

Advancing justice by giving women a voice in drug court: Program evaluation through a gender lens

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Findings from the Arrestee Drug Abuse Monitoring (ADAM II) Program (Office of National Drug Control Policy, 2010)

- ⊙ 56% to 82% tested positive for at least one drug
- ⊙ 12% to 28% tested positive for multiple drugs
- ⊙ 78% to 93% reported at least one prior arrest
- ⊙ 1% to 10% received outpatient substance abuse treatment during the past year
- ⊙ 2% to 10% received inpatient substance abuse treatment during the past year



What are drug courts?

(National Association of Drug Court Professionals, 2014)

- ⊙ In an attempt to manage large dockets that contained an overwhelming number of drug cases, the first drug court began in 1989 in Dade County (Miami), Florida.
- ⊙ There are currently 2,734 drug courts and 1,122 other specialized problem solving courts operating throughout the U.S. and U.S. territories.
- ⊙ The drug court movement is expanding beyond the United States. It is estimated that there are 30 international drug courts (e.g. Ireland, Chile, United Kingdom, Australia, Canada, Jamaica, to name a few).



Defining Drug Courts: The Key Components

(National Association of Drug Court Professionals, 2004)

1. Drug courts integrate alcohol and other drug treatment services with the justice system case processing
2. Using a nonadversarial approach, prosecution and defense counsel promote public safety while protecting participants' due process rights
3. Eligible participants are identified early and promptly placed in the drug court program
4. Drug courts provide access to a continuum of alcohol, drug, and other related treatment and rehabilitation services
5. Abstinence is monitored by frequent alcohol and other drug testing



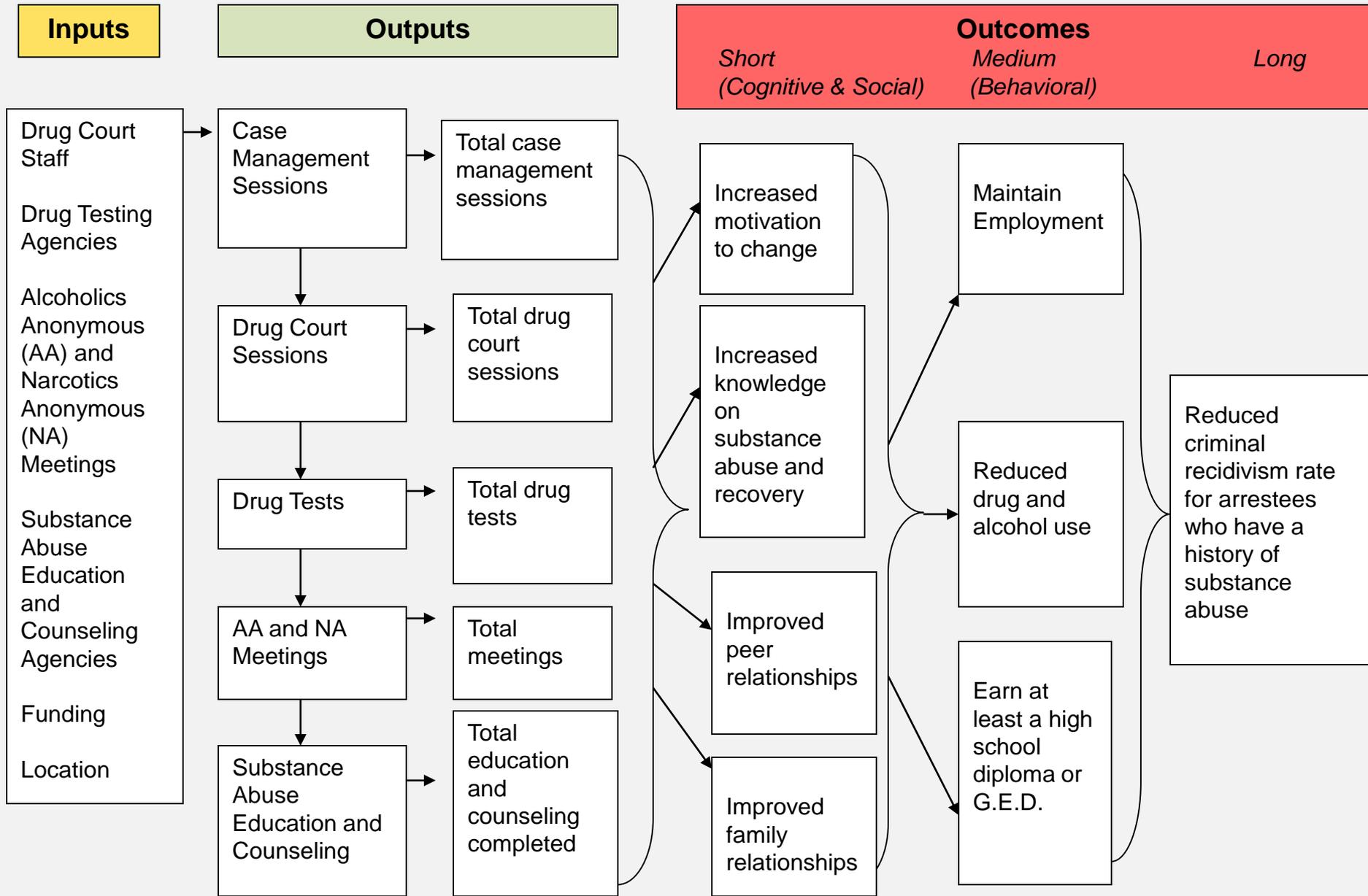
Defining Drug Courts: The Key Components

