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# The Effectiveness of Programs Tested in Juvenile Drug Courts

Ashley Tiedemann

Sacred Heart University, [avtiedemann@gmail.com](mailto:avtiedemann@gmail.com)

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The Effectiveness of Programs Tested in  
Juvenile Drug Courts

Ashley Tiedemann  
Sacred Heart University

### The Effectiveness of Programs Tested in Juvenile Drug Courts

The effectiveness of treatment programs used in juvenile drug courts within the United States is often questioned. The two research articles that will be discussed tested two different treatment programs in hopes that they would lead to more favorable outcomes than the programs currently in place. “Enhancing the Effectiveness of Juvenile Drug Courts by Integrating Evidence-Based Practices” was a research study published in February 2012 and conducted by; Scott W. Henggeler, Michael R McCart, Phillippe B. Cunningham and Jason E Chapman. The authors are all researchers from the Family Services Research Center at the Medical University of South Carolina. They conducted a study in six, randomly selected drug courts in the United States to test if integrating evidence-based treatment methods would improve the outcome of the juveniles involved versus the programs currently used. The authors all feel strongly that more needs to be done to make sure the Juvenile Drug Courts (JDC) have programs in place that will lead to positive outcomes in the long run and that one of the ways to do this is by testing the effectiveness of what is currently in place as well as new alternatives.

The second research article, “Evaluation of a Court-Ordered MADD Presentation for Juvenile Alcohol and Drug Offenders”, studied the effects of a much different approach. Matthew T. Theriot conducted the study between May of 2003 and April of 2004 and published his findings in 2006. Theriot was also concerned with the fact that many programs offered to juvenile drug and alcohol offenders are often not effective. He was specifically concerned with the rate of recidivism and what could be done to lower that. He studied the effects of court-

ordered MADD (Mothers Against Drunk Driving) presentations on juveniles charged with alcohol and drug crimes in one juvenile detention facility in the United States.

The authors of the research study, “Enhancing the Effectiveness of Juvenile Drug Courts by Integrating Evidence-Based Practices”, wanted to test if the combination of two evidence-based programs, Contingency Management and Family Engagement Intervention (CM-FAM), would produce more favorable outcomes than the usual services (US) already in place.

Chapman, Cunningham, Henggeler and McCart (2012) hypothesized that, Juvenile Justice Courts (JDCs) that were trained to use and implement the Contingency Management and Family Engagement Intervention treatment programs would have better outcomes with their juvenile defendants in the reduction of substance abuse and criminal activity than the Juvenile Justice Courts who continued with the usual services.

For the study they used six randomly selected juvenile drug courts (JDC), 3 of which were randomly selected to be trained in CM-FAM methods. To be included in the study, the juvenile delinquents had to meet three criteria; be between twelve and seventeen years of age, fluent in English and currently under a probationary status (Chapman et al., 2012, p. 265). One hundred and four families ended up being a part of this study. The CM portion of the practice that was implemented involved a points program in which the juveniles could earn or lose rewards. At the beginning of the study the points were equal to dollar values, and the juveniles were able to purchase things, such as gift cards, as they earned points. Points were earned and lost depending on the results of the urine drug screens administered on a regular basis. As time progressed in the program the rewards turned from monetary ones, to more natural ones that parents or caregivers could administer, such as the use of a cell phone or extended curfew. This is where the FAM portion of the program becomes very important. This piece depended on the

involvement of the parent(s) or caregiver(s) from the beginning. They were part of the process of coming up with goals and treatment methods as well as learning how to extend the treatment to the home and support the child in their care once they were there.

The control group in this study consisted of the juveniles treated in JDCs that continued to provide the usual services. These services did not focus much on family or community involvement and support. The focus was more geared towards group therapy where the juveniles involved were taught about staying clean, managing their anger, and how to make smart decisions moving forward (Chapman et al., 2012, p. 267). The group sessions were two days per week initially and decreased to twice a month as time in the program progressed. This decrease in therapy was determined based on negative drug screens and overall response to the treatment (Chapman et al., 2012, p. 267).

