantitative	3	12
Ruiz et al. (2009)	Quantitative	3	10
Saddik Gilmore et al. (2005)	Quantitative	3	10
Salvatore et al. (2010)	Mixed methods	3	1
Salvatore et al. (2011)	Mixed methods	3	16
Sanchez (2012)	Quantitative	3	7
Schaeffer et al. (2010)	Quantitative	3	9
Shaffer & Latessa (2002)	Quantitative	3	30
Shaffer et al. (2002)	Quantitative	3	32
Thompson (2000)	Qualitative	0	12
Thompson (2006)	Quantitative	3	8
Tolou-Shams et al. (2012)	Quantitative	3	9
Townsend (2011)	Qualitative	1	15
Tranchita (2004)	Quantitative	3	4
van Wormer (2010)	Quantitative	3	14
Vick (2009)	Mixed methods	0	7
Whiteacre (2004)	Qualitative	2	7
Whiteacre (2007)	Qualitative	2	4
Whiteacre (2009)	Qualitative	1	3

# Appendix D. FileMaker Pro Database Screenshots







FileMaker Pro - [juvdrugcourt\_coding\_primary]

File Edit View Insert Format Records Scripts Window Help

## Juvenile Drug Court Implementation Systematic Review

### Finding Level Coding

Study Identification

6/16/2015 Date Coded (auto-entered) 9/1/2015 Date Modified (auto-entered)  yes  no Validated

699 Study identifier (Reference identifier for primary study document.)

1 Finding identifier (number findings within studies sequentially)

amo Coder's initials

Barton, G. (2010a). Anne Arundel County juvenile treatment court outcome and cost evaluation. Retrieved from [http://www.ncrcsearch.com/Files/MD%20Outcome%20Cost/AA\\_Co\\_Juv\\_DC\\_outcome-cost\\_0110.pdf](http://www.ncrcsearch.com/Files/MD%20Outcome%20Cost/AA_Co_Juv_DC_outcome-cost_0110.pdf).

Summary of finding (direct quote)

"It appears that this program is more effective for youth with less involved criminal and substance abuse histories" (p. 21).

Nature of data Other notes

administrative data

**Themes** Assessment: Qualitative Assessment: Quantitative

Check one or more of the following preliminary thematic codes (i.e., categorize the finding into any appropriate category listed below).

<input checked="" type="checkbox"/> facilitator	<input type="checkbox"/> aftercare	<input type="checkbox"/> confidentiality, privacy, rights
<input type="checkbox"/> barrier	<input type="checkbox"/> risk assessment	<input type="checkbox"/> Other...
<input type="checkbox"/> sanctions	<input type="checkbox"/> JDC relationship to other courts	
<input type="checkbox"/> rewards	<input type="checkbox"/> issues related to size of JDC	
<input type="checkbox"/> phases	<input type="checkbox"/> involvement of stakeholders	
<input checked="" type="checkbox"/> participant prior history	<input type="checkbox"/> teamwork	
<input type="checkbox"/> family issues	<input type="checkbox"/> community partnerships	
<input type="checkbox"/> court structure	<input type="checkbox"/> treatment planning	
<input type="checkbox"/> judicial style	<input type="checkbox"/> individualization of treatment	
<input type="checkbox"/> staffing	<input type="checkbox"/> developmental appropriateness	
<input checked="" type="checkbox"/> eligibility	<input type="checkbox"/> gender	
<input type="checkbox"/> court-service provider relationship	<input type="checkbox"/> race/ethnicity	
<input type="checkbox"/> retention/dropout	<input type="checkbox"/> cultural competence	
<input type="checkbox"/> status hearings	<input type="checkbox"/> family engagement/involvement	
<input type="checkbox"/> drug treatment types	<input type="checkbox"/> education; connection to educational system	

100 Browse



# Appendix E. Coding Manual

## Office of Juvenile Justice and Drug Prevention Juvenile Drug Court Study

### ***Systematic Review of Juvenile Drug Court Implementation and Process Studies***

Updated: February 4, 2015

David B. Wilson

#### **Eligibility Criteria**

1. ***Intervention:*** The study must have examined a juvenile drug program or an analogous specialized juvenile court that involves the following features: specialized court for handling drug-involved cases that are processed in a nonadversarial manner, refer youth to appropriate treatment programs, and have a judge who actively monitors progress. Note that any program that self-identifies as a juvenile drug court is eligible for inclusion; some programs may not self-identify as juvenile drug courts but may be eligible if they meet the criteria noted above.
1. ***Participants:*** Data may be collected on the youth participants of the juvenile drug court or any other individual involved in the delivery of juvenile drug court program or related services.
2. ***Research designs:*** Both quantitative and qualitative research designs that examine any aspect of the juvenile drug court will be included. Eligible quantitative studies include any research collecting quantifiable data related to the functioning of a juvenile drug court and presenting it in a statistical form. This includes purely descriptive studies, correlational studies, and quasi-experimental and experimental studies. Eligible qualitative studies are studies that rely on observational and/or unstructured/semistructured interviewing methods. Not eligible are publications or manuscripts, review articles, or thought pieces that represent the expert opinion of the author and are not based on data (qualitative or quantitative) collected on individuals actively involved in a juvenile drug court, either as participants or providers.
3. ***Outcomes (findings):*** Any finding related to implementation or process issues, broadly defined, is eligible for this review. Findings related to effectiveness or impact are not eligible but will be included in the meta-analysis on the effectiveness of juvenile drug courts that is part of this project.
4. ***Publication date, type, and source:*** Research must have been published (or authored) after 1988 (the first known drug court was started in 1989). Studies must have been conducted in the United States, Canada, the United Kingdom, or Australia. There are no restrictions on the type or form of publication; any relevant article, chapter, technical report, or conference paper is eligible as long as it meets the other eligibility criteria.

