

Life Events and Other Stressors of Diversion Drug Court Participants: An Exploratory Analysis of Race and Sex Differences

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Abstract

National Key Components (National Association of Drug Court Professionals, 2004) and Florida Best Practices guide drug court operations in Florida (Supreme Court of the State of Florida, 2017). These documents acknowledge that other stressors and life events may occur along with drug court participation and state that in addition to drug and alcohol treatment, programs should include support services, such as peer support or twelve step meetings, transportation and housing assistance, and services for physical and mental health needs. We sought to understand the domains and types of co-occurring life events and stressors experienced by participants of one diversionary drug court by coding qualitative notes made by team members (i.e., case managers, treatment, and support service staff) in the online administrative data system. We found the most common stressor domains among the full sample were transportation, finances, and physical health. Among male participants, finances were the most common stressor but among female participants the most common was physical health. Among African American, White, and participants who were another race, transportation and finances were both the most mentioned stressors. Findings can help drug court team members better understand life events and stressors of their participant population which can help team members better connect participants to appropriate support services.

Keywords: drug court, stressors, life events

Drug courts are commonplace in many jurisdictions across the United States with over 3,500 in operation in 2021 (Office of Justice Programs, 2021). Existing research on drug court effectiveness concludes that they can be successful at reducing recidivism compared to randomized control groups, probation or other diversion programs, and rejected applicants (for meta-analyses and systematic reviews, see Lowenkamp et al., 2005; Sevigny et al., 2013; Shaffer, 2011; Wilson et al., 2006). However, understanding of the barriers faced by drug court populations as they make efforts to meet drug court requirements is more limited (Palombi et al., 2019b). The primary goal of this study is to increase our understanding of the struggles drug court participants face because these experiences can impact their eventual success in drug court programs.

The National Key Components (National Association of Drug Court Professionals, 2004) and Florida Best Practices (Supreme Court of the State of Florida, 2017) guide operations in Florida, where this study occurred. Best practices and program features have evolved since the early 1990s, but the original phase model and premise of integrating treatment and case processing remain in current best practices documents (National Association of Drug Court Professionals, 2004; Finn & Newlyn, 1993, p. 5; Supreme Court of the State of Florida, 2017). Both guiding documents emphasize that programs should provide drug and alcohol treatment and other rehabilitation related services (e.g., peer support meetings, transportation services, housing assistance, etc.). National Best Practices also note the importance of incorporating “complementary services [which] may include housing assistance, mental health treatment, trauma-informed services, criminal-thinking interventions, family or interpersonal counseling, vocational or educational services, and medical or dental treatment” (National Association of Drug Court Professionals, 2018, p. 5).

Key Component #4, which notes the importance of couching court efforts in the larger context, specifically sets the backdrop for our analysis here. It states that:

the drug court team also needs to consider co-occurring problems such as mental illness, primary medical problems, HIV and sexually-transmitted diseases, homelessness; basic educational deficits, unemployment and poor job preparation; spouse and family troubles—especially domestic violence—and the long-term effects of childhood physical and sexual abuse. If not addressed, these factors will impair an individual’s success in treatment and will compromise compliance with program requirements. (National Association of Drug Court Professionals, 2004, p. 7)

That is, Key Component #4 acknowledges the importance of other life factors that can intervene and make it difficult for even the most motivated participants to succeed. The Key Components (National Association of Drug Court Professionals, 2004) document indicates that these support services are necessary for substance use treatment to be effective, and the Florida Best Practices document goes further to state that these support services are needed to also “ensure compliance and successful completion of drug court” (Supreme Court of the State of Florida, 2017, p. 15).

Consequently, we sought to understand more about the domains and types of co-occurring life events and stressors experienced by participants of one diversionary drug court in

Marion County, Florida from its start in December 2014 through December 14, 2020. We also explored sex and race differences in life events and stressors. Examining possible sex and race differences is important because Florida and National Best Practices #2 indicate that all people should receive the same drug court experience regardless of “race, ethnicity, gender, sexual orientation, sexual identity, physical or mental disability, religion, or socioeconomic status...” (National Association of Drug Court Professionals, 2018, p. 11; Supreme Court of the State of Florida, 2017). If participants face different stressors or barriers by sex or race, this information may help the practitioner team understand their clients better. This information also has direct practical implications, because it can allow teams to better serve participants by making connections to specifically relevant community agencies (e.g., job service, domestic violence shelters, food assistance programs, etc.) as encouraged by Key Component # 10, which indicates teams should be creating and nurturing partnerships. These community partnerships are key to improving court effectiveness and building local support for their operation and participants (National Association of Drug Court Professionals, 2004).

Research on Life Events and Stressors Experienced by Drug Court Participants

Studies using different information sources about drug court samples have found common themes including concerns about employment, mental health, and housing (Luценko et al., 2014; Palombi et al., 2019a; Palombi et al., 2019b; Wolf & Colyer, 2001). For example, Palombi et al. (2019b) examined completed drug court participant phase-up and graduation forms, finding that the major barriers participants included were “untreated psychological illness and lack of transportation” (p. 50), housing, and “old habits” (p. 68). Similarly, an analysis of a recovery support services assessment among five county drug courts in Washington showed that most (68%) participants indicated “obtaining food, clothing or housing” as their main goals for participating in additional services provided by drug court (Luценko et al., 2014, p. 15). Other goals mentioned included employment, improving quality of life, mental health service connections, and better relationships.

