Inside the Black Box: A Qualitative Evaluation of Participants’ Experiences of a Drug Treatment Court

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Abstract
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Keywords
Community Corrections, Drug Court, Drug Offenders, In-Depth Interviews, Offender Rehabilitation, Qualitative Research

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A Qualitative Evaluation of Participants’ Experiences of a Drug Treatment Court

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This study examined the program experiences of participants in a Drug Treatment Court located in Pennsylvania. In-depth interviews were used to investigate participants’ perceptions in regards to program components that aid them in the recovery process and challenges they face while completing the program. Results from the 16 interviews indicate that participants contribute their success in the program to its strict structure, accountability, and dedicated staff who buy into the court’s underlying principles of therapeutic jurisprudence. Implications for other drug treatment courts are discussed. Keywords: Community Corrections, Drug Court, Drug Offenders, In-Depth Interviews, Offender Rehabilitation, Qualitative Research

Since the first Drug Treatment Court (DTC) was introduced in Florida in 1989, “problem solving courts” have been put into operation across the United States. As of June 2014, there are more than 3,400 drug court operations (National Institute of Justice, 2015). These courts seek to address the root causes of criminal behavior by breaking the cycle of addiction and involvement in the criminal justice system (Brown, 2010; Harrison & Scarpitti, 2002; Patra et al., 2010). The implementation of DTCs has led to a plethora of evaluation studies, which generally claim that they are an effective tool to reduce recidivism and costs to the criminal justice system (e.g., Aos, Miller, & Draker, 2006; Bouffard & Richardson, 2007; Gottfredson, Najaka, & Kearley, 2003; Peters & Murrin, 2000; Turner et al., 2002). However, some criticize these studies for being too limited in their scope (Belenko, 2001; Gottfredson, Kearley, Najaka, & Rocha, 2007; Sanford & Arrigo, 2005) and there have only been a few qualitative studies exploring participants’ experience in these programs. The purpose of this study was to address this gap in the literature. Specifically, the researchers, who are assistant professors with specializations in community corrections, were contacted by a local DTC and asked to conduct a process evaluation of its 2.5 year-old program. The researchers conducted a traditional process evaluation of the court, which entailed interviewing program personnel (e.g., judge, program director, case manager, treatment specialist, probation officer (PO), and public defender) and two participants as well as observing team meetings and court sessions. The findings indicate that the court is largely adhering to the 10 Key Components, which were created in 2004 to guide future DTC evaluations (The National Association of Drug Court Professionals, 2004). The interviews with the participants inspired the researchers to delve more into the clients’ perspectives beyond the functionality and formal requirements of the court. Consequently, after completing the process evaluation, the researchers obtained Institutional Review Board approval from their university. They then arranged to conduct independent in-depth interviews with the court’s participants to examine their experiences in more detail and identify what participants believe has helped and hindered them the most in their recovery process.

The DTC included in this study is situated in a county in Pennsylvania with a population size of less than 400,000. As stipulated by the court, to be eligible to participate in the program, offenders must have a long criminal history and a substance abuse addiction/dependency, which contributed to their criminal offending. Ineligible offenses
include violent and sex offenses; however, this exclusionary rule can be waived if the victim consents to the offender’s participation and/or there are mitigating circumstances surrounding the criminal act. Qualifying offenders plead guilty to their charges and agree to DTC as their disposition.

To assist participants to gain control of their lives and stop the cycle of recidivism, caused by their addiction, this program provides intensive treatment, case management, offender accountability, and intensive court supervision. Specifically, the DTC has structured its program into four distinct phases. The four phases vary in their intensity level (e.g., treatment, drug treatment court sessions, community service, number of drug tests, how often defendants meet with their PO, etc.) with phase 1 being the most and phase 4 being the least intensive. For instance, some of the phase 1 requirements are to attend drug and alcohol treatment daily, develop a service plan, set a payment schedule for program fees, attend drug treatment court hearings weekly, report to the PO three times a week, and either be employed full-time or participate in community service. In contrast, phase 4 includes some of the following requirements: attend drug and alcohol treatment 2-3 times a week, attend drug treatment court sessions every two weeks, report to PO 1-2 times a week, and be fully employed. All four phases last a minimum of three months whereby the actual duration depends on the client’s progress as deemed by the court.

**Literature Review**

Most of the quantitative evaluation studies of DTCs have focused on objective measures of effectiveness – reduced recidivism and costs. This means that instead of examining which factors may affect program completion and goal achievement, programs are treated as a “black box” (Belenko, 2001; Fischer & Geiger, 2011; Goldkamp, White, & Robinson, 2001; Wilson et al., 2006). Some of these studies, however, have attempted to determine the specific factors associated with their effectiveness (Goldkamp et al., 2001; Gottfredson et al., 2007; Patra et al., 2010; Turner, Greenwood, Fain, & Deschenes, 1999). However, these studies still took a purely quantitative research approach and, to follow the suggestion of Fischer, Geiger, and Hughes (2007), “to evaluate the effectiveness of a program one must listen to the voice and the stories of those about whom statistics have been compounded” (p. 704). Furthermore, it is critical to examine participants’ experiences because “the norms, values, and perceptions of offenders may be quite different from those of the …policy makers” (Deschenes, Turner, & Petersilgia, 1997, p. 375 in Cresswell & Deschenes, 2001, p. 262). While there is the recognition that participants' views and their experiences in the program are critical to improve the operation and increase overall effectiveness of DTCs (Cosden et al., 2010; Fischer & Geiger, 2011; Staton et al., 2001), the researcher's review of qualitative studies shows that this topic has received limited attention.