## Coding Manual

### **Study Descriptors**

1. Publication identifier. Each publication must have a unique identifying number. **[pubid]**

Study identifier. Multiple publications are often available for a single piece of empirical research. All related publication should be given a common study identifying number. This number should correspond to the pubid of the primary publication for this research project. **[studyid]**

Country in which the study was conducted: **[country]**

1. United States
2. Canada
3. United Kingdom
4. Australia

Publication type: **[pubtype]**

1. Journal article
5. Book or book chapter
6. Technical report, unpublished manuscript
7. Thesis/dissertation
8. Other

### **Research Design**

1. Describe research design. **[design\_text]**

Basic research design. Indicate whether the research design was quantitative, qualitative, or mixed methods. **[design]**

1. Qualitative
9. Quantitative
10. Mixed methods (includes both qualitative and quantitative design elements)

If a qualitative or mixed-methods design, indicated which of the following methods were used (0 = no, 1 = yes, 9 = cannot tell). **[qual1–qual9]**

1. Unstructured one-on-one interviews
11. Semistructured one-on-one interviews (i.e., made use of an interview guide or some method of structuring the interview, such as prepared questions with open-ended answers)
12. Focus groups or other group interview methods
13. Interview method other than 1–3 above
14. Observation of court proceedings
15. Observation of other court practices
16. Observation of services provided by other agencies
17. Observation method other than 5–7 above
18. Other qualitative method other than 1–8 above (describe method)

If a quantitative or mixed-methods design, indicated which of the following methods were used (0 = no, 1 = yes, 9 = cannot tell). **[quant1–quant6]**

1. Cross-sectional survey (one time point per respondent)

2. Longitudinal survey (multiple time points per respondent)
3. Archival or administrative data
4. Experimental design (random assignment to conditions)
5. Quasi-experimental design with a comparison group (no random assignment to conditions)
6. Other quantitative method other than 1–5 above (describe method)

### **Amount of Evidence (Sample Size, etc.)**

For each category below, indicate the relevant sample size, number of interviews, hours of observation, etc. If unknown, code as -99. If not applicable, code as -88.

1. One-on-one interviews [**samplesize1**]
2. Focus groups/group interviews [**samplesize2**]
3. Average size of focus groups or group interviews [**samplesize3**]
4. Hours of observation [**samplesize4**]
5. Survey sample (before attrition/missing data) [**samplesize5**]
6. Longitudinal sample (before attrition/missing data) [**samplesize6**]
7. Experimental or quasi-experiment sample (before attrition/missing data) [**samplesize7**]

For qualitative research, number of researchers involved in collecting qualitative data. [**researchers**]

### **Assessment of Quality of Evidence**

The following items reflect a study-level assessment of methodological quality. Each finding will also be individually assessed for credibility.

#### **Quantitative Studies**

Sampling methodology [**sampling**]

1. Random sampling or full census
2. Convenience sampling, no obvious bias
3. Convenience sampling, potentially or obviously biased
4. Other (describe)

Measurement [**measurement**]

1. Used published measures (i.e., a measure that has gone through psychometric testing and is available for use by any researcher)
2. Used in-house measures that has gone through psychometric testing
3. Used in-house measures with no psychometric testing
4. Mixed collection of measures (i.e., any combination of the above)
5. Other (describe)

Methodology appropriate for research questions (1 = yes, 0 = no). [**quantapprop**]

#### **Qualitative Studies**

The study makes mention of any of the following methods of validating qualitative findings:

1. Member checking (i.e., presenting the findings to individuals from whom the data were collected to test whether the conclusions and interpretations are a faithful reflection of their experiences, etc.) [**qualvalid1**]

19. Search for discrepant information or negative case analysis [**qualvalid2**]
20. Peer audit or peer debriefing [**qualvalid3**]
21. Triangulation (i.e., used multiple data sources to establish consistency of findings) [**qualvalid4**]
22. Saturation (i.e., mentions remaining in the field for interviews and or observations until no new information was being obtained) [**qualvalid5**]
23. Constant comparative method [**qualvalid6**]
24. Other (describe) [**qualvalid7**]

The text explicitly states that the researchers used a quantitative software program for analysis, such as Atlas.Ti or NVIVO (1 = yes, 0 = no). [**qualsoft**]

Used multiple coders for categorizing qualitative data (1 = yes, 0 = no). [**qualcoders**]

Qualitative methodological approach, as stated in text [**qualapproach**]

1. Ethnographic
2. Grounded theory
3. Participatory action research
4. Phenomenology
5. Other (describe)
6. No mention of qualitative methodological approach

Discussion of trustworthiness or validity of findings in the text (1 = yes, 0 = no). [**qualtrust**]

## ***Thematic Coding of Findings***

Identify all findings relevant to the implementation or other process issues of a juvenile drug court. These reflect any conclusions based on qualitative or quantitative data. For each specific finding, code the following items:

Finding. Directly quote the finding as it appears in the study. [**finding**]

Apply one or more of the following preliminary thematic codes; that is, categorize the finding into any of the categories listed below: [**theme1-x**]

### *Predetermined*

Sanctions	Risk assessment
Rewards	JDC relationship to other courts
Phases	Issues related to size of JDC
Participant prior history	Involvement of stakeholders
Family issues	Issues related to teamwork
Court structured	Community partnerships
Judicial style	Treatment planning
Staffing	Individualization of treatment
Eligibility (participant population issues)	(developmentally appropriate, etc.)
Relationship with service providers	Issues related to gender
Retention/dropout	Issues related to race/ethnicity
Drug testing	Issues related to cultural competence
Status hearings	Family engagement
Drug treatment types	Education; connection to educational system
Aftercare	Confidentiality, privacy, rights

*Developed during coding:*

Access to resources (adequacy of resources)  
Accountability  
Additional services  
Aftercare planning  
Behavior assessment  
Behavioral change programs  
Capacity building  
Case management  
Communication  
Court/client relationship  
Data collection  
Data management  
Decision making  
Discretion  
Drug court culture/climate  
Drug tests  
Employment  
Environmental issues  
Facility type  
Fairness  
    Family substance use  
    Family therapy  
    Fidelity  
    Funding  
    Gang affiliation  
    Incentives  
Intake  
Issues relating to attendance (includes transportation)  
Legal factors

Length of time  
Mental health (also includes co-occurring disorders)  
Monitoring  
Motivational interviewing  
Noncompliance  
Participant needs  
Participant perceptions  
Participant recommendation  
Participant satisfaction/perceptions  
Peers  
Personality traits of participants  
Positive reinforcement  
Predicting success  
Program completion  
Program goals  
Programmatic experiences  
Prosocial activities  
Quality assurance  
Research and evaluation  
Risk factor  
Risk/needs assessment  
Roles  
School discipline  
Screening  
Self-esteem  
Sexual orientation  
Sexual risk behaviors  
Staff perceptions  
Staff recommendation  
Substance use  
Supervision  
Time at risk  
Training  
Treatment readiness  
Treatment style  
Volunteer  
Weekly meetings (weekly assessment)

**For a quantitative finding, answer the following**

Nature of finding [**quanttype**]

1. Correlation
2. Regression coefficient (any type)
3. Mean difference, *t* test, ANOVA
4. Two-way contingency table

5. Raw frequency, rate, proportion, or percent
6. Other (describe)

Finding based on less than 85% of original sample (or 85% of subsample if this finding is based on a subsample) (0 = no, 1 = yes, 9 = cannot tell). **[quantattrit]**

Finding reflects a post hoc analysis (0 = no, 1 = yes, 9 = cannot tell). **[quantposthoc]**

Credibility of quantitative finding (0 = very low, 1 = low, 2 = medium, 3 = high). **[quantcred]**

(Use the decision tree below to determine score for this finding.)