Other studies have used focus groups or interviews to determine client concerns and needs. Separate focus groups with court staff, community providers, and drug court participants identified similar participant needs. For example, both staff and participants saw housing, transportation, lack of healthcare/health insurance, and the effects of criminal history on employment options as barriers (Morse et al., 2015). Palombi et al.’s (2019a) focus group research, which included both treatment court and non-treatment court participants, also found transportation was a difficulty among participants in short term recovery, but housing was a challenge among participants in both short- and long-term recovery. In addition, participants in long term recovery cited lack of education and job skills and lack of local services to assist with these needs. Participants in both groups noted that a lack of treatment facilities made access difficult, although the community had many 12-step and peer meetings available. Finally, both groups of participants also saw the stigma and lack of sober social activities as barriers and thought that more sober social activities would support success. In their interviews conducted during the Multisite Adult Drug Court Evaluation (MADCE)

study of 29 drug courts, Green and Rempel (2012) found drug court participants reported being victimized and having chronic medical problems and mental illnesses.

Other studies have reported results based on court observations. Wolf and Colyer (2001) framed some life events and stressors as “everyday hassles.” This term may suggest that experiences of drug court participants were minor, yet situations varied in their complexity, with some experiencing major life events and stressors, consistent with the findings of Palombi et al. (2019b) and Lucenko et al. (2014). These included individual level (e.g., physical health, mental health, housing, cravings, life skills, financial, and behavior) and structural (e.g., employment, school, legal, and social service system) barriers (Wolf & Colyer, 2001). Wolf and Colyer (2001) noted that prior research has not fully addressed the “cumulative effects of everyday ‘hassles’ and frustrations that are endemic in the lives of people who face the chaos of addiction and involvement in the criminal justice system” (p. 250). Although we cannot specifically examine the cumulative effects, we hope to add to the literature on the struggles of those who go through drug courts.

Considering Sex and Race

A few prior studies shed light on the life events and stressors of drug court participants. However, studies do not always consider possible sex and race differences in the life events and stressors faced while in drug court. Palombi et al. (2019a) concluded there was a need for more culturally appropriate treatment, and NADCP Key Components advocate for treatment that is “relevant to the ethnicity, gender, age, and other characteristics of the participants” (National Association of Drug Court Professionals, 2014, p. 7). Comparing and contrasting life event and stressor differences that may exist across sub-groups of drug court participants could clarify their differential experiences and help practitioners better understand the people they serve. Specifically, different needs may call for different types of services across subgroups, and it may also be that some types of services turn out to help some subgroups more than others. Additionally, different services and treatment options may have different implications for recidivism and other outcomes by subgroup. Thus, policymakers and practitioners might choose different programming options depending on their client base.

In terms of sex, Shaffer et al. (2019) examined intake data and found “females reported more trauma, sexual abuse, interpersonal violence, chronic and recent medical conditions, unstable housing, and a lower rate of employment than males” (p. 26). Morse et al. (2015) found female participants in drug treatment courts faced “complex systemic barriers to attaining health and wellness” (p. 5-6). Barriers included difficulty in finding safe and sober housing, finding employment, and lack of loan eligibility, because of poor results on background checks. Additional qualitative work (a meta-synthesis) found that female participants felt they were treated kindly, preferred treatment that was “gender sensitive and trauma-informed,” and believed the drug court teams supported them as mothers (Gallagher et al., 2021, p. 11). Although some studies have found that females are overrepresented among treatment court participants (e.g., Ho et al., 2018), some found no differences in graduation rates based on sex (Ho et al., 2018; Gallagher et al., 2015; Koetzel-Shaffer et al., 2011). This

contradicts other studies that found female participants were more likely to graduate than male participants (e.g., Gill, 2016; McKean & Warren-Gordon, 2011). However, there is evidence of sex differences in response to trauma, and related treatment needs have been recognized and addressed in some drug courts, including specifically for men (Waters et al., 2018). To summarize, prior literature indicates that female drug court participants may enter the program with different needs and may face different stressors and barriers which could impact outcomes and explain differences in graduation rates.

Research that examined race differences in graduation and recidivism in drug courts has mixed results (Brown, 2010). For example, studies found African American drug court participants were less likely to graduate compared to White participants (Dannerbeck et al., 2006; Gallagher, 2013) and these differences were found in other types of courts as well (Ho et al., 2018). At program entry, African American participants were more likely to be sent to drug court as a condition of re-entry from prison and therefore were less likely to be employed, had less family support, and lower socioeconomic status compared to White participants (Dannerbeck et al., 2006), which may help explain differential graduation rates.

Qualitative studies have further explored this idea and found during interviews that African American participants thought substance use treatment was not helpful due to poor relationships with counselors, lack of trust, and lack of adaptation to their needs during treatment, which White participants did not report (Gallagher & Nordberg, 2018). Additionally, Gallagher & Nordberg (2016) found that White and African American participants indicated different aspects of drug court were more difficult. Specifically, White participants noted the difficulty of managing their day-to-day tasks and the additional drug court requirements (also observed in interviews regardless of race by Francis & Abel, 2014), while African American participants believed treatment was ineffective and not culturally competent (Gallagher & Nordberg, 2016). This confirms some prior findings that White participants rated drug court as more helpful for remaining drug free, while people of color thought drug court was more useful for gaining employment (Cresswell & Deschenes, 2001).

Studies also found that non-White participants were more likely to recidivate compared to White participants (Listwan et al., 2003; Miethe et al., 2000). There is also evidence that different factors can impact Black and White female participants' odds of graduation (Dannerbeck & Yu, 2021), such that White female participants who were older, had regular employment, fewer prior charges, and fewer interactions with people involved in criminal activity were more likely to graduate. For Black female participants, the only factor that mattered was having fewer interactions with those involved in crime. Based on prior research indicating different needs for African Americans, culturally competent programming (i.e., Habitation Empowerment Accountability Therapy; HEAT) has been implemented within the drug court and re-entry court models specifically for young men (Marlowe et al., 2018). Results indicated higher graduation rates when using this programming compared to similarly situated males not in the HEAT program. While some studies show that race is relevant to needs and outcomes, others have found no differences in outcomes by race (Butzin et al., 2002; Gallagher et al., 2015; Shannon et al., 2018; Shannon et al., 2019). Still others noted that race differences depended on participants' mental health and that other factors such

as sex, age, employment and education status, treatment attendance can matter more than race (McKean & Warren-Gordon, 2011). Because prior research is mixed, it makes sense to expect that life events and other stressors might vary by race, thereby differentially affecting process and outcomes.