Some of the existing qualitative research compared the perceptions of those who successfully graduated to those who were terminated from DTC. For instance, Cosden et al. (2010) found that participants’ reliance on personal motivation was a determining factor in terms of leaving or staying in the program. The findings also suggest that early client engagement in treatment, positive relationships with staff, and individualized treatment and programming (rather than a one size fits all approach) were deemed critical for program success. Another study used a similar approach by interviewing past participants of a drug court program in Arkansas (Fulkerson, Keena, & O’Brien, 2012). The study’s findings suggest that the perceptions and opinions of graduates and offenders who were terminated from the program differ. More specifically, they found that offenders who enter the program
with the goal of avoiding prison are more likely to fail the program than offenders whose goal is overcoming their addiction.

Other research focused on the client experience of successful graduates. For instance, Wolfer (2006) and Wolfer and Roberts (2008) conducted exit and in-depth interviews, respectively, with drug court graduates. In both studies, participants credited the program structure and frequent and random drug testing to their success. In the later study, participants also emphasized the ever present threat of jail time throughout the program as a factor that contributed to their success (Wolfer & Roberts, 2008). These findings were mirrored in a study by Roberts and Wolfer (2011). The researchers conducted interviews with 10 female graduates, who indicated, consistent with the studies mentioned above, that fear of punishment and the program’s structure were key to their success. While these studies focused on client experiences post-graduation, some studies interviewed participants while they were in the program. All these studies, however, focused on particular types of offenders, for instance, racial minorities (Gallagher, 2013) and women (Fischer et al., 2007).

The investigators of the current study add to the existing literature by including interviews with participants who are currently in the program. This approach was deemed important to prevent “hindsight bias” and “distorted/selected memory.” According to Blank, Musch, and Pohl (2007), “[hindsight bias] refers to a biased representation of events or facts once they are viewed in hindsight, with knowledge about the outcome” (p. 2). In fact, research has shown that once people know about the outcome, they try to make sense of it by making causal connections between previous events and the end result (Fischhoff, 1975). In regards to DTC research, hindsight bias and/or memory loss might have influenced the interview responses of successful graduates. Depending on the time between graduation and the interview, participants might have a harder time remembering the details of their experience (e.g., frustrations they experienced initially and/ or challenges they faced at one point or another during the program) and thus focused considerably more on the overall, positive end result – their graduation. Also, to explain and make sense of overcoming their addiction, graduates try to connect the dots and may see the program as the only possible factor that led to their success. Vice versa, research participants who were terminated from DTC might have talked more negatively about their overall experience because of their frustration and/or disappointment of not having successfully completed the program. Therefore, the authors of this paper focused on interviews with participants who were at different stages of the DTC program and could provide critical timely insights on their current perceptions regarding experiences and perceptions of the program, program components that aid them in the recovery process, and challenges they face while completing the program.

Methodology

Participants

To conduct the interviews, the DTC coordinator identified candidates who had completed at least the first phase of the four required stages of the program. The sample was restricted to those who were in phases 2-4 because, at the time of the study, all phase 1 participants were undergoing inpatient drug and alcohol treatment. While those in inpatient treatment during phase 1 are members of the DTC, they are not yet part of the program in that they do not meet with their PO, attend hearings, or are required to comply with additional standards set by the court. Due to the researchers’ interest in individuals’ experiences while participating in DTC, these participants were excluded from the study.
After eligible participants were identified, researchers then asked them if they were willing to participate in this study and required that they sign a consent form. They were informed that their participation was completely voluntary and that their refusal to participate would not affect their participation in the DTC. They were also ensured that the information they provided would be confidential (no personal identifiers were used) and only be published or disclosed to the DTC team in an aggregate format. All of the candidates asked to participate, volunteered to do so. They also agreed to have the interview recorded for later transcription. In total, sixteen DTC participants were interviewed.

Table 1

### Demographics of Participants at Start of Program

<table>
<thead>
<tr>
<th>Variable</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>62.5%</td>
</tr>
<tr>
<td>Female</td>
<td>37.5%</td>
</tr>
<tr>
<td>Average age (range 27-48)</td>
<td>36.8</td>
</tr>
<tr>
<td>Marital status</td>
<td></td>
</tr>
<tr>
<td>Never married</td>
<td>50.0%</td>
</tr>
<tr>
<td>Divorced</td>
<td>37.5%</td>
</tr>
<tr>
<td>Married</td>
<td>6.3%</td>
</tr>
<tr>
<td>Separated</td>
<td>6.3%</td>
</tr>
<tr>
<td>Employment status</td>
<td></td>
</tr>
<tr>
<td>Employed</td>
<td>12.5%</td>
</tr>
<tr>
<td>Unemployed</td>
<td>87.5%</td>
</tr>
<tr>
<td>Level of education</td>
<td></td>
</tr>
<tr>
<td>&lt; 12 years</td>
<td>6.3%</td>
</tr>
<tr>
<td>G.E.D.</td>
<td>31.3%</td>
</tr>
<tr>
<td>High school diploma</td>
<td>25.0%</td>
</tr>
<tr>
<td>Technical training</td>
<td>6.3%</td>
</tr>
<tr>
<td>Some college</td>
<td>31.3%</td>
</tr>
<tr>
<td>Incarcerated at program start</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>75.0%</td>
</tr>
<tr>
<td>No</td>
<td>25.0%</td>
</tr>
<tr>
<td>Previously received D&amp;A treatment</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>93.8%</td>
</tr>
<tr>
<td>No</td>
<td>6.3%</td>
</tr>
</tbody>
</table>