Finding is directly connected to a statistical finding and is consistent with that statistical finding in terms of statistical significance, direction of effect, and magnitude of effect (Note that not all of these will be relevant for all types of quantitative findings.). The issue here is the fit of the statistical evidence with the inference drawn in the finding.

If no, code credibility as 0.

If yes, continue.

Finding is based on at least 85% of original sample (or 85% of subsample if finding a based on a subsample

If no, code credibility as 1.

If yes, continue.

There are no clear risks of bias for this finding. Things to consider are: (1) post hoc nature of finding (i.e., possible data fishing), (2)

appropriateness of statistical method, (3) selection bias or other internal validity concerns if finding is of a causal nature, (4) poor question wording or fit of measurement construct to the finding, (5) adequate statistical power if finding is one of no effect (i.e., a null finding) and (6) any other concern that would raise doubt on the veracity of the finding.

If no clear risk of bias, code credibility as 2.

If clear risk of bias, code credibility as 1.

**For a qualitative finding, answer the following:**

Finding based on what type of information **[qualtype]**

1. Observations
2. Individual interviews
3. Group interviews or focus groups
4. Observations and interviews
5. Document review
6. Other (describe)

Finding is author's opinion **[opinion]**

1. No
2. Yes (If yes, 0 for all credibility items)

Credibility of finding (0 = very low, 1 = low, 2 = medium, 3 = high)

**[qualcredible].**

(Use the decision tree below to determine score for this finding.)

The finding is clearly connected to direct quotes or thick descriptions of observations. The issue here is whether the finding is clearly supported by qualitative data or whether it appears to be the opinion of the research with little to no

connection to the evidence.

If no, code credibility  
0.

If yes, continue.

There was an adequate amount of qualitative data (number of interviews, hours spent observing, etc.) to have confidence in the finding.

The issue here is whether additional time spent in the field would have resulted in a different conclusion. There are no hard rules on how much is enough as it depends on the finding and type of data. A finding based on triangulation between to different methods of data collection, such as interviewing and observing or qualitative and quantitative evidence, is should be coded as yes to this question. If there is no information on the number of interviews or time spent observing, then answer this item as no.

If no, code credibility  
as 1.

If yes, continue.

There is evidence of careful qualitative data analysis. Evidence of this might include multiple coders, use of validation methods, use of qualitative software, and discussion of data validity issues.

If no, code credibility  
as 1.

If yes, code credibility  
as 2.

## Appendix F. Table of Interpretive Statements by Study and Study Finding

studyid	findingid	isid	int_statement::statement
1823	7	1	Clarity of team member roles is an important aspect of collaboration. This includes how the role fits into the team dynamic.
4374	14	1	Clarity of team member roles is an important aspect of collaboration. This includes how the role fits into the team dynamic.
5180	7	1	Clarity of team member roles is an important aspect of collaboration. This includes how the role fits into the team dynamic.
5180	28	1	Clarity of team member roles is an important aspect of collaboration. This includes how the role fits into the team dynamic.
2957	3	2	Rewards are important to drug court success and youth indicate appreciating rewards. Increasing rewards can improve graduation rates.
3297	7	2	Rewards are important to drug court success and youth indicate appreciating rewards. Increasing rewards can improve graduation rates.
3297	6	2	Rewards are important to drug court success and youth indicate appreciating rewards. Increasing rewards can improve graduation rates.
6044	2	2	Rewards are important to drug court success and youth indicate appreciating rewards. Increasing rewards can improve graduation rates.
3297	18	3	Individualization of rewards and sanctions, including creative strategies, is valuable.
3557	1	3	Individualization of rewards and sanctions, including creative strategies, is valuable.
3557	13	3	Individualization of rewards and sanctions, including creative strategies, is valuable.
7053	12	3	Individualization of rewards and sanctions, including creative strategies, is valuable.
4375	27	3	Individualization of rewards and sanctions, including creative strategies, is valuable.
1049	4	4	Behavioral management (BM) strategies are often difficult to implement. Challenges include funding, and staff training in the understanding and use of BM principles.
2678	3	4	Behavioral management strategies are often difficult to implement. Challenges include funding, and staff training in the understanding and use of BM principles.
3982	12	4	Behavioral management strategies are often difficult to implement. Challenges include funding, and staff training in the understanding and use of BM principles.
4556	4	4	Behavioral management strategies are often difficult to implement. Challenges include funding, and staff training in the understanding and use of BM principles.
2767	6	4	Behavioral management strategies are often difficult to implement. Challenges include funding, and staff training in the understanding and use of BM principles.



studyid	findingid	isid	int_statement::statement
5673	8	4	Behavioral management strategies are often difficult to implement. Challenges include funding, and staff training in the understanding and use of BM principles.
6044	1	4	Behavioral management strategies are often difficult to implement. Challenges include funding, and staff training in the understanding and use of BM principles.
7053	13	4	Behavioral management strategies are often difficult to implement. Challenges include funding, and staff training in the understanding and use of BM principles.
5180	21	5	Typical data collection is viewed as inadequate. More detailed and varied information about changes in youth behavior and program processes are seen as valuable.
5180	29	5	Typical data collection is viewed as inadequate. More detailed and varied information about changes in youth behavior and program processes are seen as valuable.
5179	32	5	Typical data collection is viewed as inadequate. More detailed and varied information about changes in youth behavior and program processes are seen as valuable.
5180	19	5	Typical data collection is viewed as inadequate. More detailed and varied information about changes in youth behavior and program processes are seen as valuable.
3997	2	5	Typical data collection is viewed as inadequate. More detailed and varied information about changes in youth behavior and program processes are seen as valuable.
5179	25	5	Typical data collection is viewed as inadequate. More detailed and varied information about changes in youth behavior and program processes are seen as valuable.
4291	14	5	Typical data collection is viewed as inadequate. More detailed and varied information about changes in youth behavior and program processes are seen as valuable.
1049	1	6	Greater variety and quantity of programming services in the community are needed. Needed services include those that address trauma, mental health, family issues, educational challenges, and criminal thinking.
1259	1	6	Greater variety and quantity of programming services in the community are needed. Needed services include those that address trauma, mental health, family issues, educational challenges, and criminal thinking.
5018	7	6	Greater variety and quantity of programming services in the community are needed. Needed services include those that address trauma, mental health, family issues, educational challenges, and criminal thinking.
5018	3	6	Greater variety and quantity of programming services in the community are needed. Needed services include those that address trauma, mental health, family issues, educational challenges, and criminal thinking.
5729	3	6	Greater variety and quantity of programming services in the community are needed. Needed services include those that address trauma, mental health, family issues, educational challenges, and criminal thinking.
2767	4	6	Greater variety and quantity of programming services in the community are needed. Needed services include those that address trauma, mental health, family issues, educational challenges, and criminal thinking.

