

EVALUATING DRUG COURT EFFECTIVENESS AND EXPLORING RACIAL DISPARITIES IN
DRUG COURT OUTCOMES: A MIXED METHODS STUDY

by

JOHN R. GALLAGHER

Presented to the Faculty of the Graduate School of
The University of Texas at Arlington in Partial Fulfillment
of the Requirements
for the Degree of

DOCTOR OF PHILOSOPHY

THE UNIVERSITY OF TEXAS AT ARLINGTON

May 2012

Copyright © by John R. Gallagher 2012

All Rights Reserved

ACKNOWLEDGEMENTS

This dissertation is dedicated to my wife, Mandy Gallagher, and my daughters, Morgan and Carley Gallagher. Balancing the demands of Ph.D. education and family has been challenging at times, and their continuous love, support, and understanding motivated me to graduate. I love you. To my parents, Robert and Barbara Gallagher, thank you for teaching the values of perseverance, responsibility, and dedication. I would also like to thank my dissertation chair, Dr. Joan Rycraft, for mentoring me throughout my education. You are a role model of social work values and ethics. Additionally, I appreciate the encouragement and guidance that my entire dissertation committee provided me. The fact that you believed that I could be a successful student inspired me to do my best. Thank you, Dr. Rebecca Hegar, Dr. Maria Scannapieco, Dr. Debra Woody, and Dr. Alejandro del Carmen. This dissertation was possible through the support of my colleagues at the Drug Impact Rehabilitation Enhanced Comprehensive Treatment (D.I.R.E.C.T.) program. I am grateful that the D.I.R.E.C.T. program allowed me to facilitate my research at the drug court, and I respect that the D.I.R.E.C.T. program was willing to evaluate the important topic of racial disparities in drug court outcomes. Thank you, Judge Deborah Nekhom, Judge Louis Sturns, Cynthia Velazquez, Bart Miller, Greg Shugart, Teneisha Kennard, Thyrsa Rhoades, Dietra Ferguson, and Lura "Butch" Harris.

April 3, 2012

ABSTRACT

EVALUATING DRUG COURT EFFECTIVENESS AND EXPLORING RACIAL DISPARITIES IN DRUG COURT OUTCOMES: A MIXED METHODS STUDY

John R. Gallagher, PhD

The University of Texas at Arlington, 2012

Supervising Professor: Joan R. Rycraft

Mixed methods were used to evaluate the effectiveness of the Drug Impact Rehabilitation Enhanced Comprehensive Treatment (D.I.R.E.C.T.) program, and to explore the factors that may contribute to racial disparities in drug court outcomes. The D.I.R.E.C.T. program is an adult drug court located in Fort Worth, Texas. The most predictive variables of graduating the D.I.R.E.C.T. program were being employed or a student at time of admission into the program, having fewer positive drug tests, and being Caucasian. The most predictive variables of not recidivating were not having a violation within the first 30 days of the program and graduating the program. Qualitative data were collected through individual interviews with African Americans who were currently participating in the D.I.R.E.C.T. program. Based on the qualitative findings, factors that may contribute to racial disparities in D.I.R.E.C.T. program graduation rates include: 1) African American participants' beliefs that drug court sanctions were not implemented in a culturally sensitive manner; 2) African American participants' dissatisfaction with being mandated to attend Alcoholics Anonymous (AA) and Narcotics

Anonymous (NA) meetings, and belief that the format of AA and NA is not consistent with their culture; 3) African American participants' perceptions that they were not offered enough resources to gain and maintain employment; 4) African American participants' views that they were not receiving individualized treatment; and 5) African American participants' beliefs that they can relate better to individuals from their same ethnicity; however, they did not have ample opportunities to develop these relationships because African Americans are underrepresented in the D.I.R.E.C.T. program. Recommendations are presented to improve the effectiveness of the D.I.R.E.C.T. program, and implications for social policy and social work practice, research, and education are discussed.

TABLE OF CONTENTS

ACKNOWLEDGEMENTS	iii
ABSTRACT	iv
LIST OF ILLUSTRATIONS.....	x
LIST OF TABLES	xi
Chapter	Page
1. INTRODUCTION.....	1
1.1 Introduction.....	1
1.2 Who is Using Illicit and Legal Drugs in America?	1
1.3 How has the American Government Responded to Drug Use?	4
1.4 What is the Prevalence of Drug-related Arrests in America?	9
1.5 What are Drug Courts?	12
1.6 Summary.....	15
2. LITERATURE REVIEW	16
2.1 Introduction.....	16
2.2 The History and Role of Social Work in the Criminal Justice System.....	16
2.3 Methods.....	20
2.4 Findings.....	21
2.5 Primary Outcomes Measured	22
2.5.1 Recidivism.....	22
2.5.2 Employment, Education, and Age.....	26
2.5.3 Race and Drug of Choice.....	27
2.5.4 Quality of Treatment and Mental Health Status.....	28

2.6 Qualitative Research Methods	30
2.7 Previous Evaluations of the D.I.R.E.C.T. Program	30
2.8 Discussion	34
2.9 Summary	37
3. THEORY AND CONCEPTUAL FRAMEWORK.....	39
3.1 Introduction.....	39
3.2 Social Control Theory.....	39
3.3 Transtheoretical Model.....	41
3.4 Theory of Therapeutic Jurisprudence	44
3.5 Social Work Values	47
3.6 D.I.R.E.C.T. Program Logic Model.....	49
3.7 Summary.....	52
4. METHODOLOGY	53
4.1 Introduction.....	53
4.2 What is the D.I.R.E.C.T. Program?.....	53
4.3 Mixed Methods Design.....	59
4.4 Research Questions, Data Analysis Plans, and Hypotheses	60
4.5 Quantitative Data Collection, Sample Size, and Statistics.....	63
4.6 Qualitative Data Collection and Analysis	64
4.7 Limitations	69
4.8 Summary.....	71
5. FINDINGS.....	72
5.1 Introduction.....	72
5.2 Graduation versus Termination (n = 376)	72
5.3 Randomly Selected Cases (n = 100)	74