The results of the study supported the claims made by the authors in many ways. The results of the urine drug screens at the end of the study, between months seven and nine, were much better in the CM-FAM group. According to Chapman et al. (2012), “the odds of a positive marijuana result per drug screen for the US youth increased 94%. During the same time, for CM-FAM youths, the odds of a positive marijuana result per drug screen decreased 18%” (p. 270). The self-report results, however, did not support these results; they showed the same amount of reported marijuana use between both groups. The measures of general delinquency, person offences and property offences all decreased dramatically within the CM-FAM group, and increased in the US group. The authors found these results to be a promising step towards determining more effective programs to use within juvenile drug courts, and that they supported the notion that there is much more that can be done to improve the outcomes of the juveniles treated in them (Chapman et al., 2012, p. 267).

Studies like this one are crucial in trying to find the most effective ways to support the youth in the juvenile justice system and in helping them have a brighter future. The fact that this is one of the few studies to show favorable results in the reduction of crime and alcohol and drug use is one of the strengths to this study (Chapman et al., 2012, p. 272). There are also strengths in how the researchers choose the participants and therapists, as well as how the study was conducted. There were criteria that needed to be met for a juvenile to be a part of the study, as was mentioned earlier, but it was not overly limiting. Chapman, Cunningham, Henggeler and McCart (2012) ensured that no one was excluded based on any pre-existing condition, including any physical or mental health problems, or learning disabilities. This is very important in ensuring that the results are not biased. If this study only included juveniles with no history of any of these things the results would not be a representation of many juveniles in the system, as many of them have a preexisting condition of some sort when they are brought in. They also made sure that all of the therapists involved were thoroughly trained in the methods by giving them intensive training prior to the start of the study, as well as times throughout the study. According to information gathered by Chapman et al. (2012), all of the therapists had similar backgrounds in education and experience (p.267). I think that this is a very important strength to the study. It ensured that one juvenile did not have an advantage due to being treated by a more experienced therapist.

The way that the researchers approached this study is another strength. Rather than implementing a single program, they combined two evidence-based programs, hoping they would complement each other and work better as a pair. By doing this they were able to provide a new insight on what methods juveniles respond to in positive ways. It was also very good that they did not depend on urine drug screens alone for their results. A multi method assessment

battery was used, gathering data from urine screens and self-report surveys on substance use and criminal activity (Chapman et al., 2012, p. 265). By using more than one source of data they were able to compare the results and determine any inaccuracies or flaws in the study. This leads to another very important strength; the results were not biased. The researchers used different ways to gather and analyze data, and reported where the flaws and inconsistencies were, showing they were more concerned with accurate results than being able to completely support their theory.

While there were many strengths to this study, there were also some notable weaknesses. One major weakness was the length of time each participant was followed during the study. The study lasted a total of eighteen months, but each juvenile was only followed for a total of nine months. I find this to be very problematic, and leads me to question the accuracy of the results. If any of the juveniles had major substance abuse issues under a year of follow-up would not be nearly enough time to determine if they will relapse. The initial results showed a significant decline in crime and delinquent acts, but I would be curious to see what happened in the next year or so. One of the issues in conducting studies in the juvenile detention system is that the kids age out, and there is no connection to the adult criminal court to follow up on the subjects. Even with this complication, I do not think that less than a year is at all sufficient.

Two other weaknesses can be found in the participants and courts involved in the study. There were only six juvenile drug courts that participated in the study, and there was no description given about them. There is no mention of where they are located, the size of them or how many cases they have they handle each year. I wonder if they are located in rural or suburban areas, or possibly both. I also wonder if the results would change if the courts that participated changed. Chapman et al. (2012) stated that of the one hundred and four juveniles

that participated in the study, eighty-three percent were male. This is not an evenly distributed sample group. Were the results so favorable because males respond better to this technique? Maybe not, but it is impossible to be sure when there are so many more males being observed. The researchers also studied the backgrounds and families of the juveniles and found that all of them were from economically disadvantaged homes (Chapman et al., 2012, p. 269). This could be due to where the courts were located, but it still makes me question the results and how they may have been different if the participants came from even slightly different economic situations. I also question the long-term effectiveness of the CM portion of the program. A possible weakness could be the rewards that are given and how drastically they change when the parents and caregivers take over. I don't think that many teenagers would be as motivated by the "natural" rewards given at home, as the monetary ones given through the court. Would the lack of desirable rewards cause them to relapse? I think the responsibilities given to the parents and caregivers also assumes a lot. Two suggestions given for rewards they could offer are the use of a cell phone or a prolonged curfew. Given that all of these families are economically disadvantaged, it is not likely that they could afford a cell phone or calling plan to offer. Offering an increased curfew assumes that there will be someone home at that time, when the parent or caregiver may be working and unable to monitor this. These are questions that could be more readily answered through studying a larger sample group over a longer period if time.