Table 1 provides all participants’ demographics. All participants were Caucasian and the majority were males. The average age was 36.8 years with a range of 27-48 years. Half of the participants had never married while the other half were separated, divorced, or married at intake. A little less than one-fifth were employed at admission; however, the education level of this sample is fairly high for this population with almost 40% having some technical training or college. Seventy-five percent of the sample was incarcerated when they decided to enter the program. All but one participant had previously voluntarily sought and/ or been court ordered some type of treatment for their addictions. Most of them had participated in several different treatment types (e.g., short or long term, inpatient or outpatient, individual therapy or group sessions).
Procedures

The interviews included in-depth questions and lasted 1-1.5 hours. The interviews combined structure with flexibility (i.e., the questions were not strictly stipulated but rather served as a guideline through the interview process and thus varied slightly) depending on the answers of the participants and the flow of the interview (Brunner, 2004; Patton, 2002). Generally, researchers started with broad, open-ended questions, examining why participants started the program, how participants perceived the program and its personnel, challenges they were encountering while participating in the program, strengths and weaknesses of the program, and suggestions for improving the program (for the entire interview schedule see Appendix A). Researchers then followed-up with probing questions, which encouraged participants to provide more specific answers and examples of their experience. Interviews were conducted until theme saturation was reached. Further, consistent with other qualitative studies, the researchers were not concerned with the validity of the participants’ responses. Rather, the researchers were interested in the “subjective truth – the truth as these [participants] perceived it based on the meaning and interpretation of their own experience in drug court” (Fischer et al., 2007, p. 707; Patton, 2002).

Analysis

The interview responses were transcribed and entered into NVivo (QSR International Pty Ltd., 2014). The software allowed the two researchers to conduct a thematic analysis, which followed the constant comparative method (Bowen, 2005; Bruner, 2004; Cosden et al., 2010; Fleischer et al., 2007; Glaser and Strauss, 1967; Patton, 2002; Percy, Kostere, & Kostere, 2015). According to Braun and Clark (2006), “thematic analysis involves the searching across a data set – be that a number of interviews or focus groups, or a range of texts – to find repeated patterns of meanings” (p. 86).

A thematic analysis can either be inductive or theoretical. While an inductive approach is data driven (i.e., the analysis of the data was discovery oriented and derived from the content rather than being based on preconceived categories, notions, or theory), a theoretical approach, in contrast, is based on prior knowledge and/or pre-determined themes (Bowen, 2005; Gallagher, 2013; Percy et al., 2015; Rubin & Babbie, 2008). In the current study, the researchers used a theoretical approach by using their pre-existing knowledge from reviewing the literature and their work on drug treatment courts to phrase interview questions, which were based on seven pre-determined themes. The themes were (1) motivation for treatment, (2) program personnel, (3) program procedures, (4) treatment, (5) the role of social support, (6) strengths and weakness of the program, and (7) recommended changes to the program. However, while researcher had these very abstract, foundational themes, they were aware during the data analysis process that new categories, patterns, and subthemes could emerge and that pre-set themes could change or be discarded. This inductive approach to the analysis used a hierarchical coding system that was data driven and not based on any pre-conceived notions or theory. In other words, researchers’ initial approach to the data was guided by theory and the interview questions. However, researchers then refrained from fitting participants’ responses into any pre-existing categories and instead allowed the patterns to emerge from the data.

More specifically, at the start of the analysis, researchers studied each sentence and paragraph segments of one interview to determine what exactly had been said or meant and then labeled the participant’s answers with a code that fit the concepts suggested by the data. In addition to examining individual sentences, researchers compared different parts throughout the interview and examined the consistency of the interview as a whole (e.g.,
researchers tried to investigate the core message of the interview, examined words or expressions that had been used frequently, and also searched for any similar or contradictory responses that participants provided at different points in each interview). For instance, participants made comments about the PO and judge when answering several of interview questions and not only when they were asked specifically about their opinion of them. Each time the researchers found the words “PO” or “judge,” they coded it and the immediate context. Each code was also compared to all other codes in the interview to find thematic similarities and differences. By using this data reduction technique (i.e., sorting thematic similarities into piles), researcher could eventually identify emerging patterns.

Subsequently, all other interviews were treated as just described. Researchers used the constant comparative method by comparing each new interview to previously analyzed data. As Percy et al. (2015) describe, “[t]he analysis constantly moves back and forth between current data and the data that have already been coded and clustered into patterns. Patterns and themes will change and grow as the analysis continues throughout the process” (p. 83).

To increase reliability of the findings, researchers completed the coding independently, then discussed and revised the coding categories, and finally confirmed the final overarching themes and subthemes.