Current Study

Research Site: Marion County (FL) Diversion Drug Court (MCDDC)

This study occurred in Marion County, Florida, which was home to 385,915 people as of July 1, 2021 (U.S. Census, 2021). Most people living in Marion County were White (82.1%) (U.S. Census, 2021), and the median household income from 2016–2020 was \$46,587. Drug use, opioid-related overdose, and overdose-related deaths have been at the forefront of community concerns in Marion County (WellFlorida Council, 2019). In 2014, when the misdemeanor diversion drug court docket was established, there were 2,281 drug arrests in Marion County (Florida Department of Law Enforcement, 2014). From 2015 to 2017 there were fewer than 2,000 drug arrests per year (Florida Department of Law Enforcement, 2015; 2016; 2017). There were 2,004 drug arrests in 2018 (Florida Department of Law Enforcement, 2018), 1,815 in 2019 (Florida Department of Law Enforcement, 2019) and 2,060 arrests in 2020 (Florida Department of Law Enforcement, 2020). Nationwide in 2019 there were over 1.5 million drug related arrests (FBI, 2019). The most recent national (Cash et al., 2018) and county-level statistics also show an increase in the administration of Naloxone (i.e., Narcan). In 2020, Marion County Fire Rescue administered at least one dose to 126 people, but in 2021 this number rose to 133 people, and in the first four months of 2022 there were already 119 Naloxone administrations (Marion County Fire Rescue, 2022).

Drug Court Structure in Marion County. The Marion County Diversion Drug Court is a pre-plea program that accepts non-violent and non-traffic related misdemeanor and felony charges per Florida statutes regarding eligibility criteria. The misdemeanor track has been in operation since 2014 and consists of three phases over a minimum of six months. The felony track has been in operation since 2020 and consists of four phases over a minimum of twelve months. The primary difference in practice between the two tracks is the number of required peer support meetings per week, two for misdemeanor participants and four for felony participants. Case managers monitor participant compliance with drug court requirements, including frequent and random drug tests, substance use treatment provided by licensed counselors, peer support meeting attendance, and fee payment (\$10 per month for misdemeanor participants and \$60 per month for felony participants). During the period for which we report, the drug court team also commonly made referrals to community organizations (e.g., employment assistance, housing assistance), and with the assistance of treatment providers, adapted treatment to the level of care a participant might need based on symptoms (e.g., moving from outpatient treatment to inpatient treatment). Treatment and support service providers, the judge, and case managers recommended incentives for compliance (e.g., completing treatment, negative drug test results, a positive attitude) and

sanctions for noncompliance (e.g., not attending treatment or peer support meetings, continued positive drug test results).

Data Management System. Team members including case managers, treatment providers, and recovery support staff used the Florida Drug Court Case Management System (DCCM) to log participants' program progress including drug test results (if the test was negative or positive, and if positive, the drug type), court attendance (presence, excused or unexcused absence), check-in contacts with case managers (date of contact and brief content of the conversation, e.g., participant now employed), some information about the treatment sessions attended (e.g., group, individual, inpatient, etc.), brief session notes (e.g., "participant is doing well" or "participant is struggling with a co-worker"), and co-occurring life events and stressors (described below and entered at the team members discretion). We used the DCCM system journal notes section, which allows team members to elaborate on case specifics, to examine our research questions.

Research Questions

1. What co-occurring life events and stressors do team members note about participants?
2. Do the amount and type of co-occurring life events and stressors noted differ by sex?
3. Do the amount and type of co-occurring life events and stressors noted differ by race?

Methods

Data Collection and Coding

When familiarizing ourselves with the DCCM as part of a larger study, the lead author initially read through team member notes, seeing that these journals included information about participants life events and stressors. We consequently decided to systematically code for this information, creating an Excel file to enter for each participant the life events and/or stressors noted by drug court team members in the DCCM. We examined journals on 406 participants, who were involved in the MCDDC from December 2014 when drug court began, to December 14, 2020, when we pulled data to start systematically coding.¹ We chose this date to stop collecting data for this study, because clients admitted after December 14, 2020 were to be admitted under a Bureau of Justice Assistance (BJA) grant, which had the potential to change how the court operated.

Analysis Approach

We used a mixed methods approach primarily informed by three prior drug court studies that were similar to the present study; one used consensual qualitative research (Palombi et al., 2019b, Hill et al., 1997) with some quantitative analyses, another used qualitative

¹ We started with a total of 414 cases but removed 8 cases for results presented below to preserve independence of cases (Tables 2, 4- 7) because four participants participated in drug court twice.

thematic framework analysis (Morse et al., 2015), and Wolf and Colyer (2001) simply created categories of problems drug participants identified during their observations.

Establishing Preliminary Coding Domains for Team Member Notes. There were three primary sources of context for developing coding domains. First, during the data entry process, the lead author noticed common themes and re-occurring problems within and across participant notes in DCCM. Second, more recent court observations, not reported here, provided additional context. Third, NADCP Key Component #4 informed our approach to coding, because it is specifically related to the broader life context of drug court participants (National Association of Drug Court Professionals, 2004). These sources allowed us to create a list of preliminary coding domains. In most situations, the team member notes fit into our coding domains in a straightforward manner. But if they did not, the two coders discussed and came to a consensus to develop the final coding scheme that we further describe our process of creating below.

