



# Drug Court Review

Fall 2023



**National Drug Court  
Resource Center**





# **Drug Court Review**

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**Fall 2023**

**National Drug Court Resource Center**  
Wilmington, North Carolina

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# Drug Court Review

Fall 2023

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## Drug Court Review

The *Drug Court Review* is an open-access, peer-reviewed, scholarly journal that builds a bridge between law, science, and clinical communities. Published annually by the National Drug Court Resource Center (NDCRC), the *Drug Court Review* seeks to disseminate scientific and scholarly research in such a way that a wide range of stakeholders (i.e., treatment court practitioners, policymakers, funders, researchers, etc.) can translate the information into practice. Each volume of the *Drug Court Review* focuses on a theme central to the field that is selected by the NDCRC Advisory Board. Additional information regarding the Advisory Board can be found at [ndcrc.org/advisory-board/](http://ndcrc.org/advisory-board/).

Each volume of the *Drug Court Review* may feature manuscripts that fall into one of three areas below.

1. **Research in the field:** full-length, scholarly monographs featuring the results of original research studies conducted by the author(s). Researchers are encouraged to use both quantitative and qualitative data, as well as discuss how the study findings can be translated into practice by readers.
2. **Research spotlight:** overviews of articles focusing on treatment courts that were published in another peer-reviewed journal. The focus of all research spotlights will be on the major findings and implications for research, policy, practice, etc.
3. **Expert commentary:** overview of what we know about a specific topic relevant to treatment courts. The focus of expert commentary pieces will be on what we know and what we still need to know, with the hope that readers will take up these research questions in future studies.

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# Introduction

The editors of the *Drug Court Review* are pleased to publish this collection of articles that comprise the Fall 2023 volume. The articles highlight the importance of participants “being heard” in treatment courts, valuing them as individuals and allowing their experiences to inform how we serve them.

The first two articles highlight how the principles of therapeutic jurisprudence and procedural justice support the formation of meaningful connections with participants, which can improve outcomes. Lisa Kruse and Nicholas Bakken present qualitative data derived from 15 participant interviews that detail their perceptions of a drug court as being compassionate (therapeutic jurisprudence) and fair (procedural justice). The authors identify key themes, including being heard, having a sense of control, and being treated with respect and dignity. The interpersonal aspect of treatment courts is also the focus of Christopher Salvatore’s expert commentary on the essential social bonds that can form in treatment courts and how they function to facilitate successful outcomes.

Elizabeth Hartsell, Jodi Lane and Saman Valiani aim to understand the “life context” of participants in a diversion drug court and present qualitative data gathered from progress notes. Some staff had gone beyond recording the minimum attendance and drug use data and entered information about current life events and stressors. Themes emerged regarding barriers and stressors, such as transportation problems, and the authors identify several differences by race and gender. They conclude with questions about how clients might feel about sharing sensitive information routinely, how much teams “should” ask, and at what point do some questions become too invasive. Their analyses and ethical questions are consistent with the concept of therapeutic jurisprudence.

Finally, Caroline Jalain and Elizabeth Grossi offer an expert commentary that calls attention to implicit biases and the failure to provide gender-responsive services for women veterans who are involved in the justice system. Procedural justice is not served when these gaps persist. The authors review the literature and highlight the 2020 report by The National Resource Center on Justice Involved Women (NRCJIW) that identifies barriers and strategies for responding to the needs of justice involved women veterans.

These studies and expert commentaries remind us that paying attention to participants’ unique experiences and allowing their voices to be heard are essential to the foundational principles of the treatment court model.

Disseminate. Collaborate.  
**Research. Create.**

# Creating Legitimacy in a Diversion Court: Testing the Theoretical Framework of Procedural Justice and Therapeutic Jurisprudence

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## Abstract

*Research on drug treatment courts (DTCs) consistently conclude that DTCs are effective at reducing recidivism. However, there is variation and contradiction in the literature on what elements of DTCs are key to this success. This is likely partly due to the atheoretical nature of most of the literature on these courts. Utilizing semi-structured qualitative interviews of 15 active drug court participants of a Midwest DTC, we sought to test the theoretical framework of therapeutic jurisprudence and procedural justice proposed by Kaiser and Holtfreter (2016). Therapeutic jurisprudence suggests ideal interactions with participants and procedural justice is thought to be the key to promoting success in DTCs. Participants in our study reported characteristics of therapeutic jurisprudence as key to developing perceptions of procedural justice. Feeling heard and treated compassionately helped shift participants' identities from "addict" or "criminal" to a "person with an addiction." Further, participants credited increased trust in the court when they were entrusted with at least part of their own recovery. Finally, some court team members were able to promote perceptions of procedural justice for the whole court. Implications and future directions are discussed in the conclusion.*

**Keywords:** procedural justice, therapeutic jurisprudence, drug treatment courts, qualitative

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## Introduction

Since their inception in 1989, Drug Treatment Courts (DTCs) have been heralded as the “most significant criminal justice initiative of the 20<sup>th</sup> century” (Brown, 2011, p. 192) and “the most innovative, comprehensive, and successful alternative to incarceration yet developed” (Hennessey, 2001, p. 5). By 2014, there were 2,619 DTCs in the United States (Jewell et al., 2017) and the diversionary court structure has been so popular that it has spread to other types of diversion courts: OWI, mental health, juvenile courts, and so on. As of last count, there are over 4,000 treatment courts in the United States (National Drug Court Resource Center, 2023).

DTCs emerged primarily to alleviate the burden on the criminal justice system of the mandates of the war on drugs (Brown, 2011; Listwan et al., 2003). At the time, community-focused, diversionary efforts (i.e., community policing) were slowly gaining favor in the criminal justice world (Gill, 2016; Listwan et al., 2003). Centered on a therapeutic approach, drug courts emphasize treatment of addiction to address the criminogenic needs of participants (Marlowe, 2012). While treatment is the main priority, drug courts also work with clients to connect them with educational and/or employment opportunities, and stable, safe housing (Marlowe, 2012; Somers & Holtfreter, 2018). Those who successfully complete the requirements for graduation from DTCs will have charges dropped, lessened, or sentences satisfied.

There is a consensus over several decades of research that drug courts work to lower recidivism for both current participants and graduates (Belenko, 1998; Brown, 2011; Gifford et al., 2014; Hickert et al., 2009; Kalich & Evans, 2006; Listwan et al., 2003; Marlowe, 2012; Roman et al., 2020), and meta-analyses of evaluations have supported this conclusion as well (Mitchell et al., 2012; Sevigny et al., 2013). Unfortunately, there are significant contradictions in the literature on what elements of DTCs promote success (Hickert et al., 2009; Jewell et al., 2017; Mitchell et al., 2012).

Some of the inconsistency in findings is likely due to limitations in data. Many studies do not have an adequate comparison group (Gifford et al., 2014; Kalich & Evans, 2006) and others do not include enough of a follow-up period to properly track recidivism (Mitchell et al., 2012). Further, drug courts are varied in structure and deal with a significantly diverse population of individuals in terms of type of drug addiction, mental health problems, and risk levels (Belenko, 1998; Gifford et al., 2014; Jewell et al., 2017; Listwan et al., 2003; Marlowe, 2012). Finally, there have been few studies that have qualitatively examined active drug court participants’ perceptions about their experiences in the court, nor have many studies attempted to link theoretical explanations to why the court works. This study seeks to better understand participant experiences in the court and how this may explain why the court works, within a theoretical framework.

## Qualitative Studies of Drug Treatment Court

Drug court participants have an important and unique perspective concerning the court that should be part of understanding its success. Relatively few studies of drug courts

have utilized qualitative methods (Lanier & DeVall, 2017) and most of these studies have looked at past participants, those that have graduated or been expelled (Gottfredson et al., 2005; Lanier & DeVall, 2017; Liang et al., 2016; Messer et al., 2016; Moore & Rigg, 2017; Newton-Taylor et al., 2009; Patten et al., 2015; Roberts & Wolfer, 2011; Wolfer, 2006; Wolfer & Roberts, 2008), or specific populations within DTCs such as women (Morse et al., 2015; Roberts & Wolfer, 2011). Only a limited number have focused on theory or included semi-structured interviews of active participants (Lanier & DeVall, 2017; Liang et al., 2016; Wolfer & Roberts, 2008).

Gallagher and various colleagues have published several qualitative studies. In the first, they analyzed responses to a 5-question open-ended survey from 15 drug court participants and concluded that praise from the judge and frequent drug testing were important elements for their success; however, participants felt their treatment needs were not being met (Gallagher et al., 2019a). Additionally, in 38 interviews of drug court participants, Gallagher et al. (2019b) found that medically assisted treatment (MAT) was very helpful for participants, and participants asked for more counseling support for MAT. Finally, Gallagher et al. (2019c) found in interviewing 31 African American drug court participants that while they felt respected and treated fairly in the court, particularly by the judge and case managers, they needed more support for employment.

Lanier and DeVall (2017) interviewed 23 Phase 3 participants and recent graduates to test the viability of Structural Ritualization Theory (SRT) in explaining the success of these types of courts. SRT explains that rituals, or routines, are key to creating meaning and patterns of behavior. Their findings were supportive of SRT. Court participants can abstain from drug use when they are given the opportunity to do so in a way that is clearly outlined, paired with resources, and when the team is collaborative<sup>1</sup>.

Fulkerson, Keena, and Longman (2016) interviewed 15 active court participants on their motivations for entering DTCs and found that initially participants primarily wanted to avoid incarceration. The motivation to get clean and succeed in drug court came later. Morse et al. (2015) and Fischer et al. (2007) interviewed women in DTCs to understand the specific structural barriers that prevented their success. Both studies found that housing, transportation, health care, treatment availability, stigmas related to their statuses as drug addicts/convicted criminals, and conflicts in court/treatment vs. childcare responsibilities prevented their success.