studyid	findingid	isid	int_statement::statement
5673	6	6	Greater variety and quantity of programming services in the community are needed. Needed services include those that address trauma, mental health, family issues, educational challenges, and criminal thinking.
5677	7	6	Greater variety and quantity of programming services in the community are needed. Needed services include those that address trauma, mental health, family issues, educational challenges, and criminal thinking.
5677	8	6	Greater variety and quantity of programming services in the community are needed. Needed services include those that address trauma, mental health, family issues, educational challenges, and criminal thinking.
3682	1	6	Greater variety and quantity of programming services in the community are needed. Needed services include those that address trauma, mental health, family issues, educational challenges, and criminal thinking.
3982	11	6	Greater variety and quantity of programming services in the community are needed. Needed services include those that address trauma, mental health, family issues, educational challenges, and criminal thinking.
5180	11	6	Greater variety and quantity of programming services in the community are needed. Needed services include those that address trauma, mental health, family issues, educational challenges, and criminal thinking.
5725	6	7	Funding security is a concern, including the ability to fund program elements such as rewards and to hire an adequate number of staff.
1049	4	7	Funding security is a concern, including the ability to fund program elements such as rewards and to hire an adequate number of staff.
5179	27	7	Funding security is a concern, including the ability to fund program elements such as rewards and to hire an adequate number of staff.
5180	30	7	Funding security is a concern, including the ability to fund program elements such as rewards and to hire an adequate number of staff.
5179	11	7	Funding security is a concern, including the ability to fund program elements such as rewards and to hire an adequate number of staff.
5179	13	7	Funding security is a concern, including the ability to fund program elements such as rewards and to hire an adequate number of staff.
5179	15	7	Funding security is a concern, including the ability to fund program elements such as rewards and to hire an adequate number of staff.
5725	15	7	Funding security is a concern, including the ability to fund program elements such as rewards and to hire an adequate number of staff.
5179	17	7	Funding security is a concern, including the ability to fund program elements such as rewards and to hire an adequate number of staff.
1049	3	7	Funding security is a concern, including the ability to fund program elements such as rewards and to hire an adequate number of staff.
2767	1	7	Funding security is a concern, including the ability to fund program elements such as rewards and to hire an adequate number of staff.
5180	13	7	Funding security is a concern, including the ability to fund program elements such as rewards and to hire an adequate number of staff.
5180	30	7	Funding security is a concern, including the ability to fund program elements such as rewards and to hire an adequate number of staff.
5064	8	8	School systems can enhance juvenile drug court (JDC) success through collaboration, support, and the development of prosocial opportunities, or

studyid	findingid	isid	int_statement::statement
			schools can hinder success through a lack of cooperation.
3557	5	8	School systems can enhance JDC success through collaboration, support, and the development of prosocial opportunities, or schools can hinder success through a lack of cooperation.
3557	6	8	School systems can enhance JDC success through collaboration, support, and the development of prosocial opportunities, or schools can hinder success through a lack of cooperation.
3982	4	8	School systems can enhance JDC success through collaboration, support, and the development of prosocial opportunities, or schools can hinder success through a lack of cooperation.
3982	7	8	School systems can enhance JDC success through collaboration, support, and the development of prosocial opportunities, or schools can hinder success through a lack of cooperation.
4291	7	8	School systems can enhance JDC success through collaboration, support, and the development of prosocial opportunities, or schools can hinder success through a lack of cooperation.
4853	5	8	School systems can enhance JDC success through collaboration, support, and the development of prosocial opportunities, or schools can hinder success through a lack of cooperation.
4853	2	8	School systems can enhance JDC success through collaboration, support, and the development of prosocial opportunities, or schools can hinder success through a lack of cooperation.
4853	6	8	School systems can enhance JDC success through collaboration, support, and the development of prosocial opportunities, or schools can hinder success through a lack of cooperation.
4853	8	8	School systems can enhance JDC success through collaboration, support, and the development of prosocial opportunities, or schools can hinder success through a lack of cooperation.
5018	5	8	School systems can enhance JDC success through collaboration, support, and the development of prosocial opportunities, or schools can hinder success through a lack of cooperation.
5725	5	9	JDC success, including funding, is enhanced by support and awareness by state and local governments and the general public.
4291	12	9	JDC success, including funding, is enhanced by support and awareness by state and local governments and the general public.
5179	28	9	JDC success, including funding, is enhanced by support and awareness by state and local governments and the general public.
5180	23	9	JDC success, including funding, is enhanced by support and awareness by state and local governments and the general public.
739	2	10	Family and parental involvement and support in JDC positively influences participant success in the program.
739	1	10	Family and parental involvement and support in JDC positively influences participant success in the program.
2192	4	10	Family and parental involvement and support in JDC positively influences participant success in the program.
3665	1	10	Family and parental involvement and support in JDC positively influences