Coding Process and Interrater Reliability. Based on the authors' preliminary understanding of life events and stressors from data entry into the Excel sheet, ongoing observations of the court, and Key Component #4 (National Association of Drug Court Professionals, 2004), we systematically coded the DCCM journal information for life events and stressors noted by drug court team members ($n=406$ drug court participants). We began with the following preliminary codes: children, physical health, mental health, transportation, relationships, and jobs. Two of the authors then met to read through the files for the first 50 participants together, coded life events and stressors together, and came to a consensus on which coding domains to use when. We entered a 1 if the domain was present and a 0 if it was not present for the first 50 participants. Participants who had no life events or stressor notes in their DCCM journals were given a code of 9 to indicate "not applicable." To track coding domain choices, we created a memo document to note the types of life events and stressors included within each domain. During this initial coding session, used to establish agreement on coding decisions, we also added education and finances to our list of possible domain codes when they emerged from the data.

Next, each coder independently coded the following 100 participants' data using the preliminary domain codes from the initial meeting. Coders kept notes on coding domain choices and any questions or issues to discuss while they coded. After we each coded 100 participants' data independently using the preliminary coding scheme, we met again. Based on information we both noticed while coding independently, we decided to also add food and housing as domains and clarified where and how to code some events to ensure we reached a consensus. After this meeting, we independently added those coding domain columns (food and housing), entering 0s and 1s as appropriate, and re-read and re-coded as necessary for the 150 participants to ensure we coded correctly based on this finalized coding scheme.

Then we performed analysis of kappa on the 100 participants' data that the coders coded separately (Table 1) using the finalized coding scheme, not the initial 50 cases we assessed entirely together, and the kappa and agreement were high. The lowest kappa value is 0.95 and the highest is 1.00; all Z values are significant meaning we can reject the hypothesis that coders made their decisions randomly. Due to the high level of interrater reliability, only

one (the same) person coded the remainder of the cases alone ($n=264^2$) using the agreed upon final scheme.

Table 1. Interrater Reliability Between Coder 1 & 2 for 100 Participants Data We Coded Separately

Life Event/Stressor Code	Agreement	Kappa	Standard Error	Z
Children	99.00%	0.98	0.08	11.76***
Education	99.00%	0.98	0.09	10.53***
Finances	97.00%	0.95	0.07	13.24***
Food	100.00%	1.00	0.10	10.31***
Housing	98.00%	0.96	0.08	11.65***
Job	98.00%	0.96	0.08	11.66***
Mental Health	99.00%	0.98	0.08	11.76***
Physical Health	98.00%	0.97	0.08	12.39***
Relationships	99.00%	0.98	0.08	12.82***
Transportation	98.00%	0.97	0.07	13.58***

Note. *** $p < 0.001$.

Some events and stressors are noted in multiple domains. For example, if a person gave birth, we noted it under physical health and children, so categories are not mutually exclusive. Something may be included in more than one category if the drug court team members indicated that they occurred together. For example, team members sometimes noted participants did not have money for gas, so this was coded in the transportation and finances domains. We recognize that events and stressors in one domain could impact others. For example, if a person has relationship problems with a significant other that has the possibility to impact housing, finances, and/or children. However, unless a team member made specific reference to impacts in other domains, we coded only in the domain that the team member mentioned.

Chi-Square Analyses. We also included quantitative comparisons using chi-square test to understand possible sex and race differences to answer research questions two and three.

² The person coded a total of 414 cases total, but we removed 8 cases for results presented below to preserve independence of cases (Tables 2, 4- 7) because four participants participated in drug court twice. We used this primary person's codes for results presented for the final sample of 406 participants. The primary coder also ensured the first 50 participants codes we originally coded together matched the finalized coding scheme before descriptive statistics were performed.

Results

Demographic Information

Male participants made up most of the sample ($n=303$, 74.63%). Over half of participants were White ($n=215$, 52.96%), about a third were African American ($n=118$, 29.06%), and some participants reported another race ($n=73$, 17.98%; other court-provided options for self-report were Asian/Pacific Islander, Multi-racial, Native American, and Other, which we collapsed into an “other” category due to small cell sizes). At screening for entry to drug court, participants were 24.81 years old on average (SD: 7.36, Range: 18; 60). Most participants were single ($n=285$, 90.76% of sample), which combined replies of single ($n=268$), divorced ($n=6$), separated ($n=10$), and widowed ($n=1$). About half of the final sample did not have any life events or stressors noted in their DCCM journal by team members, meaning the final group for which stressors were analyzed was 201 individuals. Among the 201 participants who had any stressors noted, most were male ($n=139$, 69.15%), about half were White ($n=102$; 50.75%), a little over a third were African American ($n=70$; 34.83%), and some reported another race ($n=29$, 14.43%). Like the full sample, the sample with life events and stressors noted were, on average, 25.08 years old (SD: 7.64, Range: 18; 60) and single ($n=145$, 89.51%³). Although we cannot know for sure, it is likely that having no DCCM journal information on life events or other stressors does not imply they did not exist for these clients. Rather, it is likely that team members entered information when participants specifically noted them as problematic or when team members perceived them to be hindering progress. Official data from criminal justice system agencies commonly have missing data (Brame et al., 2010).

Descriptive Statistics of the Total Sample

Table 2 shows descriptive statistics of the participants with life events and stressors noted in their journals ($n=201$, 49.51%) by the type of events and stressors. We chose to present all percentages in Table 2 out of the total number of participants with any life events and stressors noted in their journals ($n=201$), because case managers did not note any events or stressors in about half of journals. Among participants with stressors noted in their journal, transportation was the most frequently noted one (38.81%, $n=78$; 19.21% of the total sample) followed by finances (35.82%, $n=72$; 17.73% of the total sample), and physical health (22.89%, $n=46$; 11.33% of the total sample). Less frequently noted life events and stressors included mental health (8.46%, $n=17$; 4.19% of the total sample), education (8.46%, $n=17$; 4.19% of the total sample), and food (0.50%, $n=1$; 0.25% of the total sample). Beyond descriptive statistics it is important to understand more detail about the participants’ life experiences, so that staff can appropriately understand and respond them.

³ We only had marital status information for 314 of the 406 total participants and 162 of the 201 participants with life events and stressors noted in their journals. We calculated percentages out of the reduced sample due to missing data.