I feel like this research study is both valid and useful. The study was ethical and followed a very precise method in order to have the most accurate results possible. The courts were all randomly selected and assigned to participate in the study, ensuring that there was not any bias when choosing them. Time and effort were put in to train the therapists, judges and court officials, making sure the methods being tested were being properly implemented. It was



also valid in the sense that all of the results were reported, and the researchers acknowledged missing data and that the results of the study would be more accurate if done with a larger number of courts and participants. This study was very useful in giving the Juvenile Justice System another method and set of results to look at in determining the possible benefits of using new treatment methods. Like I mentioned earlier, this was one of the only studies done that was able to show positive results. It provides a good base from which other studies can be conducted in order to see how helpful a program like CM-FAM could be.

Given the validity of the study, it would also be produce consistent results if repeated in the same way. I, however, do not think it would be useful to repeat it in the same exact manner because a larger group of participants would be needed to determine just how much this program could help. This is why I think it could, and should be replicated, but on a larger scale. It is vital to the future of so many children that new methods continue to be tested, and for the successful ones to be used.

The research study, "Evaluation of a Court-Ordered MADD Presentation for Juvenile Alcohol and Drug Offenders", by Matthew T. Theriot, tested the effectiveness of a victim awareness program on juveniles charged with alcohol and drug crimes. Theriot chose to use Mothers Against Drunk Driving (MADD) presentations in doing this. He hypothesized that this victim awareness program would result in reduced rates of recidivism (Theriot, 2006, p. 55). The purpose of victim awareness programs is to cause the criminal to feel for the victim. They try to cause feelings of empathy and guilt in hopes that the criminals watching will be touched enough to not want to repeat the crime. Theriot was hoping they would have this effect on the juveniles in his study.

The study included one juvenile detention facility in the southeastern United States. The participants included two hundred and forty-seven juveniles who had been charged with a drug or alcohol related offence and were sixteen-years or younger at the time of the arrest (Theriot, 2006, p. 55,56). Of this sample group, eighty-four of the juveniles were arrested before the start of the study and did not attend the MADD presentation; they were used as the control group (Theriot, 2006, p. 56). Of the remaining youth, ninety-one attended the mandatory presentation, and seventy-two did not, for unknown reasons. These juveniles that did not attend were used as another comparison group when evaluating the results.

The MADD presentations were held once a month in the participating detention facility and lasted an average of two hours. The juveniles were not only required to attend one presentation, they also were required to attend with a parent or guardian (Theriot, 2006, p. 55). The presentations consisted of a number of different pieces, all aiming to stir up emotion and possibly shock in the viewers. Theriot (2006) describes that the presentation opens and closes with firsthand accounts from people who have been victimized by a drunk driver; there is then a video with information from healthcare workers and law enforcement officials looking to educate the juveniles on this topic. There are often graphic images used to get the point across in a shocking way. This presentation emotionally impacted the viewers initially, but Theriot was more interested in the more long-term effects.

The specific thing that was measured and analyzed was the length of time between the date of the presentation and the date of the first contact with alcohol or drugs (Theriot, 2006, p. 58). For the two groups of juveniles who did not attend the presentation, the time started on the date of each individual's initial arrest. Each juvenile was followed for one year from the respective starting dates. Theriot found that the MADD presentation did not have any effect on

reducing the rates of recidivism. He did, however, find that both gender and prior involvement in the juvenile justice system did impact these rates. Theriot (2006), stated that being male was the most influential factor in predicting the likelihood of committing another crime or getting involved with drugs or alcohol again. He then went on to explain that his findings showed that past involvement in the juvenile justice system was a close second to gender in making these predictions (Theriot, 2006, p. 66).

There were strengths to this study even though the results were not what Theriot was hoping for. One of the main strengths I saw was that this study tested the effectiveness of a program that had previously only been tested in the adult criminal system. If the results had been positive, this could have been a beneficial and low cost program for the juvenile justice system to consider. The fact that they did not support the MADD presentation to be effective helps in knowing what to test, and what not to test moving forward. Theriot also did a very good job in explaining the purpose of this study and others like it. He explained the problems with recidivism and the lack of effective drug and alcohol treatment programs within the juvenile justice system.