Fendrich and LeBel (2019) studied a drug treatment court in Milwaukee County through focus group interviews of drug court participants and individual interviews with team members (N=187), as well as field notes of team meetings and court sessions. They concluded that program staff had an aversion to MAT or thought of it as a last resort, while most participants believed that MAT was crucial to ending drug use and wanted it to be widely available. Goldberg et al. (2019) studied the transcriptions from counseling appointments of active female drug court participants and found that strained family relationships compromised success. Finally, Witkin and Hays (2019) interviewed 15 participants across five rural

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1 Liang et al. (2016) also found support for SRT in examining post-graduation letters from 229 former participants.

courts and found that the National Association of Drug Court Professionals’ (NADCP) “Key Components” were the basis for the positive experiences of court participants. However, participants noted limited treatment options and inadequate social services.

## Use of Theory in Examining Treatment Courts

Importantly, and the specific focus for this research, is the lack of a theoretical framework to explain why diversion courts like drug treatment court work. Very little drug court research has sought to theoretically link the working elements of the court (Kaiser & Holtfreter, 2016). Lanier and Devall (2017) identified only a handful of studies that tested theories such as reintegrative shaming (Meithe et al., 2000; Wolfer & Roberts, 2008), deterrence (Marlowe et al., 2005); social learning (May, 2008), containment (Wolfer & Roberts, 2008), and social bond theories (Gilmore et al., 2005). In addition to Lanier and DeVall (2017), Liang and colleagues (2016) have looked at Structural Ritualization Theory (SRT) finding support for this framework in explaining the success of the court. Roman et al. (2020) have conducted one of the only studies evaluating procedural justice and therapeutic jurisprudence along with deterrence theory to explain the success of drug treatment courts. Using interview data from participants at entry, then 6- and 18-month follow-ups across 29 courts (N=1349 participants, n=877 drug court participants and a control of n=472), they utilized structural equation modeling and found support for procedural justice and therapeutic orientations but not for deterrence. While their study makes progress on assessing procedural justice and therapeutic jurisprudence, the theories are discussed as separate entities rather than a process from one to the other. They argue that “despite the breadth of prior work, little is known about how drug courts achieve that success...A number of theories have been proposed—but not tested” (2020, p. 2). While the majority found support for the theories tested, there is a significant lack of replication in the literature related to testing these frameworks (Lanier & DeVall, 2017).

The atheoretical nature of the vast majority of DTC studies means that most have focused on identifying characteristics that promote success for participants but have failed to identify why these elements promote success. Further, these studies often have contradictory findings (see Gill, 2016 for an extensive review). Logan and Link (2019) argue that without a theoretical framework “to isolate the critical instrumental elements...findings from scattered evaluations will accumulate like apples and oranges” (citing Goldkamp et al., 2002, p. 28). Theoretical frameworks can provide guidance in sifting out the noise of disparate findings by furthering the theoretical work of identifying *why the courts work* (Lanier & DeVall, 2017). Kaiser and Holtfreter (2016) suggest a theoretical framework combining two theories often discussed in relation to drug treatment courts: therapeutic jurisprudence and procedural justice.

## Measuring Therapeutic Jurisprudence and Procedural Justice

*Therapeutic jurisprudence* is the philosophy behind treatment courts, that the law should be reshaped to work in a way that improves the “psychological functioning and emotional well-being of those affected” (Kaiser & Holtfreter, 2016, p. 47). Ultimately, this approach

requires that court actors “have a cognitive awareness of how their actions and words... promote or hinder rehabilitative efforts” with an emphasis on “understanding the impact and consequences of the law, legal process, and legal actors on the well-being of persons affected by the law” (Kaiser & Holtfreter, 2016, pp. 47–48). According to Winnick and Wexler (2015), therapeutic jurisprudence in drug treatment courts is measured through the following characteristics: supportive and compassionate judicial involvement; close monitoring of treatment services; multidisciplinary involvement with participants; and collaboration with community services. Several studies have quantitatively linked supportive and compassionate involvement with greater compliance with the court (see, for example Fay–Ramirez, 2015; Lurigio, 2008). These measures typically entail several statements to assess compassionate treatment such as: “you have had an opportunity to tell your side of the story” or you have been “treated fairly” or “with respect” (Canada & Watson, 2013). For this study, we focused on identifying supportive and compassionate involvement to measure therapeutic jurisprudence by asking participants to describe their relationships with members of the court team and to identify and describe times when they felt the court was supportive of their recovery and times when they were not. The other three aspects of therapeutic jurisprudence are related to court structure and could not be measured through perspectives of court participants.

*Procedural Justice* is a focus on how perceptions can be shaped to promote the idea of legitimacy in the court. Under this theory, legitimacy is based on perceived fairness of the court and a sense of group belonging among participants (Lind & Tyler, 1988). Tyler (2007; 1990) posits the following measures for assessing procedural justice, all of which have been connected to successful compliance in the court (see Gottfredson et al., 2007; Paternoster et al., 1997; Tyler, 1990).

- Whether participants felt they had an opportunity to be heard by the judge and court team. If people feel heard, they feel that they have some control in the process (Thibault & Walker 1975) and that they are being treated with dignity and respect (Tyler, 1990).
- Whether they felt the court was consistent and impartial in allocating sanctions and incentives.
- Whether they felt the court adequately explained the reasons for decisions made.
- If the court was ethical: polite, respectful, and demonstrated an authentic concern for individuals’ rights.

Kaiser and Holtfreter’s (2016) theoretical model indicate that through the application of therapeutic jurisprudence, procedural justice is served. Specifically, therapeutic jurisprudence suggests what elements might work and procedural justice explains the conditions under which these elements do work.

## Method

The drug court studied is in a small urban city in the Midwest region of the U.S. The court enrolls an average of 30 participants at a time. The team is made up of a drug



court coordinator (DCC), a Department of Corrections (DOC) probation officer, a circuit court judge, representatives from the District Attorney's and Public Defender offices, as well as a treatment provider and police officer. Court meets weekly and admits high risk, high needs clients with substance use disorders. Per federal restrictions, dealers and those with violent felonies are excluded from the court. Referrals mostly come from attorneys, probation agents, and individuals themselves. The court team follows NADCP best practices for phasing, drug testing, time in front of the judge, and positive to negative reinforcement ratios.

The court program consists of three phases. Phase 1 lasts at least two months. Participants are required to attend weekly court sessions and meetings with the DCC and DOC agent. They must also attend 95% of their treatment and have at least 30 consistent days of abstinence to advance to Phase 2. Phase 2 lasts a minimum of four months. Participants are required to attend court and meetings with the DCC and DOC agent every two weeks. They also must get a job, enroll in school, or do community service, and must have at least 30 days of abstinence to progress to Phase 3. Phase 3 lasts a minimum of six months where participants attend court and meet with the DCC and DOC agent monthly. They must pay their drug court fees and maintain at least 90 days of abstinence to graduate.

## Sample

We interviewed 15 active or recently graduated DTC participants, 13 of whom were white and two Hmong. There were nine males and six females, and the average age was 35.3 years old. Seven individuals were in Phase 1 of the drug court when interviewed, three in Phase 2, two in Phase 3, and three graduates: two that we interviewed within a week of their graduation and one that we interviewed three months after graduation. All the participants listed methamphetamine as a primary drug of choice in their drug court applications. About half reported using methamphetamine exclusively, and the rest reported methamphetamine use in combination with heroin, alcohol, and/or crack cocaine.

Participants for this study were selected through convenience and snowball sampling (Cresswell, 2013; Lofland et al., 2006). We, or the judge, announced the need for participants in the court, had the drug court coordinator and DOC representative post flyers in their offices, and we asked those that participated to encourage others to participate as well. With support of the court, participants were offered two hours of community service for their participation in the interview. Participants were assured verbally and in their informed consent letter that their answers to the questions would remain confidential and they could stop participation at any time without penalty. If the participant requested credit for community service, a receipt of service was emailed to the drug court coordinator. This prevented complete confidentiality in the participation of these interviews however, we balanced this loss with several reasons. First, we believed that the participants should get compensated for their time. We could not provide them with cash or gift cards per the court, but community service is often part of their weekly requirements and we felt that their participation fit the very definition of community service. Second, participants were often recruited by the court team, and initial conversations about participation were then mediated through the drug court coordinator. Additionally, participants often discussed their participation of their

own accord with the drug court team, in court, and/or with other participants. Essentially, confidentiality with regards to participation was fleeting. Finally, we made it clear in the negotiation with the drug court team that providing this incentive did not mean the participant actually participated in the interview, only that they set up a time to be interviewed. Thus, the fact that many participants did not need or take the incentive, and our efforts to mask identifying information helped to ensure confidentiality in the discussions. The study was approved by the University of Wisconsin-La Crosse Institutional Review Board.

## **Semi-structured Interviews**

Semi-structured qualitative interviews were administered between November 2018 and September 2019. This format allowed for more conversational flexibility in the interview to explore topics and themes that emerged during the interviews. The interview guide focused on perceptions of the court, relationships with court team members, and experiences in the court that were positive and negative. In addition to questions related to procedural justice and therapeutic jurisprudence (i.e., tell me about your relationship with the judge/DOC agent/DCC; tell me about a time that you felt the court was acting fairly/not fair; tell me about a time that the court was acting in a way that promoted your success/did not promote), we asked questions about the general operation of the courts: sanctions, incentives, the admission process, treatment and other supports, and barriers to success.