Table 2. Life Events and Stressors Total (N=201)

Life Event/Stressor Code	Stressor Type Noted by Team (code=1) n (%)
Children	22 (10.95%)
Education	17 (8.46%)
Finances	72 (35.82%)
Food	1 (0.50%)
Housing	26 (12.94%)
Job	31 (15.42%)
Mental Health	17 (8.46%)
Physical Health	46 (22.89%)
Relationships	39 (19.40%)
Transportation	78 (38.81%)

Table 3 provides more detail about common situations subsumed under each code.

Table 3. Life Events and Stressors

Code	
Children	<ul style="list-style-type: none"> • Open DCF (Florida Department of Children and Families) case • Child medical challenges • Child behavior challenges • Child has problems in school • Difficulty obtaining childcare • Gave birth/significant other gave birth
Education	<ul style="list-style-type: none"> • Trying to obtain GED • In High School or College currently; • Struggles with completing school • Graduated school while in drug court
Finances	<ul style="list-style-type: none"> • Could not pay for treatment • Difficult to pay child support
Food	<ul style="list-style-type: none"> • Needs food assistance
Housing	<ul style="list-style-type: none"> • Kicked out of housing by roommates/family/significant other • Evicted • Homeless • Home damage that needed significant repairs • Difficulties finding safe and sober housing
Job	<ul style="list-style-type: none"> • Unemployment and not enough hours given at job • On or applying for disability • Job instability • Difficulty getting to court and treatment because of work schedule
Mental Health	<ul style="list-style-type: none"> • Diagnoses and symptoms including anxiety, depression, and bipolar disorder • Baker Act executed • Referrals made to Mental Health Court • Stress, feeling overwhelmed
Physical Health	<ul style="list-style-type: none"> • In chronic pain • Dental health problems • Received significant medical diagnoses • Emergency room visits, major and minor surgeries • Car accidents with injuries • Pregnancy/ pregnancy complications • COVID-19 diagnosis
Relationships	<ul style="list-style-type: none"> • Death/illness of friends/family • Arguments/disagreements • Domestic Violence • Divorce and break-ups • Peer pressure from coworkers/family/friends to use drugs • Pet death • Serves as caretaker to family member • Deportation of family member
Transportation	<ul style="list-style-type: none"> • Cannot get to court and/or treatment sessions due to lack of transportation; no gas money

Domains of Life Events and Stressors

Transportation. Lack of transportation and/or difficulty finding reliable transportation was the most common note in DCCM ($n=78$, 38.81%) of those with listed events/stressors (Table 2; 19.21% of the total sample). Sometimes this was because a participant's vehicle was damaged in an accident, he/she did not have money for gas, had no vehicle, and/or did not live close to public transportation. Team members commonly noted that transportation barriers made participants late or absent to court hearings, drug tests, and substance use treatment.

Finances. Team members also noted financial-related life events and stressors in journals for more than a third of those with comments about life stressors ($n=72$, 35.82%, Table 2; 17.73% of the total sample). Noted financial stressors included participants having no money to pay for gas (to get to court, to drug tests, and to substance use treatment), having difficulty paying child support, and not being able to afford substance use treatment.

Physical Health. Physical health was commonly noted in journals that contained notes about life events and stressors ($n=46$, 22.89%, Table 2; 11.33% of the total sample). Participants struggled with chronic pain, dental health problems, and pregnancy complications, including miscarriage. During drug court several participants also received life altering, significant medical diagnoses. Team members noted emergency room visits for existing and new health issues and participants who were in car accidents and experienced injuries. Finally, team members noted COVID-19 illness and related complications in 2020. These included notes about participants themselves infected with COVID-19, being exposed, family and friends being infected, struggles with getting a COVID-19 test, and related doctors appointments.

Relationships. Team members noted life events and stressors related to relationships in about one-fifth of journals that included any life event and stressor (19.40%; $n=39$, Table 2; 9.61% of the total sample). In the relationships domain, we coded "yes" if team members noted a participant experienced the death and/or illness of family and/or friend(s), arguments or disagreements with family and/or friend(s), and if a participant experienced a significant break-up or divorce during drug court. Sometimes team members noted that a participant's family/friend(s) peer pressured him or her into using drugs and/or alcohol. Conversely, team members noted when a participant's parents helped him or her financially or allowed the participant to live with them. We also included under relationships situations where a participant's significant other was pregnant and/or gave birth. A few times team members noted pet deaths, that a participant was a caretaker to a family member, that a family member was deported during drug court participation, or that a participant was the victim of intimate partner violence.

Job. We coded unemployment or underemployment under the job domain ($n=31$, 15.42%, Table 2; 7.64% of the total sample). Job instability was also commonly noted. Some participants held multiple different jobs over the course of their time in drug court or multiple jobs at once. A few participants used disability benefits or were in the process of applying for them. Team members noted that sometimes work schedules made it difficult to get to

drug court or treatment sessions on time, or at all, indicating direct implications on drug court participation. Maintaining employment and/or attending school is a requirement of drug court participation, which may be a reason team members noted these issues in DCCM journals.

Housing. Team members noted housing issues in 26 participant journals (12.94% of those with any indication of issues; 6.40% of the total sample; see Table 2), which included being homeless, being evicted by a landlord, and being kicked out by roommates, family, or significant other. Other events coded under the housing domain included home damage that needed significant repairs and the struggle some participants experienced in finding safe and sober housing if family and/or friends could not provide this.

Children. Team members noted issues related to children in 10.95% ($n=22$, Table 2) of journals that had any stressors or events noted (5.42% of the total sample). In this domain we included noted medical and behavioral challenges and problems in school. Some participants had open Florida Department of Children and Families (DCF) cases where participants were required to complete a case plan for the case to be closed. In these situations, it was common for drug court case managers to communicate with DCF case managers about treatment progress and drug test results. Some drug court participants were required to pay child support, but this was financially difficult for them. Conversely, other participants relied on child support from a significant other, but the significant other was late or not paying entirely, causing the participant financial strain. There were participants who were pregnant and gave birth while participating or their significant other was pregnant and gave birth. Finally, difficulty obtaining affordable and reliable childcare was noted.