studyid	findingid	isid	int_statement::statement
			participant success in the program.
3749	4	10	Family and parental involvement and support in JDC positively influences participant success in the program.
3982	3	10	Family and parental involvement and support in JDC positively influences participant success in the program.
3982	6	10	Family and parental involvement and support in JDC positively influences participant success in the program.
3749	1	10	Family and parental involvement and support in JDC positively influences participant success in the program.
5064	4	10	Family and parental involvement and support in JDC positively influences participant success in the program.
2767	3	10	Family and parental involvement and support in JDC positively influences participant success in the program.
5673	5	10	Family and parental involvement and support in JDC positively influences participant success in the program.
5725	13	10	Family and parental involvement and support in JDC positively influences participant success in the program.
2882	2	10	Family and parental involvement and support in JDC positively influences participant success in the program.
5677	2	11	Family-related factors, such as family cohesion, home functioning and communication, improve during JDC participation.
5677	6	11	Family-related factors, such as family cohesion, home functioning and communication, improve during JDC participation.
5064	1	11	Family-related factors, such as family cohesion, home functioning and communication, improve during JDC participation.
4291	4	11	Family-related factors, such as family cohesion, home functioning and communication, improve during JDC participation.
3689	1	11	Family-related factors, such as family cohesion, home functioning and communication, improve during JDC participation.
4228	2	12	Family structure and family issues, including poor parenting skills, can be a barrier to program success.
3982	1	12	Family structure and family issues, including poor parenting skills, can be a barrier to program success.
3982	8	12	Family structure and family issues, including poor parenting skills, can be a barrier to program success.
2767	1	12	Family structure and family issues, including poor parenting skills, can be a barrier to program success.
5677	7	13	A lack of family and parental support and involvement is a challenge across the JDC system.
2323	4	13	A lack of family and parental support and involvement is a challenge across the JDC system.
5725	15	13	A lack of family and parental support and involvement is a challenge across the JDC system.
5725	4	13	A lack of family and parental support and involvement is a challenge across the JDC system.

studyid	findingid	isid	int_statement::statement
2622	5	13	A lack of family and parental support and involvement is a challenge across the JDC system.
4375	31	13	A lack of family and parental support and involvement is a challenge across the JDC system.
3557	12	13	A lack of family and parental support and involvement is a challenge across the JDC system.
2767	2	13	A lack of family and parental support and involvement is a challenge across the JDC system.
5708	8	13	A lack of family and parental support and involvement is a challenge across the JDC system.
5180	17	13	A lack of family and parental support and involvement is a challenge across the JDC system.
5673	6	14	Parental drug use, other mental health needs, and a lack of good parenting skills can negatively impact youth success, with some programs indicating a need for JDCs to incorporate treatment and programming for parents.
2767	4	14	Parental drug use, other mental health needs, and a lack of good parenting skills can negatively impact youth success, with some programs indicating a need for JDCs to incorporate treatment and programming for parents.
2323	3	14	Parental drug use, other mental health needs, and a lack of good parenting skills can negatively impact youth success, with some programs indicating a need for JDCs to incorporate treatment and programming for parents.
2323	2	14	Parental drug use, other mental health needs, and a lack of good parenting skills can negatively impact youth success, with some programs indicating a need for JDCs to incorporate treatment and programming for parents.
4984	7	14	Parental drug use, other mental health needs, and a lack of good parenting skills can negatively impact youth success, with some programs indicating a need for JDCs to incorporate treatment and programming for parents.
5064	2	14	Parental drug use, other mental health needs, and a lack of good parenting skills can negatively impact youth success, with some programs indicating a need for JDCs to incorporate treatment and programming for parents.
5064	9	14	Parental drug use, other mental health needs, and a lack of good parenting skills can negatively impact youth success, with some programs indicating a need for JDCs to incorporate treatment and programming for parents.
2767	3	15	Courts express the need for more prosocial activities and opportunities for participants of JDC, and they express the challenge of understanding and impacting youth peer associations. JDC ability to affect youth peer associations appears mixed across courts.
5064	2	15	Courts express the need for more prosocial activities and opportunities for participants of JDC, and they express the challenge of understanding and impacting youth peer associations. JDC ability to affect youth peer associations appears mixed across courts.
5064	8	15	Courts express the need for more prosocial activities and opportunities for participants of JDC, and they express the challenge of understanding and impacting youth peer associations. JDC ability to affect youth peer associations appears mixed across courts.

studyid	findingid	isid	int_statement::statement
3557	10	15	Courts express the need for more prosocial activities and opportunities for participants of JDC, and they express the challenge of understanding and impacting youth peer associations. JDC ability to affect youth peer associations appears mixed across courts.
3557	5	15	Courts express the need for more prosocial activities and opportunities for participants of JDC, and they express the challenge of understanding and impacting youth peer associations. JDC ability to affect youth peer associations appears mixed across courts.
3557	6	15	Courts express the need for more prosocial activities and opportunities for participants of JDC, and they express the challenge of understanding and impacting youth peer associations. JDC ability to affect youth peer associations appears mixed across courts.
3557	11	15	Courts express the need for more prosocial activities and opportunities for participants of JDC, and they express the challenge of understanding and impacting youth peer associations. JDC ability to affect youth peer associations appears mixed across courts.
3556	1	15	Courts express the need for more prosocial activities and opportunities for participants of JDC, and they express the challenge of understanding and impacting youth peer associations. JDC ability to affect youth peer associations appears mixed across courts.
3997	4	15	Courts express the need for more prosocial activities and opportunities for participants of JDC, and they express the challenge of understanding and impacting youth peer associations. JDC ability to affect youth peer associations appears mixed across courts.
5064	1	15	Courts express the need for more prosocial activities and opportunities for participants of JDC, and they express the challenge of understanding and impacting youth peer associations. JDC ability to affect youth peer associations appears mixed across courts.
5064	3	15	Courts express the need for more prosocial activities and opportunities for participants of JDC, and they express the challenge of understanding and impacting youth peer associations. JDC ability to affect youth peer associations appears mixed across courts.
5064	4	15	Courts express the need for more prosocial activities and opportunities for participants of JDC, and they express the challenge of understanding and impacting youth peer associations. JDC ability to affect youth peer associations appears mixed across courts.
5064	3	15	Courts express the need for more prosocial activities and opportunities for participants of JDC, and they express the challenge of understanding and impacting youth peer associations. JDC ability to affect youth peer associations appears mixed across courts.
3297	16	15	Courts express the need for more prosocial activities and opportunities for participants of JDC, and they express the challenge of understanding and impacting youth peer associations. JDC ability to affect youth peer associations appears mixed across courts.
5725	15	16	Access to transportation is an external factor that can negatively impact program attendance and therefore success.
5725	9	16	Access to transportation is an external factor that can negatively impact program attendance and therefore success.