Interviews were audio recorded and took place primarily at the courthouse in private rooms, but also at halfway houses, inpatient treatment facilities, and in the authors' campus offices. Each audio recording was transcribed by research assistants. To ensure confidentiality, all names were replaced with pseudonyms, except for the court team, and locations were abstracted to general descriptions. Direct quotes were only used if they appeared to be general enough. Otherwise, we reported general conclusions instead.

All qualitative data went through a two-step coding process by the two principal investigators. This coding was done independently and later compared to establish agreement on themes. In the initial coding phase, transcripts of interviews and court observations were read through twice to identify general, broad themes. Secondly, the data was organized by general themes to be analyzed for more specific, in-depth themes (Esterberg, 2002; Lofland et al., 2006). The strongest patterns are those topics that were discussed by nearly every participant. We achieved data saturation (Fusch & Ness, 2015) meaning our data is comprehensive enough for replication and our last few interviews did not produce new information or notable deviations.

In addition to qualitative interviews, we also conducted court observations. We attended pre-court team meetings and court sessions from March 2018 to August 2019 observing a total of 27 sessions. Discussions within the team meetings and court sessions were transcribed in live time and summaries of the observations including themes, notable non-verbal elements, and a list of those in attendance were completed immediately after the court session. The data for this article come from the qualitative interviews and include data from court observations to ensure consistency and accuracy as it related to the participants' perceptions.

Several studies have quantitatively linked supportive and compassionate involvement with greater compliance with the court (see, for example Fay-Ramirez, 2015; Lurigio, 2008). These measures include statements such as: “you have had an opportunity to tell your side of the story” and you have been “treated fairly” or “with respect” (Canada & Watson, 2013). However, as Canada and Watson (2013) note from their mixed methods study of two separate mental health courts, “Although scores on quantitative measures of procedural justice do not differ by court, participant perceptions discussed in semistructured interviews do” (p. 209).

Because we are specifically looking at perspectives of compassionate treatment (therapeutic jurisprudence) and whether the court is fair (procedural justice), qualitative methods are ideal (Esterberg, 2002; Shon et al., 2021). First, as Farole and Cissner (2010) argue, qualitative research allows researchers to uncover the complexities of participants’ experiences and perspectives. Second, it is important to let participants explain their experiences using language that makes sense to them. Gilliam’s (2001) study of the poor in rural Ohio illustrates the importance of understanding how individuals put words to their experiences and what language is used. His participants did not use expected legalistic language to convey their concerns about privacy and surveillance and quantitative surveys were unable to uncover their concerns or the complex ways they experience and evade monitoring. Overall, as Cresswell (2009) notes, “in the entire qualitative research process, the researcher keeps a focus on learning the meaning that the participants hold...not the meaning that the researchers bring to the research” (p. 175).

## Findings

We found that the drug treatment court we studied was perceived as procedurally just because participants perceived the actions of the court team to be consistent with elements of therapeutic jurisprudence. Participants described the elements of therapeutic jurisprudence as their reasons for trusting the court and achieving success in the court—specifically being treated compassionately. Participants credit being treated compassionately with believing that the court respects them as people, allows them some control in the process, and truly cares about them. Pseudonyms are used in all quotes to disguise participants’ identities.

### **Treated Compassionately: feeling heard, respected, and a sense of control**

There was a strong and consistent theme of participants connecting feeling heard with compassionate treatment (therapeutic jurisprudence), which contributed to their overall trust in the court. Karla provided a clear illustration of the power of feeling heard. In her interview she talks about experiencing a situation where she was heard and one where she did not feel heard. In the first instance, she talks about her expulsion hearing. We asked her how she felt going into the expulsion hearing and expected that she would talk about it being stressful, but instead she talked very positively about it: “it gave me an opportunity to explain myself and really get honest too...I knew...they didn’t want to hear...[lies]. And

that they were going to see right through it so I...was completely 100% honest with them... it was helpful.” This quote illustrates many aspects of procedural justice and the importance of therapeutic jurisprudence. In addition to the usefulness of a multidisciplinary team (therapeutic jurisprudence), this experience Karla had was positive, not as a positive situation, but that she felt that she had the attention of the team to make her case to be retained. Overall, she trusted the team to listen to her if she was being honest.

Later, Karla spoke about how she felt the court acted unfairly in a sanction they applied to her. When asked why, she said it was because she “didn’t have a chance to talk to [the drug court coordinator] or [the DOC representative]...and...they already had the plan, I had no idea what was going on...I had no say so.” Karla felt left out of the process in not being heard, she did not feel the court adequately explained the reasons for the sanction, and ultimately, she did not feel a sense of control in the decisions being made. She was not part of the group discussion.

Billy spoke indirectly about being heard. He felt that the court was fair because they treated him empathetically: “They try to find out what is the cause, what’s the underlying reason why you’re doing the things you’re doing, what can you do to change and that’s way better...cause if sobriety was easy we wouldn’t have addicts in the world.” For Billy, feeling like he could communicate with and be heard by the drug court team, particularly the judge, the drug court coordinator, and the DOC agent, made him feel respected and increased his trust in the court and their ability to help him remain drug-free.

## **Sense of Control**

Participants connected feeling heard to feelings of control. All participants were asked to provide an example, if possible, of a time when the court treated them fairly. Those who provided an example were then asked why they thought this example illustrated the fairness of the court. Many examples described a situation in which the court showed lenience. As we reviewed the data, it became clear that this was a statement of having some control and being part of the process. As Ryan explains, the court is fair because:

They give me the rope and if I [hang] myself, well you can still work with me, you can still show me ‘hey, this is what happened’...they’ve always believed in me, they’ve always told me that I can do it, and they eventually let me have that rope... and they were super supportive during that time. They didn’t like ya know, rub it in my face...They were just there.

Similar sentiments were expressed by others including Dustin and Eli. These participants appreciated compassionate, supportive treatment from the court team and the sense of mutual trust and respect that comes with getting some leeway in the process. Eli’s quote in particular shows how leniency coupled with compassion is more effective:

I think when some of the consequences can be too strict, then some people can kinda just throw in the towel. That’s probably what I mean by fair. It’s just you know, let’s say if I used and then I go to drug court and they throw me in jail for a month. I’m

just going to throw in the towel and say eff it...cause we don't want to come to drug court and be scared that we're going to jail. But everybody knows that if I use today, they'll let me slide on Thursday because I'm going to be honest about it. But if next week I'm still high, I'm definitely going to jail so I think that one week period for me, I think it's enough time for you to you know, get yourself together.

The supportive and compassionate treatment noted here connects fairness to the perception from participants that the drug court staff believe in their ability. As Eli discusses, strong, negative sanctions will make him give up on himself. Consistently, participants talked about getting confidence from the drug team's belief in their recovery. Leniency allows for some sense of control and makes participants feel like the court still supports and believes in them. Also of note is Eli's concluding statement—he knows what to expect. Sanctions that are predictable bolster perceptions of fairness. Finally, balancing sanctions and allowing participants to learn from their mistakes leads to a sense of dignity and respect.

## Dignity and Respect

Perhaps the most obvious connection from therapeutic jurisprudence to procedural justice is that compassionate and supportive treatment leads to feelings of dignity and respect. If participants feel respected, they will feel part of the group, and this in turn promotes the idea of just treatment in the court. The most common answer to our question of why participants trust the court was the notion that they were treated with dignity. Participants discussed how their interactions with the drug court coordinator and the DOC agent were the most impactful. Repeatedly, participants talked about how these court team members “treat me like a person” or “treat me like a human being” as opposed to “just an addict” or “a piece of [crap]” or “worthless.” Again, this was key to them feeling like they could trust the court and that the treatment they received from the entire drug court team was fair.

Some participants did not feel treated with dignity and respect. For example, Tim felt that they judged him based on his past: “I feel like they used the past and...the stigma that you acquired over the years...against you. Bottom line...I feel like they need to not just look at paper, not look at background [their] criminality. Look at 'em as an addict *and* a human being” [emphasis original]. For Tim, this perception made him believe that the team “had their favorites.” He also discusses how he’s “heard negative things my whole life ya know? ...I would rather have compassion and understanding than tough love cause I've had that my whole life.” Instead, he attributed his success to his discovery of religion and the feelings of support, compassion, and belonging he experienced at his church.

Similarly, Stella often felt the court wanted her to fail in that they expected her to fail: “They were wondering how I was doing so well...they made it seem like...they want me to fail because they know I'm a drug addict and they know I'm going to fail.” For Stella, her success was not due to the court but rather to her readiness to be done with the tiring existence of drug addiction and her strong desire to get her children back in her life.

For both, their perspective that the court did not view them as anything more than an addict hampered their trust in the court because they were not being treated in a dignified

or respectful manner. It is notable but beyond the scope of this study that the elements they attributed their success to joining churches and reconnecting with children. Many court participants are successful, at least in part, because of joining churches or other supportive community environments, as well as the motivation to re-establish relationships with children. It is unclear why these elements alone, at least for these two participants, were key to their success, but their comments show that elements of therapeutic jurisprudence are essential to perceiving the court as fair.

## **Specific Court Team Members Promote Procedural Justice**

Participants spoke of the significant impact of therapeutic jurisprudence among criminal practitioners in general as well as the drug court team. However, certain members of the court team were found to be most important in conveying procedural justice: the judge, the drug court coordinator (DCC), and the Department of Corrections (DOC) representative. We found that the compassionate treatment by these three individuals help to establish trust among the whole team. Initially, trust is established through the significant interaction court participants have with the drug court coordinator and the DOC representative. Compassionate treatment among these two team members is crucial for promoting trust in the court overall.