Education. Education life events and stressors were infrequently noted compared to some other domains ($n=17$, 8.46%, Table 2; 4.19% of the total sample). A few participants were high school or college students or trying to obtain their GED during drug court, and we noted those events.

Mental Health. Relative to other domains, team members noted mental health less frequently in journals ($n=17$, 8.46% of those with these types of notes, see Table 2; 4.19% of the total sample). Team members sometimes entered mental health disorder diagnoses into DCCM. Occasionally they referred drug court participants to mental health court if the team thought the person could be better served in that program, which may help explain the low number of entries on this specific struggle. More often, team members described participant symptoms like stress and feeling overwhelmed and referred them to community mental health resources (e.g., outpatient treatment) or alerted their substance use treatment provider. A few participants experienced being “Baker Acted” while in drug court. In Florida the Baker Act (Florida Statutes Chapter 394) permits involuntary emergency mental health care.

Food. Team members only noted a participant needing food assistance one time (see Table 2; 0.25% of the total sample), although we expected this to be more common.

Descriptive Statistics Separated by Sex

Among participants with life events and stressors noted in their journals ($n=201$, 49.51% of the 406 participants) most were male ($n=139$, 69.15%). Among male participants, the most common life events and stressors noted included: finances ($n=57$, 41.01%; see Table 4), transportation ($n=51$, 36.69%), and relationships ($n=25$, 17.99%). The least common issues mentioned among male participants included mental health ($n=13$, 9.35%), education ($n=13$, 9.35%); children ($n=10$, 7.19%), and food ($n=0$). Among females, the most frequent life events and stressors noted by team members included physical health ($n=28$, 45.16%), transportation ($n=27$, 43.55%), and finances ($n=15$, 24.19%). The least common among female participants included education ($n=4$, 6.45%), mental health ($n=4$, 6.45%), and food ($n=1$, 1.61%). These results indicate that finances and transportation were typical stressors among both sexes. For female participants, children and physical health were more commonly noted as a stressor compared to men. Education, food, and mental health were the least mentioned stressors in journals for both males and females.

Table 4. Life Events and Stressors by Sex ($N=201$)

Life Event/Stressor Code Present	Stressor Type Noted by Team Male Participants ($n=139$)		Stressor Type Noted by Team Female Participants ($n=62$)	
	n	%	n	%
Children	10	7.19	12	19.35
Education	13	9.35	4	6.45
Finances	57	41.01	15	24.19
Food	0	0.00	1	1.61
Housing	17	12.23	9	14.52
Job	21	15.11	10	16.13
Mental Health	13	9.35	4	6.45
Physical Health	18	12.95	28	45.16
Relationships	25	17.99	14	22.58
Transportation	51	36.69	27	43.55

Chi-square Analyses. To understand if any of these differences in life event/stressor domains are significantly different between males and females, we performed chi-square analyses for the two groups. The observed difference was significant for the children, physical health, and finances domains with small effect sizes (Table 5). Child-related ($n=12$, 19.35%) and physical health related ($n=28$, 45.16%) life events and stressors were significantly more common in journals for female participants, while finances were significantly more common in journals for male participants ($n=57$, 41.01%).

Table 5. Chi-square by Sex (N=201)

Life Event/ Stressor Code	Pearson’s χ^2 (df)	Fishers exact value	Effect Size- phi
Children	6.50(1)*	0.015	0.18
Education	0.47(1)	0.592	-0.05
Finances	5.27(1)*	0.026	-0.16
Food	2.25(1)	0.308	0.11
Housing	0.20(1)	0.654	0.03
Job	0.03(1)	0.835	0.01
Mental Health	0.47(1)	0.592	-0.05
Physical Health	25.21(1)***	0.000	0.35
Relationships	0.58(1)	0.446	0.05
Transportation	0.85(1)	0.433	0.07

Note. Only for participants who had any noted life event or stressor (n=201). *p<0.05, **p<0.01, ***p<0.001, df=Degrees of Freedom.

Descriptive Statistics Separated by Race

Among African American participants, the most common life events and stressors noted included: transportation (n=30, 42.86%), finances (n=24, 34.29%), and physical health (n=17, 24.29%) (Table 6). For participants in the other race category, the top three concerns were the same, although finances were noted for almost half of this group (n=14, 48.28%) and transportation (n=9, 31.03%) and physical health (n=8, 27.59%) were mentioned less often. While for White participants, transportation (n=39, 38.24%) and finances (n=34, 33.33%) were also mentioned the most, relationships were next in commonality (n=27, 26.47%). For all three groups, 10% or fewer journals contained mentions of mental health, education, and food. For African American participants, children were also rarely noted (n=5, 7.14%). Results show that transportation and finances were top concerns regardless of race—that is, for participants who were African American, White, and another race.

Table 6. Life Events and Stressors by Race (N=201)

Life Event/ Stressor Code Present	Stressor Type Noted by Team African Americans (n=70)		Stressor Type Noted by Team Whites (n=102)		Stressor Type Noted by Team "Other" Race (n=29)	
	n	%	n	%	n	%
Children	5	7.14	12	11.76	5	17.24
Education	7	10.00	8	7.84	2	6.90
Finances	24	34.29	34	33.33	14	48.28
Food	0	0.00	0	0.00	1	3.45
Housing	8	11.43	14	13.73	4	13.79
Job	8	11.43	20	19.61	3	10.34
Mental Health	6	8.57	9	8.82	2	6.90
Physical Health	17	24.29	21	20.59	8	27.59
Relationships	9	12.86	27	26.47	3	10.34
Transportation	30	42.86	39	38.24	9	31.03

Chi-square Analyses. The relationship domain is the only category in which chi-square analyses indicated significant differences by race (Table 7). Effect sizes were small. Relationship life events and stressors were more commonly noted in White participants ($n=27$, 26.47%) journals compared to African American participants ($n=9$, 12.86%) and participants of another race ($n=3$, 10.34%).