studyid	findingid	isid	int_statement::statement
5064	8	16	Access to transportation is an external factor that can negatively impact program attendance and therefore success.
2767	3	16	Access to transportation is an external factor that can negatively impact program attendance and therefore success.
4375	4	17	Benefits of intensive monitoring are mixed: While it can create opportunities to better address youth needs, it can also lead to the detection of more violations of program requirements and the administration of ad hoc sanctions, resulting in a negative view of youth and lower graduation rates.
4375	35	17	Benefits of intensive monitoring are mixed: While it can create opportunities to better address youth needs, it can also lead to the detection of more violations of program requirements and the administration of ad hoc sanctions, resulting in a negative view of youth and lower graduation rates.
4375	9	17	Benefits of intensive monitoring are mixed: While it can create opportunities to better address youth needs, it can also lead to the detection of more violations of program requirements and the administration of ad hoc sanctions, resulting in a negative view of youth and lower graduation rates.
2954	4	17	Benefits of intensive monitoring are mixed: While it can create opportunities to better address youth needs, it can also lead to the detection of more violations of program requirements and the administration of ad hoc sanctions, resulting in a negative view of youth and lower graduation rates.
4375	20	17	Benefits of intensive monitoring are mixed: While it can create opportunities to better address youth needs, it can also lead to the detection of more violations of program requirements and the administration of ad hoc sanctions, resulting in a negative view of youth and lower graduation rates.
4375	7	17	Benefits of intensive monitoring are mixed: While it can create opportunities to better address youth needs, it can also lead to the detection of more violations of program requirements and the administration of ad hoc sanctions, resulting in a negative view of youth and lower graduation rates.
1325	3	17	Benefits of intensive monitoring are mixed: While it can create opportunities to better address youth needs, it can also lead to the detection of more violations of program requirements and the administration of ad hoc sanctions, resulting in a negative view of youth and lower graduation rates.
2323	4	17	Benefits of intensive monitoring are mixed: While it can create opportunities to better address youth needs, it can also lead to the detection of more violations of program requirements and the administration of ad hoc sanctions, resulting in a negative view of youth and lower graduation rates.
2678	3	17	Benefits of intensive monitoring are mixed: While it can create opportunities to better address youth needs, it can also lead to the detection of more violations of program requirements and the administration of ad hoc sanctions, resulting in a negative view of youth and lower graduation rates.
2727	1	17	Benefits of intensive monitoring are mixed: While it can create opportunities to better address youth needs, it can also lead to the detection of more violations of program requirements and the administration of ad hoc sanctions, resulting in a negative view of youth and lower graduation rates.
699	2	18	Weekly individual assessments of youth, including risk level, are helpful for informing the level of supervision a youth should receive and the development of creative accountability measures.

studyid	findingid	isid	int_statement::statement
3557	1	18	Weekly individual assessments of youth, including risk level, are helpful for informing the level of supervision a youth should receive and the development of creative accountability measures.
4375	6	18	Weekly individual assessments of youth, including risk level, are helpful for informing the level of supervision a youth should receive and the development of creative accountability measures.
4374	11	19	Considering a youth's mental health can sensitize a court's understanding of youth failure, noncompliance, and a youth's overall ability to comply with court rules.
3726	5	19	Considering a youth's mental health can sensitize a court's understanding of youth failure, noncompliance, and a youth's overall ability to comply with court rules.
4374	2	19	Considering a youth's mental health can sensitize a court's understanding of youth failure, noncompliance, and a youth's overall ability to comply with court rules.
5064	9	20	Parents or guardians are critical court collaborators. This is challenging when parents or guardians disagree with the court about behavioral expectations and appropriate disciplinary responses. Involving parents or guardians in status hearings can facilitate their collaboration in behavioral management.
3749	3	20	Parents or guardians are critical court collaborators. This is challenging when parents or guardians disagree with the court about behavioral expectations and appropriate disciplinary responses. Involving parents or guardians in status hearings can facilitate their collaboration in behavioral management.
4375	14	20	Parents or guardians are critical court collaborators. This is challenging when parents or guardians disagree with the court about behavioral expectations and appropriate disciplinary responses. Involving parents or guardians in status hearings can facilitate their collaboration in behavioral management.
3665	1	20	Parents or guardians are critical court collaborators. This is challenging when parents or guardians disagree with the court about behavioral expectations and appropriate disciplinary responses. Involving parents or guardians in status hearings can facilitate their collaboration in behavioral management.
5673	12	20	Parents or guardians are critical court collaborators. This is challenging when parents or guardians disagree with the court about behavioral expectations and appropriate disciplinary responses. Involving parents or guardians in status hearings can facilitate their collaboration in behavioral management.
1049	3	20	Parents or guardians are critical court collaborators. This is challenging when parents or guardians disagree with the court about behavioral expectations and appropriate disciplinary responses. Involving parents or guardians in status hearings can facilitate their collaboration in behavioral management.
1567	1	21	A therapeutic environment is enhanced by increasing the number of contacts with a youth and terminating chronically noncompliant youth consistent with the behavioral contract.



studyid	findingid	isid	int_statement::statement
4853	3	21	A therapeutic environment is enhanced by increasing the number of contacts with a youth and terminating chronically noncompliant youth consistent with the behavioral contract.
4375	32	21	A therapeutic environment is enhanced by increasing the number of contacts with a youth and terminating chronically noncompliant youth consistent with the behavioral contract.
3641	8	22	Adhering to the behavior contingencies from the start ensures accountability and enhances perceptions of fairness.
4291	10	22	Adhering to the behavior contingencies from the start ensures accountability and enhances perceptions of fairness.
5064	2	22	Adhering to the behavior contingencies from the start ensures accountability and enhances perceptions of fairness.
5841	7	22	Adhering to the behavior contingencies from the start ensures accountability and enhances perceptions of fairness.
7053	6	22	Adhering to the behavior contingencies from the start ensures accountability and enhances perceptions of fairness.
2882	8	22	Adhering to the behavior contingencies from the start ensures accountability and enhances perceptions of fairness.
3641	7	22	Adhering to the behavior contingencies from the start ensures accountability and enhances perceptions of fairness.
7053	12	22	Adhering to the behavior contingencies from the start ensures accountability and enhances perceptions of fairness.
4291	1	23	Youth generally perceive the abuse counselors and JDC staff as treating them fairly. However, some parents perceive paying fees for their youth's noncompliance as unfair.
4291	8	23	Youth generally perceive the abuse counselors and JDC staff as treating them fairly. However, some parents perceive paying fees for their youth's noncompliance as unfair.
7053	6	23	Youth generally perceive the abuse counselors and JDC staff as treating them fairly. However, some parents perceive paying fees for their youth's noncompliance as unfair.
4375	19	23	Youth generally perceive the abuse counselors and JDC staff as treating them fairly. However, some parents perceive paying fees for their youth's noncompliance as unfair.
5873	5	24	Bonding with a judge roughly takes 3–5 months.
7053	10	24	Bonding with a judge roughly takes 3–5 months.
2882	5	24	Bonding with a judge roughly takes 3–5 months.
4375	16	25	Staff communication with parents and among themselves can improve treatment initiation, mitigate parental concerns, and enhance parental involvement.
4375	18	25	Staff communication with parents and among themselves can improve treatment initiation, mitigate parental concerns, and enhance parental involvement.
5673	3	25	Staff communication with parents and among themselves can improve treatment initiation, mitigate parental concerns, and enhance parental involvement.