Most participants had little interaction with members of the team outside the judge in court and their scheduled meetings with the DCC and DOC representatives. Many participants talked about how they did not know most of the drug court team, unless they had a history with them or participated in treatment with the treatment provider representative. Further, they had no interaction with most team members, were unclear about their roles on the team, and yet nearly everyone we interviewed (except for 2) trusted the *whole* team and felt they were procedurally just in their decision making.

Ryan's quote best illustrates what we heard from those we interviewed: "That's the thing, there are three or four others [on the drug court team] and I've never actually spoken [to them]...I just kinda take it as they're on the same side as [the drug court coordinator] and [DOC representative] and Judge...and I trust them, so." Ryan's quote is great because it explicitly states this pattern, while others talked about it more implicitly.

In other conversations about relationships with the drug court team and feelings of trust and fairness, participants went straight to conversations about the DCC and DOC representative, perhaps as representatives of the whole team. When Trevor was asked about fairness and the court, he went into a lengthy discussion about his relationship with these two:

[The Drug Court Coordinator] is cool. [The DCC is] very personable, [and] knows addiction...[The coordinator and DOC representative] try to see you more as a person instead of a number or they try to see you as Trevor instead of addict Trevor. They try to see who you really are, compared to whatever you look like on paper... they make it more personable [than probation and parole] because they actually care, actually take the time...and they remember stuff...they brought up the things we talked about last time, they brought up...how I was progressing at work and...they

remember things that make me know that they're paying attention instead of just sitting there [going] 'okay, thank you. Next!' like the DMV.

A majority of those interviewed talked about the impact of these two team members, as well as the judge. Significant trust and feelings of support are built when team members show that they know and remember elements of the participants' lives. In a few instances, interviewees recounted times when team members forgot their name or details about their lives, and this resulted in feelings of distrust or dislike towards that specific staff member. Further, as Trevor's quote shows, this practice of therapeutic jurisprudence helps to separate the drug court team from the "typical" criminal justice practitioner that many of these individuals are used to.

Eli also conveys this when we talked about his relationship with the court and how he thought the court viewed him: "I think they view you as a person. I don't think they view you as anything else. Cause if they viewed you differently, they're probably a [correctional officer]." When asked to clarify the difference between the drug court practitioners and other criminal justice practitioners, he talks about the drug court team's desire to help, to see you as successful, and their knowledge about his life:

I don't think they would want to help you, offer to help you...they would probably be D.A.s...[instead] they stay in touch...if I have a problem or have a question...I know I can contact them. And they seem to always be in tune with what you're doing and just know what you're doing...it's just really helpful, you know? It's not like seeing your P.O. and always constantly having to remind them you know, what drug I use or-I feel like I'm the only drug court participant when I talk to [the coordinator and DOC representative] but I know that they see so many other people too but when you meet with them they...they're right there where you left off last you know, last meeting. And it feels good.

This differential treatment from the coordinator and DOC representative leads to participants' identity shift as well. When asked why she trusted the drug court team, Karla said it was the support and empathy she gets from the team, "especially [the drug court coordinator]. [The DCC is] really good about...never mak[ing]...me feel like a junkie. Like I'm a piece of crap...they're compassionate and empathetic to addiction."

Wesley described how he knows the drug court team members care, particularly [the coordinator and DOC representative] because "...They knew that I was going through some stuff, with my past trauma and whatnot." He spoke about struggling to open up given his past trauma. Seeing these two take this knowledge and use it to help him was incredibly impactful for him. He stated that it was the first time that someone understood that "it's not that I was a drug addict who then had mental issues. I had mental issues that turned into a drug addict." This compassionate treatment shows participants that the court is invested in knowing the participants and the root of their addiction. This is also important for making the switch to a court that is compassionate. As Wesley goes on to state:

[It's the] complete opposite...because all the [typical] judge really sees is that you're an offender, you're committing a crime. But he's not gonna really know the back

story to it. He doesn't...care about all that...that's why I didn't trust the county, I don't trust them. I don't trust P.O.'s because all they did was try to lock me up and they weren't trying to figure out why...I was behaving in such a manner. They didn't care. Lock him up. Revoke him. But now, [the DOC representative] and ya know, [the drug court coordinator] are taking an interest in finding out what is going on. And they give that moral support and positive support and positive feedback to push you to do better, to push you to get through the program because they somehow see that you're better than what you think you are.

The relationships the participants build with the coordinator and DOC representative are, at least, the starting point for coming to trust the court and team members.

## **The Drug Court Judge and Procedural Justice in the Court**

The trust established among participants through interactions with the drug court coordinator and the DOC representative are further solidified by the compassionate treatment of the court judge. The structure of these relationships is different, and importantly so. The coordinator and DOC representative are members of the court team that participants go to for support and advice, to talk more openly about their progress. Their relationship with the judge is about deference. The key themes that emerged in our conversations with participants about the (male) judge were 1) they perceived him as a father figure—someone they wanted to make proud; 2) they felt nervous to speak to him in court at first but felt better once they did; 3) they appreciated that even on “bad weeks” he wanted to start with the positive—this helped them to shift their thinking from an identity of just being an addict to one where addiction is something they suffer from; and 4) they preferred the appointed/dedicated drug court judge to substitutes because he knows them, their history, and they believe he truly cares about them.

In our observations of the drug court sessions, we noted that the judge rarely went against the consensus of the group in the pre-court team meetings. In those instances where changes were made to the decisions, it was done so because new information emerged. This is consistent with the NADCP best practices and helps to convey trust in the team as a whole. As participants in the study mentioned, they trust the court because they believe that the coordinator and DOC representative advocate for them. If the court discussions were different than expected, this would likely lead to distrust among participants for the coordinator and DOC representative as well as the team. Further, we observed that the judge took his time with participants and adhered to the ratio of “carrots to sticks.” Our participants confirmed that this is a big part of their feelings of trust and deference.

Eleanor used the term “amazing” to describe the judge. When asked to elaborate she said,

[The judge] shows empathy, he looks at addiction...but...you have to take responsibility for your actions...[the judge] is thoughtful and is just caring. And he doesn't judge...when you get up there you don't get to face the...that you're a piece of crap...that you're just another statistic...he shows empathy, he shows he cares, he



takes the time to ask you if there is anything you need to discuss. It's not just 'mm, alright doing well, you did this, you're going to jail. Alright next!' He takes the time with each individual as a person and not looking at them as a druggie and a piece of crap."

Billy reported that while the judge is an authority figure, he has stopped thinking of him as such in the traditional sense: "Of course he's an authority figure cause he's a judge, but I don't feel that he's just out to get me, ya know? I don't feel that he wants me to do bad things. He wants good from me...he just wants to help you and to make you...think of yourself as a better person." As mentioned previously, this process of separating or shifting their identities from "worthless addict" to someone who has an addiction is an important part of the process of recovery and is due to compassionate treatment. Additionally, in court the judge helps to achieve this through the ratio of positives to negatives. Billy elaborated,

The one thing that [the] judge...does, even when you [mess] up, the first thing he usually asks [is] 'what's five positive things you did in the week.' Even knowing that you used. He always asks...so instead of looking at all the bad and negative...he still wants to know the good things that you did...and that is huge...you're not so worried about the [mess] up as you are about the good things. That helps.

We were also curious about how participants felt about the long court sessions and times when others ran the court session in place of the dedicated court judge. It was a bit surprising to hear from everyone we interviewed that they appreciated the long sessions, sometimes running over 2 hours, despite reporting trouble sitting through it.

In part, they preferred longer sessions and "their judge" because of the more familiar relationship. As Dustin illustrates: "I respect him, you know? He knows us, he knows the clients." Additionally, Billy spoke to the desire of the judge to create and maintain these relationships:

I know [he]...makes it longer because he's trying to relate to the people. He's trying to have that relationship [and] it's different when he's not the judge. I know [the other subs] care but they're just stepping in...that's what I like about [the judge]... he takes the time to listen and offer [help]. Sometimes it takes an extra 10 minutes to talk to that person to make them feel good or to give them the understanding."

Finally, Wesley stated that "it's kinda hard [when other judges sub in] because they're not really familiar with the process, the client ya know? So some things can get misconstrued." This last quote is consistent with what we observed during the four sessions, out of 27 sessions observed over two years, when the dedicated alternate judge presided. There was often confusion over the status of participants, mixing up characteristics such as who was on a GPS bracelet or what person had a child, and there were many instances where the substitute missed calling participants on the roster. The conversations with the participants were impersonal, seemed rushed, and were more scripted. As Ryan states: "It's just not the same process when you go up there [with a substitute judge]. It's like two questions and quick little answers and then you're outta there. With [our judge], like he really gets to the bottom of it, like he's not just gonna let you give a two-word answer and walk out...he talks to everyone

and kinda just...everyone is going through their own thing and he'll use it as an example to learn so everyone learns ya know?

Karla and Eli spoke at length about this aspect of court. For Karla, having the drug court judge there is “helpful...the judge does a good job of...focusing on things that are helpful for everybody.” Eli likes that in court he can “learn from other’s mistakes...we’re there to observe...not [in court] just for ourselves to be put on the spot. It’s about learning from other people’s experience going through the program and it’s awesome.” Finally, Jesse talks about how many court sessions are filled with good advice to participants, often lessons that he’s had to learn the hard way. In particular, he talks about housing and how when [the judge] talks about not ruining the chance he wants to say, “you better listen, that’s good advice right there.”