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6. A coordinated strategy governs drug court responses to participants' compliance
7. Ongoing judicial interaction with each drug court participant is essential
8. Monitoring and evaluation measure the achievement of program goals and gauge effectiveness
9. Continuing interdisciplinary education promotes effective drug court planning, implementation, and operation
10. Forging partnerships among drug courts, public agencies, and community-based organizations generates local support and enhances drug court program effectiveness



Drug Court Logic Model (Gallagher, 2013a)



Literature Review

- ⊙ Women who participate in drug court have special concerns. For instance, compared to their male counterparts, women drug court participants have less money and less education and are more likely to be homeless, mentally ill, unemployed, and survivors of abuse (D'Angelo & Wolf, 2002).
- ⊙ Women passing through drug courts may be pregnant and/or parents of small children, making caring for the children appropriately very challenging. For instance, Hser, Evans, Huang, and Messina (2011) compared 500 pregnant or parenting women in women-only drug treatment programs with 500 women in mixed-gender programming. They found a positive short-term impact of women-only versus mixed-gender programs for arrest and mental health service utilization as well as some reduction in long-term post-treatment incarceration.



Justification for this Study (Gallagher & Nordberg, 2017)

- ◎ Drug court literature consists predominately of program evaluations using quantitative methods to predict graduation and recidivism outcomes. Studies using qualitative methods to evaluate drug courts are less common. Therefore, this study contributes to the knowledge base by facilitating individual interviews with women (n = 25) from a Midwestern drug court to learn their lived experiences in the program, with a particular focus on the aspects of the program that support them in graduating and the how the program can be improved.



Research Question & Theory

- ⦿ How do female participants view drug court, in regards to the aspects that are most helpful and how the program can be improved to better support them in graduating?
- ⦿ Phenomenology is recommended when you have a research sample with similar characteristics, such as being female and a drug court participant (Padgett, 2008).
- ⦿ As suggested by Padgett (2008), having few predetermined questions and the use of more probing questions can produce a more natural and genuine account of participants' lived experiences in drug court. Examples of probing questions used include, "can you give me an example of when that occurred for you in drug court?" or "earlier in the interview you shared with me that ... can you tell me more about that?"



Methodology

- ① Face-to-face recruitment, flyers, 27 participants were recruited for the individual interviews and 25 chose to participate in the research, yielding a response rate of 93%.
- ① The ages of the women ranged from 21 to 60 years old and the average age was 34 years old. Sixty-four percent of the women were white ($n = 16$), 32% were African American ($n = 8$), and 4% were Hispanic ($n = 1$). The women were participants in drug court for a range of approximately 1 month to approximately 16 months, and the average length in the program was approximately 7 months. Therefore, the sample consisted mainly of white women, aged near their mid-30s who had been in drug court for a little over half a year.