Limitations

Several of limitations of the current study must be noted. First, the investigators used a relatively small and homogenous sample in terms of race. Therefore, the results cannot be generalized to other courts. In fact, the intent of qualitative studies is usually not to generalize the results but rather focus on a small number of participants for the purpose of obtaining their specific insights, knowledge, and experiences (Creswell, 2007; Fulkerson et al., 2012; Hennink, Hutter, & Bailey, 2011).

Second, while in-depth interviews provide unique perspectives on participants’ experiences, the results are limited by participants’ awareness and their ability to articulate their program experiences (Cosden et al., 2010). Further, while researchers emphasized, prior to all interviews, that they were looking for genuine, individual experiences of DTC participants, it is possible that participants’ answers were influenced by social desirability bias, i.e., they might have provided answers that presented them in a more favorable light (Nederhof, 1985).

Third, this study is limited in that it only included participants who were currently in phases 2–4 of the program. Phase 1 participants were excluded from the study because their participation in inpatient drug and alcohol treatment during this phase restricted them from fully participating in the DTC. While research suggests the first thirty days of a DTC are the most critical in terms of program completion and recidivism (Gallagher et al., 2015; Newton-Taylor, Patra, & Gliksman, 2009), the researchers are focused on exploring participants’ perceptions of the program and not predicting outcomes.

Results

As mentioned previously, the researchers had seven foundational themes in mind when they developed the interview schedule; however, the data analysis revealed a hierarchy of themes with the presence of four overarching themes and nine subthemes. In addition, three subthemes emerged within one of the subthemes. The four overarching themes extracted relate to the participants’ perceptions of (1) program success, (2) their change in motivation for completing the program, (3) the role of social supports in their recovery, and (4) program weaknesses. Subthemes emerged within all of the themes except change in
motivation for completing the program. A complete diagram of the foundational themes and emerged (final) themes and subthemes is located in Appendix B. In order to protect the identities of the participants, pseudonyms, assigned by the researchers, are used.

**Theme 1: Program Success – It’s Not Your Typical Court**

In analyzing the participants’ statements about the DTC, from their perspective, the data suggests that one of the overarching themes is program success. In addition, within this theme, three subthemes emerged about the court that make it successful – the program itself, the team members, and the use of incentives. In regards to the subtheme program, three subthemes became apparent. For the first and second subtheme of this subtheme, the participants stated that it provided them with structure and accountability. This sentiment is illustrated by Robert who stated “[i]t isn’t just seeing the judge, you see the PO, case manager, it’s about being accountable for your actions, living a structured life, and respecting others who might not respect you.” In addition, as the third subtheme of this subtheme, they also identified the court’s purpose of helping, not punishing or setting them up for failure, as a reason for their achievements so far. This is reflected by the statement made by Greg below. Greg’s statement not only echoes the importance of assistance but the court’s structure, too.

But it’s not lock them up and throw away the key. More rehabilitative and intensive. Holds me more accountable for my actions. All these things are benefits of the program compared to the traditional system. (Greg)

Although the quote from Greg mentions rehabilitation as a component that sets this DTC apart from the traditional court system, surprisingly, very few participants noted this as a reason for the program’s success.

While 9 of the 16 participants stated that the program’s structure and accountability were important contributors to their sobriety and rehabilitation efforts, 3 also stated that this was something they would change about the program. From the statements below, it appears that some of the DTC participants saw this aspect of the program as both a positive and a negative. Specifically, Samantha and Eric objected to the structure of the program because they perceived it as too taxing on their time and Robert felt, in retrospect, that the structure was needed but humbling.

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. Like I don’t want to get in trouble because I don’t want to go in front of that judge and get in trouble in front of everybody. So that’s like a motivating factor. (Samantha)

At the beginning, it was overwhelming, so many things needed to get done. They put it out there (GED etc.) and then it was my choice. A couple of bumps on the way. Some resentment during the first AA meetings. I felt I was maybe being pushed too much. Too much to do but not enough hours in a day. (Eric)

In phase one I was working ten hour days, I’d make my meetings, and counselling and support group and bowled. You have to learn time management. Ten p.m. is a humiliating curfew. I wasn’t fully committed to that type of the program. I was 46 you want me to come in by 10:00. I learned why. If you can do all that in a day for a year period without a drink or drug
you can live like regular people do and deal with stress. You can succeed in life. (Robert)

Another reason cited for the program’s success is the DTC’s team members, specifically, its PO, case manager, and judge. When asked to describe their relationships with the PO and case manager, participants used words such as supportive, caring, dedicated, and trustworthy. They reiterated the difference between traditional and DTC by stating that their relationships with these team members were personal – they were no longer just a number. Another notable commonality among the participants’ statements, regarding these two people, is that they recognized that these individuals were willing to give them chances and go above and beyond for them. The quotes below get to the participants’ view of the importance of this relationship in their struggle to overcome their addictions.