## Discussion

Overall, the participants we interviewed perceived the court as procedurally just because of the compassionate treatment they received from the court team. Practitioners, in engaging in therapeutic jurisprudence, built trust among a group of people who are prone to distrust, particularly towards the criminal justice system. Of primary importance for perceptions of procedural justice is that individuals feel heard. The court we studied achieved this for participants by not only giving the space and time to be heard but also in conveying to participants that they saw them as people, sought to understand the reasons behind their behaviors, and gave them some control in the process that in effect, built feelings of mutual trust. The team showed they understood addiction which helped with identity shifting—conveying to participants that they saw them as more than their addiction and criminal behavior. Overall, participants reported feeling supported, saw themselves in a new light, and gained confidence in their ability to achieve their goals.

This compassionate treatment also helped to create group engagement, key for making procedural justice effective (Tyler & Blader, 2003). Our participants referenced the court as “like family” and were often fiercely loyal in protecting the group from those who were in drug court “for all the wrong reasons.” As Tyler and Blader (2003) note, social identity, an individual’s sense of worth and belonging as defined by the group, increases compliance when this identity is defined positively. The participants in our study talked a lot about their identity shifts and how this helped them to see the court as fair.

Some court team members were key in conveying a sense of procedural justice for the whole team. The Drug Court Coordinator (DCC) and the DOC agent assigned to the court were on the frontlines of promoting legitimacy among the court while the Judge played the deferential figure head in court. For all three, it was important that they remembered important aspects of the participants’ lives and journey toward sobriety such as how many weeks they had been sober, their kids’ names, or the struggles they had experienced in weeks past. Taking time to talk with each participant and remembering these details made participants believe that these three wanted to help and extended this belief to the rest of the court team. For the DCC and DOC agent, it was also most effective if they conducted

meetings with participants that did not feel rushed, that they were not late to meet with participants, and were able to remember where they left off from the previous meeting (see also Burke & Leben, 2007 for similar conclusions). This compassionate treatment and a united front in court—the judge went along with recommendations from team—conveyed trust for the entire team.

These differences in perceptions of procedural justice among court actors is consistent with the findings from Dollar et al. (2018) who identified high levels of procedural justice at baseline for case managers but relatively low levels of procedural justice perceptions when it came to participants' views of the judge. Over three months however, perceptions of procedural justice toward the judge caught up with case managers. Those who occupy more traditional criminal justice roles that are perceived as adversarial (i.e., prosecutor, judge) may need to engage in therapeutic jurisprudence for a longer period to gain legitimacy. However, legitimacy for these more traditional practitioners catches up to other court actors who are perceived trustworthy earlier on. This highlights the importance of examining differences of procedural justice among the various court actors, changes over time, and the impact perceptions of procedural justice for the court as a whole. Beyond the scope of this study, we concur with Dollar et al. that, “future researchers investigating procedural justice should continue to assess perceptions of procedural justice by court staff separately, as doing so is necessary to better evaluate the who, where, and how procedural justice may be transmitted” (2018, p. 42).

Understanding the impact of various court practitioners on procedural justice can assist in providing recommendations to the court studied on ways of adjusting the court structure to best promote perceptions of legitimacy among court participants. For example, it was recommended that the DCC and DOC agent be relieved of some of their additional responsibilities to best serve the drug court clients in a way that promoted trust. The DOC agent had a large caseload with part drug court clients, part non-drug court clients. This caused considerable strain on their position, and it was suggested that the court team's DOC representative only take on drug court clients.

There are decades worth of studies on the effectiveness of procedural justice at obtaining compliance (Beijersbergen et al., 2016; Burke 2010; Burke & Lebin, 2007; Casper et al., 1988; Murphy et al., 2009; Sunshine & Tyler, 2003; Tyler, 1990). An important distinction to make here is that the elements of procedural justice—being heard, a court that is unbiased and treats participants with respect, and a court that consists of trustworthy authority (Tyler, 1990)—are not achievable in themselves. Rather they are perspectives that participants come to have about the court. Understanding how the perspectives are built is key to structuring courts, corrections, law enforcement, and so on to best promote compliance.

Further, at least one of the elements of procedural justice is impossible to achieve—that of unbiased, fair allocation of sanctions and incentives. The perception of fairness then is key to promoting the legitimacy of the court. Perceptions of procedural justice promote compliance even when outcomes are unfavorable (Tyler, 1990). In other words, court participants are more likely to comply with negative sanctions and still feel the court has their best interest in mind if they perceive the court to be procedurally just. As our participants

indicated in their interviews, allocations of sanctions rely on details that are not always available to those in the court. If you trust the court, you believe the court has reasons for what is perceived on the surface as disparate treatment. For example, Eleanor told us that she believed sanctions and incentives in the court were fair even when they seemed disparate because “we don’t know both sides...and I do believe that the team is giving them fairly...cause I trust they’re making the right judgment.” Ryan talked about sanctions being fair because “it’s case by case...I don’t get mad when I see me go to jail and someone else not. Because I actually trust them and understand that they’re doing what’s best for me.” On the other hand, those who did not trust the court believed that the court was unfair. Rose believed she was being treated more harshly than others, that some were getting “slaps on the wrist” while she was “being hauled away to jail.” She goes on to talk about how the whole system is “messed up” and “unfair”, associating the drug court with the criminal justice system she’s had a lengthy, and negative, experience with.

Veronica’s interview brought these two points together. If the court can shift perceptions of social identity, this can be key to perceptions of fairness and belonging. Veronica was very distrustful of the court because she believed they were treating her like a drug dealer and horrible person: “[I’m] not the drug dealing type. And for [the DA] to say that I’m like this horrible person who needs to be off the street like was just ridiculous.” She goes on to explain that she doesn’t trust the court because they don’t trust her and that her sanctions were not only harsher than her peers but also counterproductive towards her recovery: “Little hiccups happen and I don’t know, they give so many [other] people so many frickin chances.”

Theoretical frameworks are important to establish because they can help explain why certain aspects work. For example, best practices state that smaller drug courts (<150) and courts where participants spend three to seven minutes in front of the judge are more effective (Marlowe, 2012). This may be explained by participants’ viewing the court as more procedurally just when they are treated compassionately. Specifically, when they feel as if the court team members are not rushed when meeting with them and when team members remember key characteristics about their lives and recovery. Additionally, studies have found that teams that collaborate well together are more successful may be explained by our findings that the whole team is seen as legitimate when they are seen as united with those the court participants have individual interactions with.

We are not suggesting that our study has established these explanations as true or that these findings are generalizable. A common limitation of qualitative studies, and certainly true of this one, is that the findings are not capable of being generalized to other courts. Our sample of 15 is small but constituted about half of the active court participants and we were able to reach data saturation. We encourage others to replicate this study to determine what elements are at play in other courts that promote procedural justice.

We also cannot make any assessments based on specific characteristics of participants. For example, we were not able to look at differences of perceptions by phase of court. It may be that perceptions of procedural justice change the longer participants are in the court. Further, we were not able to tease out differences based on race, gender, or other important demographic characteristics. Our sample consisted of almost exclusively white participants.

The DTC we evaluated has long struggled with disparity along racial and ethnic groups in admittance, retention, and graduation rates. It is imperative that research continues to address the disparity of the court and the individualized needs of court participants along these demographic lines (Roberts & Wolfer, 2011). However, it was beyond the scope of this study.

Further, there is likely a selection bias from the sample obtained. Those who volunteered to participate are very likely to be qualitatively different than those we did not talk to. This is a difficult population to reach, and we had to rely on the courts to get participation. We cannot know if we were able to fully convince our participants that their responses would be kept confidential or that their participation would not negatively affect their status in the court. We emphasized to participants in the informed consent, both verbally and in writing, that their answers would remain confidential, that we were not part of the court, and their standing in the court would not be affected negatively by their participation. We perceived the interviews to be rather candid about the court and we interviewed folks who had deep mistrust and frustration with the court as well as those who wanted to participate because they felt the court had saved their lives. It is perhaps arguable that those who trusted the court the most were the most willing to participate and, in that sense, we received rich data on how this trust was achieved.

This research is particularly timely due to the pressing need for better evidence-based solutions to a growing drug problem in the 21<sup>st</sup> century. Drug use in recent years, particularly for opioids and methamphetamine, has been increasing (Center for Disease Control and Prevention and National Center for Health Statistics, 2021). Since 1999, the U.S. has reported more than 930,000 overdose deaths, with more than 100,000 overdose deaths in 2021 alone (Center for Disease Control and Prevention, 2022). As a result, drug overdose was the leading cause of unintentional injury deaths for Americans aged 1–44 years old in 2021, and fatal overdose costs alone were estimated to cost the U.S. roughly \$550 billion in 2017 (Center for Disease Control and Prevention, 2022). Further, there is a significant “treatment gap.” Around 22.7 million adults require alcohol or drug abuse (AODA) treatment; however, roughly 2.5 million people receive treatment. While drug courts may not be the ‘ideal’ form of treatment, they have been shown to serve as an important contact point for individuals to access drug and mental health treatment. Increasing the perceived legitimacy of the court among clients using compassionate treatment is an essential building block in increasing court effectiveness, and in reducing the potential short and long-term costs associated with continued substance use and potential incarceration.

It is also important to consider the external factors that influence the effectiveness of drug treatment courts. If we know that in addition to procedural justice, success depends on treatment, employment, and education those services must be available to the participants (Howard, 2016). For example, most of the drug court participants we observed and interviewed had co-occurring disorders (COD) and were being treated for both mental health and substance use disorders. At one point, 35 of the 37 participants in the court had COD. Hickert et al. (2009), in their study of 133 graduates and 155 terminated clients found that those most likely to fail drug court were those with mental health problems. While they

conclude that future studies should work to identify the “optimal drug court client,” we argue that identifying why drug treatment courts work is more productive and is less likely to make courts pick only those who are most likely to succeed. But further, this finding suggests that better community supports and services are needed for the more challenging drug court clients and are particularly advantageous financially due to the substantial impact DTCs can have on the future recidivism of high risk/high need individuals.