The length in time of the study could be argued either way, but I see it as a strength. The study followed the participants for a full year, which is the longest amount of time most studies allow for in the juvenile justice system. I also do not think that a longer follow-up time would have changed the results at all. The overall design of the study was another strength. Theriot did not just take into account the effects of the presentation without looking at other factors involved. As Theriot (2006), stated, the factors of gender, age, ethnicity, prior contact with the juvenile justice system and if they came from a single parent or two parent household were all looked at while analyzing the results. According to Theriot's (2006), research on the juveniles involved in

the study, they all had similar charges against them at the start of the study. This is helpful because there are not a variety of different criminal acts impacting how one juvenile might react versus another.

There were also numerous weaknesses within the study, one of the biggest ones being the victim awareness program that was chosen to be used in the study. MADD's focus is on preventing drinking and driving and on sharing stories of how devastating the consequences can be. I noticed this as a major weakness as soon as I read that the ages of the juveniles who participated in the study were all under sixteen. Most sixteen-year-olds do not have their license, and the issue of drinking and driving is not one of their greatest worries. This thought was confirmed when Theriot reported that only ten of the two-hundred-and-forty-seven participants had been arrested for driving while intoxicated or driving under the influence (Theriot, 2006, p. 67). It defeats the purpose of a victim awareness program if the juveniles watching the presentation cannot relate to the victim or the crime.

The sample size for the study was another weakness, as it included only one juvenile detention facility, and ninety-one juveniles who actually attended the presentation. Each juvenile was only required to attend one two-hour presentation. Preventing juvenile recidivism and treating them for drug and alcohol problems is a major task and is one that a two-hour presentation is not likely to make a dent in. As I mentioned earlier, juveniles aging out of the justice system limits the time frame and ages of juveniles that can be included in studies like this one. All of the participants in the study being sixteen or younger at the start of the program was another weakness. I think that this research could have benefitted by including the juveniles who turned eighteen before the conclusion of the study. Theriot (2006), wrote that one of the possible reasons for the lack of response could be due to the fact that juveniles are not fully able to

appreciate what victims go through or how to empathize. If this is true, I wonder if any of the older juveniles would have been more impacted by the presentation. The ability to understand and empathize increases as juveniles get older and enter into adulthood, this would make me think that the program would be more effective on an eighteen-year-old than on a thirteen-year-old. If Theriot could have found a way to follow-up on the older juveniles, including them could have led to some different results.

This study was valid in the sense that it followed a very specific method in coming to the results. It included independent variables; gender, age, ethnicity, prior contact with the juvenile justice system, a single parent or two parent household and the MADD presentation, and a dependent variable; the measure of time from the presentation or time of arrest until the first contact with drugs or alcohol. There was also a control group used to have a base that results could be compared to. Due to these important pieces I think that the results were both accurate and not biased. He did follow through with measuring and explaining the effects of the MADD presentation on recidivism, but I also feel as if he went off topic.

The purpose of the study was to test the effectiveness of the MADD victim awareness program on juvenile drug and alcohol offenders, not to determine what can predict recidivism in the future, yet this is what a lot of Theriot's focus was on in the discussion of the results. He talked more about how gender impacts the rates of recidivism than the results of the actual program he set out to study. The results would most likely be consistent if it was replicated in another juvenile detention facility in the same way, but I do not think it would be useful to do so. There are, however, a few useful things that can be learned from this research study. One useful aspect was also one of the strengths; that this technique had not been previously tested in the juvenile justice system. This can then provide a base from which other studies can be conducted

going forward. If another study like this were to be done I think there would need to be a few important changes made. The victim awareness program chosen would have to be appropriate for the participants in order to more accurately gauge if one of these programs could be effective. It would also have to include more than one juvenile detention facility and have a larger number of juvenile delinquents involved. The results may not be any different, but there would be more information to base them off of.

Research into effective drug and alcohol treatment programs to be used within the juvenile justice system needs to be a priority. There are too many kids who get lost in the system, rather than helped. Both of these studies were conducted based on the same belief of how vital this research is. The “Enhancing the Effectiveness of Juvenile Drug Courts by Integrating Evidence-Based Practices” research study was more effective and I believe will be more useful for the juvenile justice system going forward than the study, “Evaluation of a Court-Ordered MADD Presentation for Juvenile Alcohol and Drug Offenders”. The first study was more intensive and was based on other methods that had already been studied and shown to be effective. The second study was more useful in determining a treatment method that was not effective. Regardless of the outcomes of either study, the researchers all took a step towards helping ensure that the youth that are in the system currently, or will be one day, will not be forgotten or left without the hope of a bright future.

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