It’s more of a bond 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. (Eric)

She goes above and beyond her job…. They do their jobs really well. I can’t say enough about the team, they’re phenomenal. (Robert)

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. And I tell her everything that goes on with me and I call her. (Karen)

They are very understanding of the fact that we are good people that are struggling with addiction who do bad things while under the influence of drugs. (Robin)

These interviews also revealed the importance of another team member – the judge. While a traditional judge is charged with listening to the evidence presented in a case and then making a ruling, a DTC judge is tasked with a much different role. When asked about the judge, the participants’ statements about him reflect this altered role. The participants commonly stated (12 out of 16) that the judge is fair, encouraging, and compassionate. Some of them also noted that he understands addiction. Further, participants alluded to the importance of the judge treating them with respect. Below are some of the statements that participants made about the judge. These quotes point to the much different role of DTC judges.

The way he addresses us shows that he doesn’t look down on us. He knows we are just good people who made bad choices. He understands addiction and that it’s a disease. (Diane)

He’s never intimidated me. He’s extremely fair and he will go the extra mile to help you out of a situation. Not where you have a violation, but he will try and get you back on the right path. (Robert)

He speaks to me like a human being. Not looking down on me. He is a judge but he speaks to me, hard to describe, like a counselor, genuinely concerned. I
got a couple of self-esteem boosters from the judge. He sees improvements. Even if I don’t see them. Meant a lot to me. Pushed me to keep doing what I am doing. More confident when I leave the court room. Usually, when out in front of the judge, I went to jail. Now I leave and I am a free man. (Greg)

Another separating factor of DTCs from traditional courts, which emerged as a subtheme, is the use of incentives to encourage compliance. While this particular DTC uses rewards such as gift cards and extended curfews, it appears from the participants’ statements that verbal praise from the team members is the most impactful. The statements presented below by Diane and Greg express this outlook. Further, and as both of these quotes indicate, it is the judge’s praise that appears to matter the most.

He [judge] praises you when it’s needed and reprimands you when you need it, too. But he doesn’t do it to embarrass you, it’s to help you. (Diane).

I’ve gotten gift cards and extended curfews, too. Verbal praise is most often and I value that the most. The judge verbally praises me. Everyone is consistent with the verbal praises. Rewards and praises versus reprimands depend on the person’s behaviour in the program. (Greg)

When questioned about the effectiveness of this DTC, the participants’ responses signified the importance of the structure, accountability, and assistance of the program, its team, and the use of incentives. The overarching conclusion from the responses related to program personnel and procedures is that what makes this DTC successful, in the participants’ eyes, are those characteristics that set it apart from the traditional court system. The statements made by Jacob, Jane, and Alexis are a good representation of this view.

It’s more one-on-one, like I’ve never sat down with a probation officer, ever in my life, for a half an hour, and sat there and talked to her. That’s never happened. (Jacob).

Not abandoned, not fearful because I’m being honest. Here I knew I wouldn’t be discarded and I was looked at like a human being not just a cell number (Jane).

Whenever, like if I would have had a sentencing or something like that, you would go in front of the judge sure, but he was just there to book your sentence. And with drug treatment court, he actually stands me up before the drug treatment court team and my peers and he asks you one-on-one what’s going on and he asks with a sincere desire to know so. (Alexis)

Theme 2: A Change in Motivation – Get out of Jail Free Card to Recovery

Another theme that emerged through these interviews was the drastic change in motivation for participating in the program. While 4 of the participants stated that they entered the program because of their desire to change their lives, as Chris’ and Eric’s statements below reflect, most, however, did not share this motivation.

I think that for the most part being that I was in addiction for so long I had strayed away from my morals and responsibilities. It was mostly to do the
right thing. I think that for the most part it was to get my life normal again. (Chris)

I want to change my life. To abstain from abusing alcohol and live life on my terms. (Eric)

Rather, most participants’ motivations are most accurately portrayed by Jeff’s and Robin’s statements below – to avoid charges and/or a lengthy prison sentence.

Through the charges I had, it was offered to me. It would’ve stayed a felony, I could’ve just got three months in jail or three months house arrest but I would’ve had a felony and I didn’t want a felony on my record. So they told me if I pleaded drug court and complete it, it would be taken down to a misdemeanor. So that was the main reason I took it. (Jeff)

Originally, I didn’t want to go to prison. (Robin)

While many of the initial motivations provided for participating in the DTC do not reflect the program’s purpose; overtime, they did. When asked by the researchers to reflect on their current motivations for completing the program, many of them (7) stated that it was now about recovery and getting their lives back. Further, some stated that they had a different outlook in that they now bought into the program and were willing to let it help them. The statements provided by the participants below reflect this transformation.

In the beginning, making you work the program. Even if you don’t want to, if you do what they say, it’ll eventually click. (Jeff)

At first, part of me wanted out of jail, and I was on the fence with recovery. The question was if I was ready to go into treatment. I was in treatment before. My first was 1997. My motivation has changed since I started the program. The probation officer is a really caring person. She gives you breathing room. I’ve changed my perspective on treatment because of DTC. I was in a totally different mind frame in the past than I am right now because of DTC. (Diane)

Most importantly, I didn’t come into this program for the right reasons. But throughout the program I came to know what the right reasons were, and I saw the bigger picture. A year ago today I never thought I would be here and be clean. Drugs and alcohol were the easiest things for me to quit…it was changing my lifestyle. Where I would go, who I hung out with…those were the hardest things to change. (Greg)

In the beginning I just didn’t care and I had fear… and eventually I began working the program. (Robert)

These participants’ insights reflect that many of the court’s clients experience a change in attitude within the first few months of the program. One aspect that cannot be determined from these interviews is the specific cause of this change. This 180 degree turn could be the result of a multitude of factors including the program (e.g., the team’s encouragement and participating in treatment), their personal experiences (e.g., leading sober lives and rebuilding relationships), or aging out of abusing behaviors. Regardless of the exact
cause or causes, it does appear that no matter what their initial motivation for participating in the program was, once they are in the program for a relatively short period of time, it changes to the right reasons.