The Bureau of Justice Assistance (BJA) reports that about one-third of those imprisoned committed their crimes under the influence of drugs or alcohol but fewer than half report having ever received treatment for their substance abuse problems (Jewell et al., 2017; BJS, 2004). According to National Institute on Drug Abuse (NIDA, 2020) around 65% of the over two million people in jails or prisons have an active substance use disorder. Others have noted that this is as high as 70–85% of the incarcerated population (Belenko et al., 2011). Incarceration costs the U.S. roughly 81 to 182 billion dollars annually (Wagner & Rabuy, 2017)<sup>2</sup>. Cost-benefit analyses show that drug courts provide savings of \$2.21 of direct costs and between \$2 and \$27 of indirect cost savings for every one dollar invested. More importantly, drug treatment courts have consistently shown to close the treatment gap (Marlowe, 2012). As these courts continue to expand across jurisdictions and as more courts are applying the drug treatment court model, it is essential to establish a theoretical basis for the success of diversion courts.

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<sup>2</sup> The cost varies based on what is included in the calculation. Prison, jails, parole, and probation are 80.7 billion per year. Health care is 12.3 billion, utilities are 1.7 billion, criminal law, judicial and legal costs, are 29 billion, and so on.

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# Social Bonds in Treatment Courts: The Secret to Success

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## Abstract

*Client experiences in the criminal justice system, including successful treatment and prevention strategies, are often characterized by pro and anti-social bonds built with those around them. We encourage clients of the criminal justice system to build prosocial lives around work, family, and religion to become invested in family, community, and mainstream society. However, practitioners often need to pay more attention to building bonds with clients that can provide the mentoring and support needed to prevent reoffending. Drawing upon research from evaluations of several treatment court programs, the role of social bonds and the mentoring and support they provide are discussed as critical elements of successful outcomes in treatment courts.*

**Keywords:** Treatment Courts, Social Bonds, Criminological Theory, Therapeutic Jurisprudence

Since the first drug court opened in Miami Dade County, Florida in 1989, research has found that drug courts and other treatment courts, such as reentry courts, can assist justice-involved individuals with changing their behaviors; this can include reductions in offending behaviors and substance use (GOA, 2005; Wilson et al., 2006), and increased chances of beneficial outcomes like finding employment (Taylor, 2020). Studies have also found evidence of the cost-effectiveness of these programs relative to more traditional processing in the criminal justice system. For example, Chessman et al. (2016) examined the cost efficiency of Virginia's drug courts and found that compared to the alternatives, drug courts saved taxpayers an average of \$20,000 per participant. In another study, Kubiak et al. (2015) found that for participants in an urban mental health court who completed the program, total outcome costs were less (\$16,964) compared to those who did not complete the program (\$32,258), and other comparison groups (\$39,870). There are studies that find limitations of the treatment court model, such as those that have examined outcomes of juvenile drug court programs and have found minimal or no difference between juvenile drug court participants and youth in comparison groups (e.g., Wilson et al., 2006; Hiller et al., 2021). However, we have generally seen the popularity of treatment courts and the use of these programs expand. We have evidence of the effectiveness of the treatment court model, but what is it about treatment courts that makes them work? What is the "secret to their success?"

The criminal justice system faces an endless list of challenges ranging from limited resources, ever-changing public opinion, and the need to provide effective treatment and prevention services. Two of the biggest challenges in the criminal justice system are finding alternatives to incarceration that can provide safety and cost savings to the community, and what can be done to help those leaving jails and prisons succeed once released back into the community. Without successful strategies in these areas, the 'revolving door' of offending, incarceration, then release, followed by the same cycle, will repeat itself generation to generation, and in communities worldwide. The criminal justice system needs solutions not only to lighten the load of practitioners such as police, prosecutors, judges, and probation and parole officers but also to alleviate criticisms of its ineffectiveness in dealing with repeat offending and to provide opportunities for long term success for clients of the criminal justice system; this ultimately saves time and money for both society and the criminal justice system and may also spare potential victims. Practitioners, policymakers, and the public need to know that solutions to these challenges exist in the form of treatment courts. In order to utilize the treatment court model effectively, there needs to be an understanding of the underlying factors that promote participants' success. In the case of treatment courts, it is often the use of a non-adversarial, treatment-oriented approach grounded in therapeutic jurisprudence that builds social bonds. The bonds built through these programs act as social controls and supports that help promote success across multiple life domains, including education, employment, housing, as well as reductions in substance use and criminal offending behaviors.

## Literature Review

Therapeutic jurisprudence utilizes judicial actors as agents of therapeutic change in clients' lives (Redlich & Hans, 2014). The therapeutic jurisprudence model incorporates a variety of practices, such as involving members of the courtroom workgroup to provide supervision, devise a treatment plan, and provide support across multiple life domains like education, housing, employment, and mental health services (Redlich & Hans, 2014). Scholars such as Fay-Ramirez (2015) have argued for employing therapeutic jurisprudence as a theoretical foundation for the success of treatment court program participants. In practice, one aspect of therapeutic jurisprudence that may influence clients' success is the social bonds and mentoring from the courtroom workgroup. A variety of domestic evaluation-based studies of treatment court programs grounded in therapeutic jurisprudence, such as Salvatore et al. (2011) and Salvatore et al. (2010), and Taylor (2020), as well as international studies, such as McIvor (2009) and Toki (2017), have found treatment-oriented courts may provide the services a client needs such as drug treatment, educational support, employment services, and mental health counseling. These studies have reflected the successes and failures in all treatment and prevention strategies, focusing specifically on drug courts; ample evidence suggests their benefits. For example, a multisite evaluation study conducted by the U.S. National Institute of Justice in 2011 examined 23 drug courts and six comparison sites. The results yielded several promising findings: those who participated in drug courts were less likely to relapse relative to those in the comparison group, had fewer positive drug tests, and had reductions in criminal behaviors (such as being less likely to commit crimes close to those in comparison groups; Rossman et al., 2011). In another meta-analytic study, Mitchell et al. (2012) found that drug court programs have lower recidivism rates. Turning attention to cost-effectiveness, a 2016 report from the Washington State Institute for Public Policy found that drug courts for adult and juvenile populations were more cost-effective than traditional processing. In sum, while evidence regarding the effectiveness of drug courts continues to be an ongoing area of inquiry, there is significant evidence to support their utility. This commentary hypothesizes that the underlying construct that drives drug courts and other treatment courts may be the social bonds built through the treatment process.

According to Hirschi's (1969) social bond theory, social bonds connect individuals to mainstream society through attachment, and bonds are built through education, employment, family, prosocial peers, and in this case, the potential attachments made through participating in a treatment court program. Hirschi's (1969) core idea is to adopt a stake in conformity or mainstream society to prevent delinquency and crime; individuals are less likely to engage in crime if they have stronger attachments and bonds. The strength of social bonds may help connect individuals to mainstream society, as fear of losing these bonds prevents engaging in behaviors that endanger them. In other words, the stronger the bond, the less likely there will be behaviors like delinquency to threaten it. As scholars like Mears and Stafford have pointed out, Hirschi's (1969) conceptualization has its limits, such as not considering the role of bidirectional change effects and how offending behaviors might lower the strength of a social bond (Mears & Stafford, 2022). Other theories have examined the role of social bonds, such as Thornberry's interaction theory which highlighted how bonds may influence delinquency and conversely, how delinquency can influence bonds

(Thornberry, 1987). Similarly, Sampson and Laub's (1993) age-graded theory of informal social control considers the role of life events and changes (e.g., getting married, having a child) in bringing about changes to bonds and, in turn, offending behaviors. Other theories have examined the relationship between social bonds and offending over time, resulting in a recent reconceptualization of social bond theory.

One of the main challenges with Hirschi's (1969) conceptualization of social bonding theory is the limited view of agency and change (Mears & Stafford, 2022, p. 3). In Hirschi's (1969) original conceptualization, the interaction with others was considered a potential factor that influences social bonds, potentially getting stronger or weaker depending on the level of the interaction, but it did not factor into how alterations in the bond or the role of dual agency (how individuals may influence each other) may actually bring about change (Mears & Stafford, 2022, p. 3). In their reformulation of social bond theory, Mears and Stafford state that other theories, like social learning theory and general strain theory, may connect to social bond theory and together provide a more complete understanding of the elements of social bonds.

Mears and Stafford (2022) reconceptualized social bond theory to include the roles of change and dual agency. The reformulation provided by Mears and Stafford allows social bond theory to provide a more accurate understanding of the potential role of social bonds in treatment courts. Applying the lens of Mears and Stafford's (2022) reformulated social bonding theory, we can see that treatment courts involve not only the participant but also other individuals (e.g., members of the treatment court workgroup, family members engaged in the treatment process), who may form social bonds that influence participants; both parties affect the social bonds being built. Finally, change processes involve specific processes and sequences that will vary based on the type of interactions between the participant in the treatment court and those with whom they are bonding. For example, as treatment court participants' social bonds with judges increase, their prosocial behaviors increase (such as attaining and maintaining employment), and yield successful programmatic outcomes.