studyid	findingid	isid	int_statement::statement
2954	2	25	Staff communication with parents and among themselves can improve treatment initiation, mitigate parental concerns, and enhance parental involvement.
3297	6	26	Detention and length of detention is correlated with JDC failure.
3297	8	26	Detention and length of detention is correlated with JDC failure.
2957	4	26	Detention and length of detention is correlated with JDC failure.
5729	3	26	Detention and length of detention is correlated with JDC failure.
3683	3	26	Detention and length of detention is correlated with JDC failure.
3297	11	27	Failure to show up for drug testing during the initial phase is a warning sign for youth at high risk of program failure.
3297	10	27	Failure to show up for drug testing during the initial phase is a warning sign for youth at high risk of program failure.
4853	11	27	Failure to show up for drug testing during the initial phase is a warning sign for youth at high risk of program failure.
5179	2	27	Failure to show up for drug testing during the initial phase is a warning sign for youth at high risk of program failure.
892	4	28	Staff awareness of a youth's mental health issues is enhanced through a mental health evaluation conducted at intake by a trained clinician, enhancing the likelihood of the youth's success.
4374	8	28	Staff awareness of a youth's mental health issues is enhanced through a mental health evaluation conducted at intake by a trained clinician, enhancing the likelihood of the youth's success.
4374	1	28	Staff awareness of a youth's mental health issues is enhanced through a mental health evaluation conducted at intake by a trained clinician, enhancing the likelihood of the youth's success.
3726	7	28	Staff awareness of a youth's mental health issues is enhanced through a mental health evaluation conducted at intake by a trained clinician, enhancing the likelihood of the youth's success.
4375	6	28	Staff awareness of a youth's mental health issues is enhanced through a mental health evaluation conducted at intake by a trained clinician, enhancing the likelihood of the youth's success.
4375	30	28	Staff awareness of a youth's mental health issues is enhanced through a mental health evaluation conducted at intake by a trained clinician, enhancing the likelihood of the youth's success.
2323	5	29	Structured aftercare planning can keep youth drug free and reduce the likelihood of relapse.
2882	7	29	Structured aftercare planning can keep youth drug free and reduce the likelihood of relapse.
4291	13	29	Structured aftercare planning can keep youth drug free and reduce the likelihood of relapse.
2954	4	29	Structured aftercare planning can keep youth drug free and reduce the likelihood of relapse.
5180	15	30	Staff expressed concerns over the accuracy and validity of drug tests. This creates challenges for effectively holding youth accountable for their behaviors.

studyid	findingid	isid	int_statement::statement
4375	10	30	Staff expressed concerns over the accuracy and validity of drug tests. This creates challenges for effectively holding youth accountable for their behaviors.
5673	3	30	Staff expressed concerns over the accuracy and validity of drug tests. This creates challenges for effectively holding youth accountable for their behaviors.
4375	12	30	Staff expressed concerns over the accuracy and validity of drug tests. This creates challenges for effectively holding youth accountable for their behaviors.
4375	34	30	Staff expressed concerns over the accuracy and validity of drug tests. This creates challenges for effectively holding youth accountable for their behaviors.
4375	11	30	Staff expressed concerns over the accuracy and validity of drug tests. This creates challenges for effectively holding youth accountable for their behaviors.
3982	2	31	A nonjudgmental judicial style is critical, as well as providing consistent application of behavioral contingencies and emotional care in the absence of a supportive family.
5725	1	31	A nonjudgmental judicial style is critical, as well as providing consistent application of behavioral contingencies and emotional care in the absence of a supportive family.
4375	1	31	A nonjudgmental judicial style is critical, as well as providing consistent application of behavioral contingencies and emotional care in the absence of a supportive family.
7053	2	31	A nonjudgmental judicial style is critical, as well as providing consistent application of behavioral contingencies and emotional care in the absence of a supportive family.
1823	7	32	Regular training facilitates staff skill development and effective case management, which can help control mission creep and manage staff turnover.
3556	5	32	Regular training facilitates staff skill development and effective case management, which can help control mission creep and manage staff turnover.
3556	7	32	Regular training facilitates staff skill development and effective case management, which can help control mission creep and manage staff turnover.
3557	2	32	Regular training facilitates staff skill development and effective case management, which can help control mission creep and manage staff turnover.
5841	11	32	Regular training facilitates staff skill development and effective case management, which can help control mission creep and manage staff turnover.
3556	2	32	Regular training facilitates staff skill development and effective case management, which can help control mission creep and manage staff turnover.
3556	6	32	Regular training facilitates staff skill development and effective case management, which can help control mission creep and manage staff turnover.

studyid	findingid	isid	int_statement::statement
5841	12	32	Regular training facilitates staff skill development and effective case management, which can help control mission creep and manage staff turnover.
4031	1	33	Ethnic minority youth have lower success rates than White youth.
3641	2	33	Ethnic minority youth have lower success rates than White youth.
2192	2	33	Ethnic minority youth have lower success rates than White youth.
4375	22	33	Ethnic minority youth have lower success rates than White youth.
1292	1	33	Ethnic minority youth have lower success rates than White youth.
2192	1	33	Ethnic minority youth have lower success rates than White youth.
2957	2	33	Ethnic minority youth have lower success rates than White youth.
4228	2	33	Ethnic minority youth have lower success rates than White youth.
4954	9	33	Ethnic minority youth have lower success rates than White youth.
3297	2	34	Youth with mental illnesses, histories of abuse or other traumatic experiences, or other co-occurring disorders have lower success rates.
3297	3	34	Youth with mental illnesses, histories of abuse or other traumatic experiences, or other co-occurring disorders have lower success rates.
4374	12	34	Youth with mental illnesses, histories of abuse or other traumatic experiences, or other co-occurring disorders have lower success rates.
2192	7	34	Youth with mental illnesses, histories of abuse or other traumatic experiences, or other co-occurring disorders have lower success rates.
2192	12	34	Youth with mental illnesses, histories of abuse or other traumatic experiences, or other co-occurring disorders have lower success rates.
3726	1	34	Youth with mental illnesses, histories of abuse or other traumatic experiences, or other co-occurring disorders have lower success rates.
5018	3	34	Youth with mental illnesses, histories of abuse or other traumatic experiences, or other co-occurring disorders have lower success rates.
2323	1	35	Older youth have higher success rates than younger youth.
3297	15	35	Older youth have higher success rates than younger youth.
3641	3	35	Older youth have higher success rates than younger youth.
1259	1	35	Older youth have higher success rates than younger youth.
3749	6	35	Older youth have higher success rates than younger youth.
3682	1	36	Girls have a higher success rate than boys.
2957	1	36	Girls have a higher success rate than boys.
3238	1	36	Girls have a higher success rate than boys.
4031	2	36	Girls have a higher success rate than boys.
4954	2	36	Girls have a higher success rate than boys.
3749	5	36	Girls have a higher success rate than boys.
892	1	37	Youth with a diagnosable substance abuse disorder have higher success rates than those without.
892	5	37	Youth with a diagnosable substance abuse disorder have higher success rates than those without.
2192	5	37	Youth with a diagnosable substance abuse disorder have higher success