**Theme 3: The Role of Social Support – A New Group of Friends, Those in Recovery**

In conducting these interviews, the researchers were also interested in the foundational theme of who the participants identified as their social supports. Within this preset theme, however, two subthemes emerged from the data: distancing and new friends. As is encouraged among recovering addicts and offenders on supervision, these participants stated that since starting the DTC they had begun to distance themselves from their former companions. Three of them made strong statements to this effect.

No friends from life before drug court. I’ve distanced myself from them. I don’t want any challenges like that for myself. (Diane)

No, no, no. I don’t have the same friends I had before, I have new friends. I have AA friends today. (Karen)

My friends today are sober people and are supporting me. (Robert)

When the investigators asked them to provide a list of their current friends (those who they spend most of their time with), the majority of them (12 out of 16) identified individuals who were also in recovery. Many (6) of them, however, clarified that the source of their friends is not just the DTC but also people who they have met through NA/AA and other treatment programs.

Another key point from the participants’ comments regarding social supports is that many (4) of them recognized that their sponsors, and even PO, played this role in their lives. Nick’s, Diane’s, and Drew’s comments about who their current friends are reflect this.

Sober friend, friend in jail, drug court friends, sponsor is a friend. (Nick)

My sponsor—great listener. My son—awesome relationship. My PO—my advocate. I trust her. And case manager. I trust all of them. And my sister. (Diane)

A fellow participant who just graduated, my grandma, my PO. (Drew)

Overall, these interviews reiterate that the uniqueness of DTCs is, according to participants, what makes it effective. The participants interviewed for this study appear to have attributed much of their own success in the program to the team members. This emphasizes the need for DTCs to have dedicated staff who buy into the principles of the court and understand addiction and recovery. Relatedly, the participants appear to need to see the team members as being there for them in all facets of their recovery (i.e., employment, personal issues, social security, housing, education, health care, and mental health treatment). The participants need to see them as an outlet for resources and social support.
Theme 4: Program Weaknesses

The last theme that emerged from the interviews is a result of several of the researchers’ pre-defined themes coalescing into one overarching theme, program weaknesses, which has four subthemes. More specifically, participants talked about some of the negative aspects of (1) social support within the program, (2) individualized sanctions, (3) the lack of quality of some treatment providers, and (4) extensive reporting requirements that interfered with participants’ job prospects and working hours.

In terms of social support, most participants mentioned and appreciated that DTC encourages its participants to befriend one another; yet, 5 participants deemed this as a negative aspect as it created drama in the program due to gossiping, favoritism, and tattle tailing. This is reflected in the statements made by Alexis, Ryan, and Greg.

I think whenever we all hang out, not everyone is as, I mean were all focused on our recovery, but when you put a bunch of recovering people in a room together, you know, gossip starts and then the drama starts and things like that, and there’s a lot of, in drug treatment court, you know this person talking about this person and this persons doing this and this person doing that. I don’t really agree with us all hanging out together. You know I try to hang out with people that have something that I want. You know what I mean, as far as my recovery goes. And there’re not a lot of people in drug treatment court that I look up to. I mean, yeah, they may be farther in the program than I am, but as far as recovery goes and as far as applying the things we were taught through AA to our lives, there’s not a lot of that. (Alexis)

Putting too much pressure on the people in the program to all hang out with each other. We were all forced to give our numbers to each other and then there is the drama going on and I got involved in it. They are sometimes influencing negative behaviour. They are not serious about going through the program. I don’t care how long it takes; it’s not a hindrance to me anymore. It keeps me on track. (Ryan)

I don’t like the gossip that goes on within the program. You always have to be accountable for what other people say about you to the probation officer. I don’t feel comfortable around the other participants to say what I want to say […] [They are] putting too much pressure on the people in the program to all hang out with each other. We were all forced to give our numbers to each other and then there is the drama going on and I got involved in it.. (Greg)

The last quote also indicates that (involuntary) communication with other participants, who are not working the program and are not committed to changing their lives, can hinder other participants’ recovery process.

Six participants also questioned the quality and effectiveness of some of the contracted treatment providers when being asked about the program’s weaknesses. The following quotes reflect these sentiments.

Probably [most disliked] outpatient. Cause it was just, well mostly, well everybody was high. When I relapsed I got it in outpatient. (Bethany)

Halfway house I disliked most. Very dysfunctional. How it was run. (Eric)
Outpatient [because] counselor couldn’t control group. (Nick)

IOP [Intensive Outpatient Treatment]. Not everyone in there stays clean. There is a lot of drug use. (Drew)

People are still getting high there. They are just there [Intensive Outpatient Treatment] to please people. Not to get better. (Robin)

The halfway house after inpatient is really hard. I think they don’t really care. (Greg)

The quality and effectiveness of outsourced treatment programs are critical because a lack thereof can be detrimental to the overall success of the DTC program. To be successful and aid participants to lead a drug free and law-abiding life, all services provided – in house and outsourced treatment, need to be effective.