## **What We Know: Social Bonds Matter**

As mentioned above, social bonds and mentoring can be crucial to client success in treatment courts. Numerous studies provide examples of meaningful bonds that are associated with successful treatment court outcomes. For instance, in a study by Salvatore et al. (2020), a participant described the role of the judges as a critical factor in their success. One participant described the judge's level of interest in participants' lives and engagement with participants in the reentry court program beyond the program's confines as a life-changing experience. One subject discussed how the judge took them to Lens Crafters and utilized their own social network to help the program participants. This level of dedication and interest builds a connection between the program participant and the judge—a prosocial model—not only accomplishing a practical goal but also fostering a social bond and relationship between the justice system and the client in a manner that many may not have experienced. In an example from Taylor's (2010) examination of the STAR reentry court in Philadelphia, Pennsylvania, Taylor discussed the importance of the family bond in the court sessions,



noting in one session that the judge asked a participant, “Now, am I gonna get to meet your girlfriend sometime?” (pp. 15–16). Taylor (2010) further stated the judge explained he “just want[s] to thank her for all she has done to help the participant stay on the right track” (p. 16). During the STAR court evaluation, the reentry court judges frequently asked about participants’ family lives, including children’s birth, child custody issues, sick parents, and new romantic partnerships. Taylor’s (2010) work further demonstrates judges’ interest in participants, humanizing them beyond their current or previous justice-involved role.

Kuehn and Ridener (2016) conducted a qualitative evaluation of the participant experience in a drug court in Pennsylvania, providing a look at how social bonds or connections with the treatment workgroup and judge made a difference. The following quote illustrates how the desire to not let down the judge or get in trouble helped keep a participant accountable:

I think every week is a bit much, you know what I mean? But I’m about to phase up so it will only be every other week. But, like, what do I have to tell you every single week? But, I mean it *keeps you accountable* (emphasis in original), Like I don’t want to get into trouble because I don’t want to go in front of that judge and get in trouble in front of everybody. (Kuehn & Ridener, 2016, p. 2252)

In addition to the judge, other members of the treatment court workgroup have roles that may be key to participant successes. In the below examples, participants discuss their relationships with treatment court parole officers as being a critical factor in program success:

*She goes above and beyond her job* (emphasis in original)...They do their jobs really well. I can’t say enough about the team, they’re phenomenal. (Kuehn & Ridener, 2016, p. 2253)

It’s more of a *bond* (emphasis in original) with the PO. We are closer than with other POs because of regular visits. I have her personal number, which I have called, she is right there. (Kuehn & Ridener, 2016, p. 2253)

Yeah, it just takes time. When you’re an addict and you do that manipulating and lying and all that, especially to your family... that’s what I did to my probation officer but it takes time and they learn to trust you and that’s what happened with my PO. *It’s just, she’s like family to me and I love her* (emphasis in original). And I tell her everything that goes on with me and I call her. (Kuehn & Ridener, 2016, p. 2253)

As the above quotes demonstrate, the potential bond between members of the treatment court workgroup, such as a parole officer, may act to help provide support and guidance for a program participant. As participants bond with their parole officer, an attachment is built, one they can rely on for support and understanding through their treatment process, and also one they may not want to risk by failing to meet programmatic goals.

## **What We Still Need to Know**

Since drug courts started in 1989, we have seen a steady stream of research articles, evaluations, presentations, and articles in the general media discussing the benefits of treatment courts like drug courts. Many have found them beneficial, arguing for the cost benefits relative to traditional criminal justice processing and the lower recidivism rates relative to incarceration. As discussed above, the secret to the success of treatment courts may be the bonds and attachments built between participants, judges, and other members of the treatment court team and former participants in the program who return as peer mentors.

While drug courts have ample evidence to support their utility, we still need to know their applicability to special populations. For example, in the mid-1990s, Arnett (1994) identified a new developmental stage of the life course, emerging adulthood. In subsequent studies, the “new” stage ranges from 18 to 25, later amended to 29 (or beyond). Emerging adulthood is not the traditional young adulthood of the past but rather a new developmental stage, reflective of the delays in marriage, parenthood, finishing education, and establishing oneself in a profession that has come about due to social and economic changes that occurred since the 1960s. One of the key characteristics of emerging adulthood is identity exploration, which is frequently expressed through substance use and experimentation. For most emerging adults who commit drug and alcohol-related crimes, incarceration is not always warranted, and diversion into drug court programs may be an appropriate venue for processing and promoting engagement in treatment. However, many drug courts may not be prepared to deal with the unique developmental needs of emerging adults and may need to modify their existing programming. Further, there is a need for evaluation studies (e.g., process, outcome evaluations) to study whether and how these programs work for emerging adult populations.

There is ample research exploring the cost-effectiveness of drug courts and their ability to reduce recidivism, however, we have yet to determine the long-term impact of drug court participation. Retrospective research, exploring former participants past the years of offending identified in the age-crime curve, could provide a look back at their offending careers and lives after drug court. This approach could provide insights into how drug courts provide long-term changes in their lives, such as helping them find and keep jobs and repairing relationships with friends and family members.

## **Conclusion**

Treatment courts may work by creating bonds and connections between the participant and the treatment workgroup. Many may be unaware of the treatment court approach, grounded in jurisprudence and teamwork that aims to help justice-involved people meet goals and enhance public safety. Most envision the court process as a mostly adversarial one, with a stern judge admonishing a defendant, an aggressive prosecutor, and a diligent defense attorney, all working towards the goal of justice. The ultimate goal is to be a prosocial member of society, not involved in the criminal justice system.

Disrupting common notions of the court and criminal justice process, treatment courts utilize therapeutic jurisprudence to foster bonds and connections that help participants reach goals like obtaining education, employment, and housing. Building bonds between the judge and other treatment courtroom group members also creates a connection that gives the participant a sense that the system treats them as human beings, perhaps for the first time. Studies such as Taylor's (2010) found that this type of treatment, especially by judges, can connect to positive programmatic outcomes.

Through treatment courts, we see that therapeutic jurisprudence is a theoretical orientation that may help resolve underlying challenges and issues for criminal justice system clients. By working with justice-involved people as clients rather than as "offenders" or "prisoners," these programs integrate a personal, human touch, allowing participants to not only be viewed as individuals but also for the participants to see members of the courtroom workgroup as mentors and build bonds that can help foster success rather than resentment or frustration.

The commentary here hypothesizes that social bonds may be one of the main drivers in treatment court programs. The above evidence supports this hypothesis but raises other questions including: 1) Which bonds are most important? The bond with the probation officer? The judge? Program administrator? Other members of the treatment court workgroup? 2) How does social bonding interact with other treatment court components to produce outcomes? 3) If social bonding is the driving force of behavioral change, will this be true in other criminal justice interventions such as probation? These questions provide a framework for future studies to explore the role of social bonds in bringing about lasting change for people involved in the criminal justice system.

While research on treatment courts is ongoing, social bonds' utility in preventing and treating offending is supported. It will likely continue to be a vital part of each for those involved in the criminal justice system for years to come. Programs like Renew in Newark, NJ, and STAR Courts in Philadelphia, PA provide a model through which other treatment courts can utilize social bonds and prosocial mentoring to steer participants in these programs toward success in employment, education, housing, parenting-- all critical aspects of long-term prosocial behavior, that prevent reoffending. In other words, the success of treatment courts may be rooted in their ability to build bonds and attachments as part of the treatment process; this could be part of the "secret to success" of treatment courts.

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# 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 coaching 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 (Lucenko 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 (Lucenko 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.<sup>1</sup> 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

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<sup>1</sup> 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.

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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%<sup>3</sup>). 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.

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

## 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 $\chi^2$ (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 $\chi^2$ (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 (Palombi 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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# Justice-Involved Women Veterans: Recommendations for gender-inclusivity in Veterans Treatment Courts

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## Abstract

*Veterans Treatment Courts (VTCs) are one of the many specialty courts that have evolved over the past twenty years. During this time, hundreds of VTCs have emerged despite little empirical support for their effectiveness. The VTC literature touts the success of these courts and suggests that the veterans who sacrificed so much for our country's safety and prosperity deserve a "second chance" from our criminal justice system. Much of the VTC research includes mostly male justice-involved veterans (JIVs) with little mention of JIV women, women as VTC teammates, and a glaring void regarding women mentors. This article reviews recent VTC research and summarizes what we know about JIV women. Additionally, we identify gaps in the literature concerning the characteristics and needs of JIV women. Lastly, this article makes recommendations as to how the justice community could better serve the needs of JIV women.*

**Keywords:** women veterans, veterans treatment courts, justice-involved veterans, therapeutic jurisprudence

For the past two decades, many justice-involved veterans (JIVs) have participated in Veterans Treatment Courts (VTCs). VTCs have provided JIVs with second chances to avoid the stigma, pain, and enduring consequences of incarceration through collaborative, evidence-based approaches like those found in drug and mental health specialty courts. VTCs emerged in the early 2000s and as of 2020, there were 476 VTCs in over 33 states (National Drug Court Resource Center, 2020). According to Douds and Ahlin (2019), over 7,700 veterans have participated in VTC since its creation; however, only a small fraction of those participants are women. In 2014, the Disabled American Veterans (DAV) recommended that the Department of Veterans Affairs (VA), the Department of Justice (DoJ), and the Department of Defense (DoD) developed initiatives to better understand the experiences of women veterans involved in all facets of the criminal justice system, particularly VTCs. Yet, little funding, programming, or research has emerged over the last five years to support these initiatives (DAV, 2014). This commentary takes a closer look at VTCs and offers unique perspectives on JIV women in these specialty courts.