Methodology

- ⊙ Several strategies were used to increase the rigor of the qualitative data collection and analysis, including theory triangulation, interdisciplinary triangulation, member checking, negative case analysis, and peer debriefing (Padgett, 2008).
- ⊙ The interviews were transcribed verbatim and Nvivo was used for the analysis. Data that demonstrated consistent responses were identified as themes, each theme was quantified, and direct quotes were used to conceptualize each theme.



Women and Substance Use Disorders: Conveying Compassion and Empathy

- ◎ 72% (n = 18) of the women contributed to this theme.
- ◎ I love that we have a female judge who is in recovery herself. She really understands addiction and the stuff we go through in addiction and recovery as women. When I entered this program, I felt like a horrible mother and person, but I saw the judge each week for a while and she always told me I could do this, I could overcome addiction and get my life back on track. I saw myself as nothing but a junkie when I came to drug court, but now I know I am a strong, beautiful woman and the judge helped me see that by just treating me nicely.



Women and Substance Use Disorders: Conveying Compassion and Empathy

- ◎ The people in the program, the people that help us, that's what helps me graduate and do well in drug court. [Name of probation officer] is the best. She will help me and give me advice, and when I go to court and have to talk to the judge, even if I did something wrong, she will stand next to me and help me. It can be intimidating when you have to talk to the judge because she can put you in jail, but [name of probation officer] helps with that. I think her and the judge really understand the things we go through trying to get into recovery, that's really helpful. Like, the judge is in recovery so she doesn't judge us.



Women and Substance Use Disorders: Conveying Compassion and Empathy

- ⊙ Negative Case Analysis (n = 1; 4%)
- ⊙ I have been in this program for 14 months and I feel like I'm never going to graduate. The judge seems to have her favorites and I am not one of them so I am always on sanctions or going to jail for my weekends. The probation officers are always trying to trick us into doing something wrong, like they set us up to fail by giving us too much to do. It's impossible to change when all the people that are supposed to be on your side are against you.



Summary

- ⊙ In summary, when the women were asked about what aspects of drug court were most helpful in supporting them in graduating from the program, the majority of women (72%, n = 18) shared examples of how members of the drug court team supported them in a compassionate and empathetic manner. The relationship that the women had with their probation officer and the judge, for example, was viewed as the most important intervention that helped them do well in the program. It was promising to see in the negative case analysis that only 1 (4%) participant shared an opposing viewpoint in which she was dissatisfied with the relationship she has with certain members of the drug court team.



Women and Trauma: The Missing Piece in Treatment

- ⦿ 60% (n = 15) of the women contributed to this theme.
- ⦿ I told my counselor when he met with me for the first time that I was in an abusive relationship. I have been in it for many years and my counselor said we will talk about it in counseling but we haven't yet and I've been seeing him for 2 months. All we talk about is not using drugs anymore. I stopped getting high but I swear the abuse has gotten worse since I stopped, he hits me and spits on me and even kicks my cat. It may sound weird to you, but it makes sense to me, but I think the abuse was less when I was getting high. I don't know, that just makes sense to me. I don't think I will ever maintain my recovery until my counselor helps me get through this abuse.



Women and Trauma: The Missing Piece in Treatment

- ⊙ I used to smoke meth just to cope with the pain. He [her ex-boyfriend] wouldn't hit me all the time, but every day he would call me a bitch and threaten to hurt our children and get in my face and tell me how I was a horrible mom. I went to bed every night fearful. I cried all the time. I am lucky to have family that helped me get out of the relationship and other relationships I had in the past that were abusive, but right now, I have so much pain and we don't discuss it at [name of treatment program], all we do is talk about the 12 steps and recovery and stuff like that. I think drug court could help me by sending us to treatment that teaches me how to avoid unhealthy relationships and get rid of this pain I feel. I know other women in the program and many of them have also experienced what I have experienced.



Women and Trauma: The Missing Piece in Treatment

- ⊙ Negative case analysis (n = 2; 8%)
- ⊙ My drug court case manager and therapist are so helpful. They understand what I have gone through and they are so supportive. I don't want to get into all of it, but I was in an abusive relationship for years and I am happy today because I am independent and safe. I am a happy person. Drug court and my therapist helped me get to this place.
- ⊙ The counseling drug court makes us do is wonderful. My counselor does this thing called EMDR [eye movement desensitization and reprocessing] that helps with my PTSD. I was in an abusive relationship for a long time and this EMDR thing really helps make me feel better.