Table 7. Chi-square By Race (N=201)

Life Event/ Stressor Code	Pearson's χ^2 (df)	Fishers exact value	Effect Size- Cramer's V
Children	2.29(2)	0.283	0.11
Education	0.36(2)	0.939	0.04
Finances	2.30(2)	0.323	0.11
Food	5.96(2)	0.144	0.17
Housing	0.22(2)	0.879	0.03
Job	2.80(2)	0.289	0.12
Mental Health	0.11(2)	1.000	0.02
Physical Health	0.75(2)	0.641	0.06
Relationships	6.70(2)*	0.043	0.18
Transportation	1.24(2)	0.561	0.08

Note. Only for participants who had any noted life event or stressor ($n=201$). *= $p<0.05$, **= $p<0.01$, ***= $p<0.001$. df=Degrees of Freedom.

Discussion and Conclusion

Life Events and Stressors Documented by the Literature Compared to Marion County

Our results confirm those of prior studies showing the need for support services beyond substance use treatment for drug court participants (Palmobi et al., 2019b; Wenzel et al., 2001; Wolf & Colyer, 2001). Specifically, as prior research noted, transportation was a key concern among drug court participants (Palombi et al., 2019a; Palombi et al., 2019b; Morse et al., 2015). Finances were also a top worry of those served by drug court (Wolf and Colyer, 2001). We expect that finances also were related to housing and job concerns, although these were less commonly mentioned in DCCM journals (Lucenko et al., 2014; Morse et al., 2015; Palombi et al., 2019a; Palombi et al., 2019b; Wolf & Colyer, 2001). For the sample, physical health problems were also mentioned regularly, and these have been documented in other drug court studies as well (Green & Rempel, 2012; Wolf & Colyer, 2001), as have access to healthcare and health insurance (Morse et al., 2015). We also found that relationships and children were concerns for drug court participants (Lucenko et al., 2014; Morse et al., 2015). We did not find much discussion of education worries, in contrast to some prior research (Wolf & Colyer, 2001), or of mental health problems. However, the jurisdiction also has a mental health court, which may be serving most of the group with these needs (Green & Rempel, 2012; Palombi et al., 2019b; Wolf & Colyer, 2001). Food was a rarely mentioned stressor here but has been noted in prior studies (Lucenko et al., 2014).

To summarize, the life events and stressor domains in this study mirror prior research with a few exceptions. Unlike Lucenko et al. (2014), we did not see direct references to clothing needs, and unlike Palombi et al. (2019b), we did not see any explicit references to “old habits,” but this could be due to limitations with our method (i.e., only using administrative data). We also did not see references to a lack of treatment services or a lack of drug and alcohol-free activities as Palombi et al. (2019a) did; again, possibly because we relied on notes in official records and did not have access to the participants themselves to ask them directly.

Considering Sex and Race in Marion County

We did see some differences in the most common life event and stressor domains between male and female participants. For males, the most common domains were finances followed by transportation; for females the most common domains were physical health also followed by transportation. Chi-square analyses showed that there were significant differences between males and females in the number of times team members noted issues related to children and physical health (more common for females), and finances (more common for males). That is, like Shaffer et al. (2019) found, physical health, housing, and employment mattered for both sexes, although apparently to different degrees. Prior research found that in comparison to males, females have experienced more trauma and victimization (Shaffer et al., 2019). However, we did not see that as a commonly noted issue in the records. This may be because notes in the system were specific to current problems while participating

in drug court rather than related to assessments of prior experiences and their long-term consequences. Education and food were infrequently noted for both male and female participants. These observed differences between male and female participants may help explain why some prior studies found differences in outcomes between male and female participants (e.g., Gill, 2016; McKean & Warren-Gordon, 2011). However, because male and female participants share some of the top concerns, results also may lend support to prior studies that do not find differences in outcomes between sexes (Ho et al., 2018; see also Gallagher et al., 2015; Koetzel-Shaffer et al., 2011).

Prior studies have observed differences in outcomes across participants of different races (Dannerbeck et al., 2006; Gallagher, 2013; Listwan et al., 2003; Miethe et al., 2000), and we also explored differences in stressors across racial groups. Only one significant difference emerged, in that relationship concerns were significantly more common for White participants compared to the other groups. We found many similarities across the racial groups which is consistent with prior outcome studies that found no race differences (Butzin et al., 2002; Gallagher et al., 2015; Shannon et al., 2018; Shannon et al., 2019). However, these findings do not help explain why some prior studies found differences in outcomes by race (Dannerbeck et al., 2006; Gallagher, 2013; Listwan et al., 2003; Miethe et al., 2000). One implication for future research is to code for these stressors and barriers and to use them as possible explanatory variables in models predicting graduation and recidivism outcomes.

Implications, Limitations, and Future Directions

There are two main implications of these findings, specifically for Marion County: 1) results help the MCDDC team members better understand the life events and stressors of their participant population; and 2) this understanding can help MCDDC team members better connect participants to appropriate support services, in keeping with their efforts to follow the Key Components (National Association of Drug Court Professionals, 2004). Transportation was the most mentioned problem in journals. Currently MCDDC can provide transportation assistance if the participant is traveling to a drug court-related location via Uber (i.e., court, substance use treatment, peer support meeting). General transportation assistance is also provided through monthly bus passes. Monthly bus passes allow participants to get to both court-related and non-court-related locations. However, the bus routes in Marion County are limited in location and frequency, which could leave participants unable to use them. Transportation assistance options increased in early 2021 (e.g., treatment court payment for Uber), when the MCDDC was awarded a Bureau of Justice Assistance (BJA) grant. However, the sample examined here participated in drug court before this grant was awarded. Still, the MCDDC applied for the grant specifically because they knew their participants needed help with transportation, as well as sober living. That is, even without research findings, anecdotal information made it clear that court participants could benefit from this kind of help. Moving forward, the MCDDC could look to partner with other transportation services to fill the gap where buses are unavailable, thereby helping their participants build their social support systems even more.