## **What We Know about Women Veterans**

### **Characteristics of Women Veterans**

Despite the historic and projected growth of women veterans, they constitute one of the smallest subgroups of veterans and are considered one of the most understudied groups in veterans' research (Loftquist, 2017). Over 2 million women veterans reside in the U.S. and its territories, and they make up about 9% of the U.S. veteran population (U.S. Department of Veteran Affairs, 2017). Loftquist (2017) reported that veteran women make up about 1.2% of adult women nationwide. About 66% of women veterans identify as White, 19% identify as Black, and 9% as Hispanic. Black women in the military are overrepresented (19% v. 12%) while Hispanic women are underrepresented (9% vs. 16%) in comparison to their civilian counterparts. Most women veterans are married (49.4%) and slightly more than 16% have never married. Many women veterans have no children (71.4%). Women veterans report higher levels of education than their civilian counterparts in that slightly over 20% have a bachelor's degree, compared to 18% of civilian women and almost 14% have advanced degrees compared to 10% of civilian women. Interestingly, while over 95% of veteran women have no health insurance, almost 70% do not use the VA healthcare system, despite a sizable portion of women veterans (23.4%) with service-connected disabilities (U.S. Department of Veterans Affairs, 2017).

### **Characteristics of Justice-Involved Women Veterans**

Most women veterans (56%) served during the Gulf War, Operations Enduring Freedom (OEF), and Operation Iraqi Freedom (OIF) while another 24.5% served during peacetime, and another 18.6% served in World War II, the Korean War, or Vietnam (U.S. Department of Veterans Affairs, 2017). The U.S. Department of Labor (DoL) projects the total population of women veterans will grow between 9.6% to 11.8% per year from 2017 to 2025. Further, the DoL (2017) expects women veterans to comprise at least 10% of the

veteran population in all states by 2025 (Lofquist, 2017). While these data paint a portrait of women veterans, it fails to provide information about JIV women veterans.

As we have little data on JIV women, it remains difficult to assess the nature and extent of their experience in the criminal justice system; however, looking at incarcerated veteran data can be a good starting point. Since 1991, the Bureau of Justice Statistics has surveyed state and federal prisoners regarding military service. In their most recent report, Maruschak et al. (2021) gathered data from 107,400 veterans incarcerated in 12 state and three federal prisons. Their report indicates that only 1.8% and 2.1% of the veterans were women serving time in state and federal prison, respectively, which equates to roughly 2,000 incarcerated women veterans. Unfortunately, due to the small number of incarcerated women veterans, the report only provides descriptive data regarding age, race, combat status, service branch, service era, prior incarceration, current sentence, and offense type for male veterans. Using data from a nationally representative sample of inmates incarcerated in state prisons, Brooke and Peck (2019) found that women veterans who had been exposed to combat while enlisted had increased chances of incarceration for a drug offense rather than a violent offense, compared to women veterans with no combat exposure. The authors also found that women Marine veterans were more likely to commit drug offenses than violent crimes, compared to women Army veterans. Lastly, Brooke and Peck (2019) found that discharge status had an effect on women veterans. Specifically, women veterans with a satisfactory discharge were shown to have a lower likelihood of being incarcerated for drug offenses than for violent offenses, compared to women veterans with a less than satisfactory discharge from the military. Findings from reports and studies indicate that military experience has an impact on women veterans' offending. As such, there is a need for programs to address the legal and extralegal issues of women veterans. While gender-neutral, one example of programs in place to provide treatment and prevent reoffending for veterans is VTC.

Baldwin's (2017) study of national VTC data identified the increase in the number of female participants in VTC since their inception in 2009. Based on her review of 79 VTCs across the U.S., women comprise about 5.6% of the VTC participants, which was slightly lower than the national veteran population. Similarly, in one of the most comprehensive studies to date, Tsai et al. (2017) examined over 22,000 veterans in 142 VTCs or other treatment courts using VJO data from the VA Homeless Operations Management and Evaluation System. The data included 418 women (5%), but there was no meaningful discussion of women veterans. Lastly, in their groundbreaking work on VTCs, Douds and Ahlin (2019) discussed the lack of data regarding JIV women and the challenges of identifying veteran women as potential VTC participants. However, these authors, like others, had limited JIV data on women to work with. In sum, we know extraordinarily little about JIV women.

## Where Do We Go from Here?

While we know little about the number of women veterans and some demographical data about incarcerated women veterans, we have yet to paint a full picture of JIV women veterans. These invisible veterans merit more attention and would be better served with a more robust accounting of veteran women in the criminal justice system. The BJS model

should be expanded and updated more frequently. As national, state, and local data sources have yet to prioritize the collection of data regarding women veterans, expanding data collection is the first of many steps needed to gain a more accurate picture of JIV women. As Douds and Ahlin (2019) note, data about JIV women comes primarily from the corrections community, yet there is little information about JIV women at the gateway to the criminal justice system. Similarly, an improved accounting of JIV women would enable the VTC communities to better staff, train, and support more inclusive and gender-responsive efforts. While the national and state-level veteran affairs departments provide a foundation for women service member data, there should be a mechanism for pairing these data with state-wide JIV veteran data. This joint effort must include law enforcement agencies, criminal courts, and correctional institutions and could serve as the first step in capturing more comprehensive and accurate JIV women veteran data.

Therapeutic justice advocates and problem-solving court stakeholders, such as VTCs, could lead the effort to capture these data. Although veteran women's participation in VTC may be more likely a result of discretion by police and other criminal justice personnel responsible for the identification, screening, recruitment, and referral of veterans to VTCs including prosecutors, Veterans Justice Outreach Specialists (VJO) must modify their efforts to serve women JIVs. Baldwin (2017) reported that while many VTCs in her study identified military history early in case processing to determine eligibility, almost half of the VTCs reported that identification occurs later in case processing such as in probation violation, sentencing, or post-sentencing phases. VA officials and other criminal justice personnel have access to a unique database, Veterans Re-entry Search Service (VRSS) that could be employed to identify the gateway to the criminal justice system and allow VTCs to stay true to their founding principles.

Identification at later stages of the criminal justice process runs counter to the founding principles of VTCs. In their study of the identification process of potential VTC participants in Pennsylvania, Douds and colleagues (2017) found that while there is no standardized process for identification, five identifiers are playing a role in the identification of potential participants. These identifiers are the VJO, police and corrections, the district attorney, the defense counsel, and self-identification. Additionally, in their analysis of the National Institute of Justice's data from a multisite evaluation of eight VTCs, Baldwin and colleagues (2018) found that while identification occurred in the initial stages of case processing for many VTCs (58%), identification also occurred through case processing. Veteran identification at later stages of case processing is less than ideal, as the VTC model is envisioned to work most effectively when veterans are diverted early in the traditional criminal justice process.

In the few instances where women have participated in VTC programs, it is fair to ask about their effectiveness. Are VTCs equally effective for men and women, or are VTCs, like many other aspects of the VA programs, limited in their ability to meet the gender-specific needs of women veterans? While prior research has established gender-specific risk factors leading to the commission of crimes, VTCs remain gender-neutral and do not separate treatment requirements for men and women veterans (Brooke & Peck, 2019). Thus, when

offered to participate in VTCs are women more likely than their male veteran counterparts to opt-out, knowing the time commitment, the difficulty of such a demanding program, and the unlikelihood that their needs will be met by the court and services providers recommended by the court? To answer these questions, more standardized record-keeping must occur at all stages of the VTC process. Additionally, more outcome evaluations of VTCs must consider women veterans and examine whether the current VTC model meets the needs of JIV women.

The VTC model, although based on therapeutic jurisprudence, remains entrenched in military culture and rigidly structured, which may seem untenable and unattractive to JIV women. Family services such as childcare, weekend or evening availability, and accommodations for families with exceptional children are not a key consideration among those who manage the typical VTC program (Washington et al., 2007). Moreover, women JIVs may be reluctant to commit to a 12-18-month program like those offered via VTCs and opt for a more traditional, streamlined plea bargain process that typifies the assembly-line model. Lastly, many women desire services that include family members, yet the VA and other providers (e.g., Vet Centers, and private practitioners) may be limited by legal or resource-based constraints impacting these services (Disabled American Veterans, 2014; U.S. Department of Veterans Affairs, 2015).

The way forward might be found in the 2020 report by The National Resource Center on Justice Involved Women (NRCJIW). The report recommends several strategies for more effective responses to women veterans. They identify key barriers to identifying and serving JIV women veterans including flawed JIV identification protocols, lack of knowledge about available services, loss of VA benefits and Dependency and Indemnity Compensation (DIC), and enrollment obstacles (Ramirez, 2013). The NRCJIW offers a multi-faceted approach that is relational, strengths-based, trauma-informed, culturally competent, and holistic to better serve JIV women (2020). Their approach includes strategies for courts and corrections that focus on gender-specific approaches that include timely and effective identification of veterans, gender-responsive assessment of unique needs and risks, alternatives to incarceration, specialized dockets, treatment protocols, and reentry programs.

## Conclusion

This paper summarizes the research on justice-involved women veterans and identifies factors that contribute to the absence of women veterans in VTC programs. We seek to raise awareness of potential implicit bias among some of the criminal justice players who encounter justice-involved women veterans and the complexities involved in responding to the needs of JIV women. As the proliferation of VTCs continues, so does the need to ask these important questions. VTC team members can help answer these questions and lead the effort toward a systematic process for identifying and interviewing women veterans involved in the criminal justice system. Further, VA staff and VJOs can help address the gaps in awareness and understanding of gender-specific issues and cumulative trauma that women veterans experience by fully incorporating the VRSS. VTC stakeholders must become better informed about mental health, substance use, post-traumatic stress disorder (PTSD), trauma

history, employment, family, and housing issues of one of the most under-researched, under-resourced, and misunderstood segments of the veteran population—the woman veteran.

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