Summary

- ⊙ In summary, 17 of the 25 women (68%) discussed being victims of trauma. Sixty percent ($n = 15$) of the women felt that the drug court was not adequately supporting them in this area. Specifically, they felt drug court could be improved by referring them to treatment providers who could treat their substance use disorder but also their mental health symptoms related to trauma and abuse. The negative case analysis, however, revealed that 8% ($n = 2$) of the women reported being satisfied with the treatment they were receiving. Actually, they felt that the treatment was effective in reducing their mental health symptoms, and it was promising to hear one woman report that she was receiving an evidence-based intervention, EMDR, for her PTSD.



Being a Single Mother: The Need for Individualized Interventions

- ⊙ 60% (n = 15) of the women contributed to this theme.
- ⊙ I have two young children and doing drug court and being a mom is like impossible. I go to counseling three times a week, sometimes more, do drug tests like two times a week, sometimes three, have to find a job, pay on my court fees, and go to court to see the judge or my probation officer once a week. I have to do all this and still raise my son and daughter, and when I'm doing all this drug court stuff, I have to find someone to watch my kids. Their father isn't around and doesn't pay me anything. My mom works and helps out sometimes, but I can tell she is getting sick of me always asking for help. It's just too much and it's very stressful. I am staying clean for my kids, but all this stress is really difficult to handle at times. Drug court could help us better by helping us find a balance between being a single mom and taking care of our drug problems. Creating more stress for us is not healthy; it's not a good thing.



Being a Single Mother: The Need for Individualized Interventions

- ⊙ We have to go to these AA [Alcoholics Anonymous] and NA [Narcotics Anonymous] support groups, like recovery support groups. They should have a support group for single moms in drug court. I have been doing this program for over a year, and I can tell you that the biggest challenge is not staying away from drugs and alcohol or doing all the court ordered stuff, it's trying to figure out how to take care of your children, especially when you don't have much support at home, and doing everything you need to do to complete this program. I have a hard time with childcare. I'm trying to keep my job, but drug court makes me leave work several times a week to go see the judge or my PO [probation officer] or do drops [urine drug screens], and it's overwhelming because the whole time I'm also trying to figure out who's going to watch my son when I do all this stuff. Like I said, they need to have a support group for us [single mothers] and give us some flexibility in doing the program because of the challenges we face. I can still do everything they want me to do; I may just need some flexibility in getting it all done.



Being a Single Mother: The Need for Individualized Interventions

- ⊙ Negative Case Analysis (n = 2; 8%)
- ⊙ I love the judge, she is so understanding with me being a stay-at-home mom and understanding that my kids are my life. It's just me taking care of my kids. My family is not from here and their father is not in the picture. The program really works with you to take care of all your stuff at home but also make sure you are doing your recovery.
- ⊙ I graduate next month thanks to [name of probation officer] and the judge being so supportive. I am a single mom and they helped me tremendously. They worked with my schedule and allowed me to be a mom.



Summary

- ⊙ In summary, 68% of the women interviewed in this study reported being single mothers. Sixty percent ($n = 15$) discussed how being a single mother was a challenge to them being successful in drug court. Some of the women even offered suggestions for how the drug court could better serve single mothers, such as developing a support group specific to their needs and scheduling drug court interventions in a convenient manner that is consistent with their parenting time and demands. In the negative case analysis, however, 8% ($n = 2$) of the single mothers presented opposing views, where they saw the drug court staff as supportive of their unique needs as a single parent.



Limitations

- ⦿ Social desirability bias.
- ⦿ Findings cannot be generalized beyond the research sample; each drug court operates differently.
- ⦿ The majority of the women interviewed were white (64%); therefore, the lived experiences of African American women (32%) and especially Hispanic women (4%) were not fully captured. This seems to be an especially important limitation to note because research has consistently demonstrated that minority participants tend to have lower graduation rates in some drug courts than white participants (Gallagher, 2013a, 2013b; Marlowe, 2013). It is recommended that future qualitative research capture the lived experiences of minority women. A comparative and contrastive analysis, for example, of African American, Hispanic, and white women's lived experiences in drug court may offer insight into the factors that contribute to racial disparities in drug court outcomes.