When talking about the weaknesses of the program, several (3) participants further criticized that some of the program requirements interfered with their job prospects or current employment.

Finding a job that’s willing to work around my reporting schedule. I still have difficulty doing that. It interferes with my ability to make money. My work depends on the availability of work, and if I have to report a day that there’s work schedule, I miss out on money. Sometimes I think it would be easier for my employer to find someone who isn’t so restricted with their schedule. (Greg)

I only have until three thirty at the latest to get here. And if I work full time during the day then I wouldn’t be able to get here. Three times a week, so I mean that pretty much limits my job. (Jacob)

Considering the importance of employment for leading a successful and law-abiding life, participants’ frustration over the strict reporting requirements and interference with their employment is understandable.

A fourth weakness of the program that emerged from the interviews related to individualized sanctioning for program violations.

It varies. Different strokes for different folks. […] They just aren’t predictable. (Robin)

I’ve seen people relapse five times and don’t go to jail, then some people relapse two times and go to jail then get sent back to rehab. (Drew)

The sanctions aren’t the same for everyone for the same things. They’re getting more consistent but they’re individualized. One girl relapsed, she wrote an essay and had to do community service and others got to jail. I find it unfair because if your mother dies it’s not ok to put a drug in their body and they use excuses like that. (Jeff)
Do you know what I mean, *like it’s politics.* [...] But that’s definitely the way that it is. And they [DTC] try to pretend like it is, like “your first violation is 48 hours, your second is 5 days” and but that’s really not how it is. (Jane)

While the interviews also revealed that participants appreciated that the DTC team takes individual circumstances into consideration when sanctioning program violations, these comments reveal that not all participants perceive the actions of the court as fair.

### Discussion and Implications for Other Drug Courts

In opening the “black box,” the researchers found that what matters most are the program’s structure, accountability, assistance, and staff, and the participants’ motivation and social supports. These key findings align with the more general themes found across the few qualitative research studies on this topic.

Most importantly, this study and others point to the significance of the totality of the program and not a specific component that drives its effectiveness (Fischer et al., 2007; Roberts & Wolfer, 2011). One of the strongest similarities across the few qualitative studies is accountability and structure. In the present study and others (Fulkerson et al., 2012; Roberts & Wolfer, 2011; Wolfer, 2006; Wolfer & Roberts, 2008), the participants stress how accountability contributed to their success. However, some viewed the different program requirements (meetings with PO, weekly court meetings, employment, treatment, community service, AA/NA meetings, etc.) as an additional struggle to overcoming their addiction. These mixed perceptions were reiterated by the participants in Fulkerson et al.’s (2012), Roberts and Wolfer’s (2011), and Wolfer’s (2006) studies. Interestingly, and similar to Fischer et al.’s (2007) study, few participants (even the ones very close to graduation) had suggestions for improvement for the program. While some participants mentioned that fewer court meetings or probation visits would be beneficial, most participants appeared to realize that the challenging structure of the program aided them in their recovery.

Equally important, this study, and those conducted by Cosden et al. (2010) and Fischer et al. (2007), found that when compared to traditional courts, participants appreciated the personal relationships they formed with team members. They also stressed, in all three studies, how dedicated the team members were to their recovery. While the participants in this study did not state outright that the judge was the most important treatment team member, as participants in Fischer et al.’s (2007) study did, participants in both studies did allude to the importance of the judge treating them with respect. A similar finding in both studies is the judge’s praise that appears to matter the most. Another common theme among qualitative studies on this topic is the change in participants’ motivation for sobriety. While avoiding prison time initially motivated many of the participants, their motivation shifted to overcoming their addiction (Fischer et al., 2007; Goldkamp et al., 2001; Roberts & Wolfer, 2011).

A criticism of the program that did emerge from the interviews was the lack of quality of some of the contracted treatment providers. Further, some participants criticized the strong (and to some extent forced) emphasis of the court to instill social support between program participants and the, sometimes, deemed unfair court practice of individualized sanctioning of program violations.

Based on these results, the main implication for drug treatment courts is that as DTC participants maneuver through the recovery process, they need a supportive and dedicated team to “catch” them. This translates into hiring staff who buy into rehabilitative ideals while holding participants accountable for their actions. Due to the nature of addiction, it is also important for participants to know that the team, and their support, is available to them at all
times (not just during business hours). Even more so, courts should recruit judges who are willing to depart from their traditional role in the criminal justice system and employ therapeutic jurisprudence when interacting with DTC participants. Specifically, the judge should be supportive and respectful, use praise, and understand that relapse is part of the recovery process.

While treatment is an essential part of the recovery process, the findings from this study illustrate that the characteristics of individual team members matter too. Due to ever-present budget restrictions, this is encouraging news for both DTCs and traditional courts. Without using any additional resources, courts can greatly impact their clients by simply praising, supporting, and respecting them.

In terms of treatment, it is also critical that DTCs ensure the provision of high quality and effective treatment. If courts are outsourcing treatment and other services, they have to subject these to quality control and assurance. If the services provided are not of high quality, courts should not hesitate to seek out alternative treatment providers.