The second most frequently mentioned concern in journals was finances. The MCD-DC, as mentioned above, does work to connect participants to job, education, and life skills (including budgeting) support services which could help with finances. However, they do not currently offer support services related to financial planning or financial stability, which may be an avenue to explore in the future.

This research adds to the literature examining the topic of life context for drug court participants, but we only examined one diversion drug court in Marion County, FL. The results are instructive because they provide new knowledge about this specific court and because there are few studies on this topic. Consequently, because life context is so relevant to participant success, we recommend that other drug courts assess the life events and stressors common in their own client populations. We unfortunately do not have data sources beyond administrative notes for this sample because it is historical, but other researchers could consider designing observation instruments to systematically code when these concerns arise in court hearings (Wolf & Colyer, 2001). They also could examine participant concerns directly through interviews or focus groups with participants, as well as gather drug court team member perceptions through similar methods (Morse et al., 2015; Palombi et al., 2019a). These efforts could occur at any time during drug court operations, including when team members are conducting needs assessments with potential or new participants as well as at different times during one's progress through the court program. Additionally, when communities are developing new drug courts, they might consider conducting community needs assessments (Rossi et al., 2004), to determine what services are available for client referral and what services might need to be developed as part of drug court operations. It may also be useful to periodically reassess the availability of community services.

Future studies could capture how participants feel about sharing life events and stressors with drug court team members as well. Drug courts operate with a non-adversarial, wraparound service approach and typically involve more connections between team members and participants than a typical court docket does (National Association of Drug Court Professionals, 2004; Fulton Hora, 2002). However, it is not clear how involved drug court teams should be in these "other" non-substance use issues in a participant's life. For example, at what point is it too invasive or does it *feel* too invasive to the participants? Conversely, what level of detail sharing is most helpful to participants in terms of getting the services they really need? Research could also work to understand the emotional and practical implications of encouraging participants to disclose deeply personal life events and issues to criminal justice system actors who have power over their lives. Finally, research could also examine the factors that encourage participants to disclose personal problems that may be relevant to success in drug court, in hopes of finding ways to overcome those hurdles and improve chances of success. For example, rapport built with the judge, case managers, and/or treatment providers may impact likelihood of disclosure and subsequent connection to support services, and prior studies have found that good judicial rapport (Jones & Kemp, 2014) and positive judicial attributes (Rossman et al., 2011) positively impact participant outcomes. Additionally, obtaining pre-drug court and post-drug court measures of stressors and barriers could provide evidence that support services are operating as intended. Due to the retrospective

nature of our data, we could not ask participants about their experiences pre- and post-drug court as they related to stressors and barriers; however, this is a future direction for research.

One of our limitations is that only about half of the sample had notes in the system about life stressors, likely meaning that notes were not consistently recorded for all participants. It would also have been useful to have more detailed notes than often appeared in the system, to provide a richer context. This sparse data on details and context may be due to lack of time or incentives to keep complete notes, differences in record-keeping across team members, lack of openness among participants about their troubles, etc. This limitation mirrors problems observed in official sources of crime data more generally (Gomes et al., 2018; Loftin & McDowall, 2010). Codes are subject to interpretations by team members who wrote them from direct communications with participants and our own interpretation of administrative notes. Because we were not present to directly observe the lives of our study participants, there is the possibility we did not understand the full context of a participant's situation, likely undercounting some stressors and life events and being completely unaware of others. This lack of complete data limits the generalizability as well as our ability to do sophisticated analyses comparing different subgroups. We did not have a big enough sample to examine intersectionalities, for example. Additionally, when we did find significant differences between groups, they were small in magnitude. This is a limitation when using quantitative methods that only compare 0s and 1s. However, qualitative notes suggest that for some participants, these experiences were not small in magnitude with respect to the impact on participant lives.

We were able to do some comparisons between male and female and White participants, African American, and participants of another race using chi-square. These results indicated that female participants experienced more physical health life events and stressors while male participants experienced more finance concerns, although these concerns appeared for both sex groups. African American, White, and participants of other races all experienced finance concerns, while relationships emerged as important especially for about a quarter of White participants. Interestingly, jobs (e.g., trouble getting or keeping them) were a more-often listed concern for White participants, but only for about one-fifth of them. The fact that employment did not emerge as a more major stressor may be because having a job or being in school is one of the key requirements for those in drug court. It makes sense, however, that finances might be a bigger concern, given that prior criminal records can severely impact people's opportunities for employment (e.g., Pager, 2003; Pager et al., 2009; Uggen et al., 2014). Because this is an exploratory study in one diversion drug court with limited data, it is critically important that studies of other jurisdictions and other types of drug courts with more complete data also examine these relationships. For example, we expect life stressors might be even more intense for people with more extensive criminal records and with more serious charges that make them ineligible for diversion drug courts and who are placed in post-conviction courts. It is also likely that problems faced by participants already connected to social services at drug court entry are different from those with much less social support. Learning more about the differences in the presence of difficult life events and other stressors expands the literature and helps local jurisdictions make better informed decisions regarding how to serve their populations. Because drug courts hope to

change crime trajectories of their participants, it is important that they address the actual needs of the participants, which will vary by individual, over time, and possibly by demographic subgroup (e.g., Andrews et al., 1990; Bonta & Andrews, 2007). Research on the effectiveness of support services on drug court outcomes is mixed (Carey et al., 2012; Cissner et al., 2013; Green & Rempel, 2012; McKee, 2010, Rossman et al., 2011), meaning we need to know more about the problems these participants face and how we can help them. We hope this article adds to the literature on the subject and encourages others to do so as well.

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