African American Women's Experiences

- ◎ Judge as an Advocate of Motherhood: The judge is helpful because she knows that I am a mother of two kids, and my priority is being a mom. Drug court helps me be a better mom now because I am no longer getting high or doing some of the other things I did to get in trouble with the law. I have more energy to play with my kids and help them with their schoolwork. Drug court and the judge have helped me with that because she [drug court judge] tells me I am a good person, good mom, and my kids deserve to have me in their lives. My kids will be healthier and grow up with less issues and problems if I stay away from drugs and complete the program.



African American Women's Experiences

- ◎ Judge as an Advocate of Motherhood: I'm not sure if I will graduate, but if I don't, it's not because the people didn't care or try to help me. The judge really wants to see all of us do well and change our lives for the better. My biggest challenge is being a single mom while also doing all the stuff for drug court. I have counseling, have to meet with my P.O. [probation officer], and other stuff, like pay fines and come to court all the time, and it's hard, but they [drug court] try to work with my schedule. I hope I do graduate because I know the judge will be proud. My son will be proud, too.



African American Women's Experiences

- ◎ Gender-Responsive Interventions: The drug court could support me better by giving me more options for counseling. Ideally, I would like to go to A.A. [Alcoholics Anonymous] and N.A. [Narcotics Anonymous] meetings that are just women and maybe see a female counselor one-on-one to discuss my past. I had some pretty horrible things happen to me when I was younger and I will never discuss them in front of men. I think the drug court does the best they can, but they need to understand that men and women are different when it comes to talking about our problems and the past.



African American Women's Experiences

- ⊙ Gender-Responsive Interventions: I am not sure if the [drug] court knows this, but it is me and only one other woman in our group therapy classes. I like the guys in group, but they dominate the group and I do not really get a chance to talk. There is not much I would say anyways because I am not telling a bunch of guys my personal business. Maybe the [drug] court could help us better by letting us choose group therapy, individual therapy, or support groups.



Drug Court Practice

- ◎ It is recommended that drug courts refer their participants to treatment providers who are trained in treating dual disorders, such as substance use disorders and mental health symptoms. Women in this study reported having PTSD and a substance use disorder, and research has consistently demonstrated that treating these disorders concurrently and in a trauma-informed setting is the most effective approach to promote recovery (Substance Abuse and Mental Health Services Administration, 2005, 2014).
- ◎ Part of the drug court model is to provide incentives to reinforce positive behaviors, and common incentives given are gift cards to restaurants, verbal praise from the judge in court, and even shortening one's time in the program. Perhaps incentives can be tailored to respect the time of single mothers and promote parenting, such as giving gift cards that promote family activities.



Drug Court Practice

- ⊙ Consistent with the findings from this study, drug court research is beginning to suggest that treatment providers may not always be providing evidence-based interventions or trained to treat the complexities of addiction, such as dual diagnoses (Bouffard & Taxman, 2004; Gallagher, 2012; Gallagher, 2013a; Taxman & Bouffard, 2005).
- ⊙ It is recommended that key stakeholders in drug court carefully select the providers that offer treatment to their participants. Drug court stakeholders, for example, should only contract with treatment providers who employ counselors who are licensed and trained in the use of evidence-based interventions in treating trauma and other disorders, such as EMDR and cognitive processing therapy (Barlow, 2014).



Thank you!

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Presenter Biography

Dr. John R. Gallagher, PhD, LSW, LCAC, earned his doctorate in social work from the University of Texas at Arlington and is an Associate Professor at Indiana University School of Social Work. He is a Licensed Social Worker (LSW) and Licensed Clinical Addiction Counselor (LCAC) and has worked at the Berks County, Pennsylvania, dual-diagnosis drug court; Tarrant County, Texas, drug court; and St. Joseph County, Indiana, drug court. Additionally, his research agenda is related to exploring the factors that may contribute to racial and gender disparities in drug court outcomes, predicting graduation and recidivism outcomes in drug courts, and exploring how medication-assisted treatments (MATs) are used in drug courts. Dr. Gallagher has been the lead researcher in numerous journal articles related to problem-solving courts, and his work has been cited in the NADCP *Adult Drug Court Best Practice Standards*.



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