studyid	findingid	isid	int_statement::statement
			rates than those without.
2616	2	37	Youth with a diagnosable substance abuse disorder have higher success rates than those without.
2192	3	38	Parental English proficiency is related to youth graduation rates.
2767	4	38	Parental English proficiency is related to youth graduation rates.
2616	3	39	A JDC that has in-house treatment provides a unified treatment approach that may enhance treatment fidelity and communication among treatment and drug court staff.
5180	2	39	A JDC that has in-house treatment provides a unified treatment approach that may enhance treatment fidelity and communication among treatment and drug court staff.
2767	2	40	Systematic assessment of a youth's substance use and risk factors is needed to appropriately tailor the treatment model.
5180	25	40	Systematic assessment of a youth's substance use and risk factors is needed to appropriately tailor the treatment model.
5180	24	40	Systematic assessment of a youth's substance use and risk factors is needed to appropriately tailor the treatment model.
5179	29	40	Systematic assessment of a youth's substance use and risk factors is needed to appropriately tailor the treatment model.
3297	13	40	Systematic assessment of a youth's substance use and risk factors is needed to appropriately tailor the treatment model.

## Appendix G. Table of Interpretive Statements

isid	Interpretive Statement
1	Clarity of team member roles is an important aspect of collaboration. This includes how the role fits into the team dynamic.
2	Rewards are important to drug court success and youth indicate appreciating rewards. Increasing rewards can improve graduation rates.
3	Individualization of rewards and sanctions, including creative strategies, is valuable.
4	Behavioral management (BM) strategies are often difficult to implement. Challenges include funding, and staff training in the understanding and use of BM principles.
5	Typical data collection is viewed as inadequate. More detailed and varied information about changes in youth behavior and program processes are seen as valuable.
6	Greater variety and quantity of programming services in the community are needed. Needed services include those that address trauma, mental health, family issues, educational challenges, and criminal thinking.
7	Funding security is a concern, including the ability to fund program elements such as rewards and to hire an adequate number of staff.
8	School systems can enhance juvenile drug court (JDC) success through collaboration, support, and the development of prosocial opportunities, or schools can hinder success through a lack of cooperation.
9	JDC success, including funding, is enhanced by support and awareness by state and local governments and the general public.
10	Family and parental involvement and support in JDC positively influences participant success in the program.
11	Family-related factors, such as family cohesion, home functioning, and communication, improve during JDC participation.
12	Family structure and family issues, including poor parenting skills, can be a barrier to program success.
13	A lack of family and parental support and involvement is a challenge across the JDC system.
14	Parental drug use, other mental health needs, and a lack of good parenting skills can negatively impact youth success, with some programs indicating a need for JDCs to incorporate treatment and programming for parents.
15	Courts express the need for more prosocial activities and opportunities for participants of JDC, but express the challenge of understanding and impacting youth peer associations. JDC ability to affect youth peer associations appears mixed across courts.
16	Access to transportation is an external factor that can negatively impact program attendance and therefore success.
17	Benefits of intensive monitoring are mixed: While it can create opportunities to better address youth needs, it can also lead to the detection of more violations of program requirements and the administration of ad hoc sanctions, resulting in a negative view of youth and lower graduation rates.
18	Weekly individual assessments of youth, including risk level, are helpful for informing the level of supervision a youth should receive and the development of creative accountability measures.
19	Considering a youth's mental health can sensitize a court's understanding of youth failure, noncompliance, and a youth's overall ability to comply with court rules.
20	Parents or guardians are critical court collaborators. This is challenging when parents or guardians disagree with the court about behavioral expectations and appropriate disciplinary responses.

isid	Interpretive Statement
	Involving parents or guardians in status hearings can facilitate their collaboration in behavioral management.
21	A therapeutic environment is enhanced by increasing the number of contacts with a youth and terminating chronically noncompliant youth consistent with the behavioral contract.
22	Adhering to the behavior contingencies from the start ensures accountability and enhances perceptions of fairness.
23	Youth generally perceive the abuse counselors and JDC staff as treating them fairly. However, some parents perceive paying fees for their youth's noncompliance as unfair.
24	Bonding with a judge roughly takes 3–5 months.
25	Staff communication with parents and among themselves can improve treatment initiation, mitigate parental concerns, and enhance parental involvement.
26	Detention and length of detention is correlated with JDC failure.
27	Failure to show up for drug testing during the initial phase is a warning sign for youth at high risk of program failure.
28	Staff awareness of a youth's mental health issues is enhanced through a mental health evaluation conducted at intake by a trained clinician, enhancing the likelihood of the youth's success.
29	Structured aftercare planning can keep youth drug free and reduce the likelihood of relapse.
30	Staff expressed concerns over the accuracy and validity of drug tests. This creates challenges for effectively holding youth accountable for their behaviors.
31	A nonjudgmental judicial style is critical, as well as providing consistent application of behavioral contingencies and emotional care in the absence of a supportive family.
32	Regular training facilitates staff skill development and effective case management, which can help control mission creep and manage staff turnover.
33	Ethnic minority youth have lower success rates than White youth.
34	Youth with mental illnesses, histories of abuse or other traumatic experiences, or other co-occurring disorders have lower success rates.
35	Older youth have higher success rates than younger youth.
36	Girls have a higher success rate than boys.
37	Youth with a diagnosable substance abuse disorder have higher success rates than those without.
38	Parental English proficiency is related to youth graduation rates.
39	A JDC that has in-house treatment provides a unified treatment approach that may enhance treatment fidelity and communication among treatment and drug court staff.
40	Systematic assessment of a youth's substance use and risk factors is needed to appropriately tailor the treatment model.