Another implication of these findings is that, from the expressed changes in motivation for participating in the program, it appears that mandating treatment with wrap around services is effective. Rather than a specific aspect of the program being associated with this change in motivation, it appears that it is the totality of the program that contributes to participants’ success. While all but one of the participants were motivated in the past to overcome their addiction and had undergone drug treatment, they stated that these programs had a limited impact on their recovery because they lacked what DTC provides – structure, support, and wraparound services. Further, by providing participants with second chances and acknowledging that relapse is part of the recovery process, participants’ initial motivation when starting the program, to avoid jail time, is likely to shift to leading a sober life.

While the strict structure of the program seems to help participants overcome their addictions, DTCs may want to consider offering participants some flexibility in terms of reporting hours. Employment is key to leading a successful life (Hanser, 2014) and frequent office visits during regular business hours might interfere with participants’ job prospects and work requirements.

A last implication emerging from the interviews is the implementation of an individualized decision-making approach combined with a schedule of sanctions or sanctioning matrix, as suggested by the DTC literature (Rossman & Zweig, 2012). This combined approach is not only effective but will also help to increase participant’s perception of fairness while being in the program.

Conclusion

By giving participants a voice, the researchers moved beyond the objective DTC measures of effectiveness – reduced recidivism and costs to the CJS. Rather, in-depth interviews with participants provided valuable insights into the “black box” of DTC. Their voices point to the multifaceted nature of drug courts and how these aid them in their path to recovery. Overall, the participants attributed their recovery to the program’s structure, accountability, and staff. In regards to the program, strictness and demandingness were most important. For the staff, the participants felt that their trustworthiness, respectfulness, supportiveness, and knowledge about addictions and recovery contributed to their success.
References


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Appendix A

Interview Questions for Current Participants

Motivation for Entering Program and Participants’ Goals

1. What made you decide to participate in the DTC?
2. Has the reason for why you started the program changed since you started?
3. What do you hope to get out of being a part of the DTC program? In other words, what are your goals or what do you want to achieve?
4. Do you think you could achieve these goals without being part of the DTC program? Why or why not?

Program Personnel

1. How is your relationship with your probation officer? Does she differ from previous probation officers that you have had? If yes, how so? Please explain.
2. How is your relationship with your case manager? Please explain.
3. Do you think the probation officer and/or case manager could help you more or do anything else to help you be successful? How so?
4. Can you describe what happens when you go before the judge?
5. How do you feel about and during these court meetings?
6. What do you think of the judge? How would you describe him?
7. Do you think he is different from previous judges you have had? How so?
8. Does the judge praise or encourage you? If yes, what does he do/say and often does this happen?

Program Procedures (Violations, Sanctions, and Incentives)

1. Have you broken any of the program’s rules since you started participating in the program? If so, what happened?
2. Do you know which sanctions follow which behaviours? In other words, are the sanctions predictable? Does everyone get the same sanctions for the same violations? Explain why or why not?
3. If sanctions are individualized, do you find that fair?
4. What phase are you currently in?
5. Have you ever been de-staged (had to go back to an earlier phase)? Why?
6. Does any of the staff at the DTC reward or praise you when you do follow the rules? If yes, what are the rewards and how often do they happen?

Treatment

1. Have you ever received any treatment prior to the start of the program (D&A, anger management, mental health, etc.)? Please explain.
2. What kind of treatment have you been receiving since you started the program?
3. Which treatment did you find most useful (including past or current treatment) (e.g., group therapy, individual therapy, 12-step meetings, etc.)? Please explain why.
The Role of Social Support

1. What is your motivation for completing the program?
2. Have you ever thought of leaving treatment? Why? What happened?
   a. If yes, how did you address this difficult time in treatment? Why didn’t you leave?
3. Are your family and friends supportive or stressful for you while being in the program? Please explain why or why not?
4. Do you have family members who are also in recovery or treatment?
5. Have you isolated yourself from challenging friends or family members?
6. For the following questions, think of the 3 to 5 people whom you spend the most time with.
   a. What are their relationships to you? Can you count on them if you need help?
   b. Describe your friends. What types of things do you do when you are with your friends?
   c. In a week, how often do you see these people?
   d. Have you kept any friends you had before you started the program? If yes, have any of them been in trouble with the law or are still using drugs?
   e. How many noncriminal and/or not substance abusing friends do you have?

Strength and Weaknesses of the Program

1. How does this program differ from your previous experiences with the criminal justice system?
2. What program component makes it most difficult for you to successfully complete the program?
3. How satisfied are you with your experience with the DTC? Please explain.
4. What are the strengths of the program?
5. What are the weaknesses of the program?

Recommended Changes to the program

1. What do you think could improve the effectiveness of the DTC or help you (and other participants) to achieve your goals better? Please explain.

Closing

1. Do you have any questions or is there anything that you would like to add that I have not asked you about?
Appendix B

Foundational Themes

Motivation for Treatment

Program Personnel

Program Procedures

Treatment

Recommended Changes to the Program

Strengths & Weaknesses of Program

Role of Social Support

Themes & Subthemes that Emerged

A Change in Motivation

Program Success
- Program
  - Structure
  - Accountability
- Assistance
- Team Members
- Incentives

Role in Recovery
- Distancing
- New Friends

Program Weaknesses
- Social Support
- Individualized Sanctions
- Treatment Providers
- Reporting Requirements
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