5.3.1	Recidivism Patterns	74
5.3.2	Types of Criminal Offenses that Recidivists were Arrested for.....	77
5.4	Chi-square Test of Independence.....	78
5.5	Predictive Variables of Graduating the Program.....	80
5.6	Predictive Variables of Not Recidivating	82
5.7	Individual Interviews with African American Participants	84
5.8	Summary.....	93
6.	DISCUSSION AND IMPLICATIONS.....	95
6.1	Introduction.....	95
6.2	Comparing D.I.R.E.C.T. Program Evaluations.....	95
6.3	Discussion	99
6.4	Recommendations for the D.I.R.E.C.T. Program.....	107
6.4.1	Monitor Participant Satisfaction	108
6.4.2	Enhance Supervision within the First 30 Days.....	109
6.4.3	Marketing to African American Participants	110
6.4.4	Increase Family Involvement	110
6.5	Implications	111
6.5.1	Social Policy.....	111
6.5.2	Social Work Practice	113
6.5.3	Social Work Research.....	114
6.5.4	Social Work Education.....	116
6.6	Summary.....	117

REFERENCES.....	119
BIOGRAPHICAL INFORMATION	125

LIST OF ILLUSTRATIONS

Figure	Page
3.1 D.I.R.E.C.T. Program Logic Model.....	51
5.1 Percent of Graduates and Terminated Participants.....	73
5.2 Percent of Graduates and Terminated Participants by Ethnicity	74
5.3 Percent of Participants Not Rearrested and Rearrested.....	75
5.4 Percent of Recidivists by Program Outcome	76
5.5 Percent of Graduated and Terminated Participants that Recidivated.....	77
5.6 Types of Criminal Offenses that Recidivists were Arrested for.....	78

LIST OF TABLES

Table	Page
1.1 Findings from the National Survey on Drug Use and Health (NSDUH).....	3
1.2 Defining Drug Courts: The Key Components.....	14
4.1 D.I.R.E.C.T. Program Criteria for Participation	54
4.2 D.I.R.E.C.T. Program 6-Month Misdemeanor Program	56
4.3 D.I.R.E.C.T. Program 12-Month Felony Program	57
4.4 Conceptualization and Operationalization of Variables	62
4.5 Individual Interview Questions	67
5.1 Predictive Variables of Graduating the D.I.R.E.C.T. Program	81
5.2 Predictive Variables of Not Recidivating	83
5.3 Demographic Data	85

CHAPTER 1
INTRODUCTION

1.1 Introduction

Chapter 1 begins by discussing the prevalence of illicit and legal drug use among Americans. In this discussion, data retrieved from the National Survey on Drug Use and Health (NSDUH) are presented to highlight the impact that age, gender, race, education, and employment have on illicit and legal drug use. Chapter 1 also provides an overview of how the American government has historically responded to drug use within its communities, and how these legislative responses have resulted in the criminal justice system being overrepresented with individuals who are using drugs. The total number of drug-related arrests has noticeably increased throughout the past few decades, which has also contributed towards jails and prisons being overcrowded with nonviolent, criminal offenders who have a history of drug use. Data retrieved from the Bureau of Justice Statistics (BJS) and the Arrestee Drug Abuse Monitoring (ADAM II) program provide a national overview of the increase in drug-related arrests, and data from the Texas Department of Criminal Justice (TDCJ) and the Texas Department of Public Safety (DPS) demonstrate the increase in drug-related arrests in Texas, as well as locally in Tarrant County, Texas. In the final section of Chapter 1, information is offered on drug courts. Included in this information is the conceptualization of drug courts and a discussion on how drug courts have been integrated into the criminal justice system.

1.2 Who is Using Illicit and Legal Drugs in America?

The use of illicit and legal drugs has always been part of America's culture. While the use of some drugs, such as alcohol and prescription medications, appears to be socially acceptable, the use of other drugs, such as heroin or methamphetamine, is considered taboo. Assessing the prevalence of drug use in America has been difficult for researchers for many

reasons. The most notable barriers to assessing the prevalence of drug use in America are the costs associated with developing a large enough sample, having the ability to randomly select research participants, and minimizing the impact that social desirability bias has on the outcomes. This section of the chapter utilizes data from the National Survey on Drug Use and Health (NSDUH) to discuss the prevalence of illicit and legal drug use in America, and the influence that age, gender, race, education, and employment has on illicit and legal drug use. The prevalence of Americans that meet the diagnostic criteria for substance abuse and dependence, and the relationship between drug use and the criminal justice system, is also discussed. The NSDUH was selected because the survey utilizes a rigorous research method which increases the ability to generalize the findings to the entire United States.

The NSDUH is an annual survey administered to United States citizens, 12 years of age or older, who are not institutionalized. Examples of groups of United States citizens that are excluded from the survey, and considered to be institutionalized, are persons in jails, prisons, or hospitals. The goal of the survey is to report findings on the national rate and total number of Americans that use illicit drugs, alcohol, and tobacco. The NSDUH utilizes a multistage, probability sample technique to gather data from a large sample size that represents United States citizens from all 50 States and the District of Columbia. Due to the sensitive nature of the research topic, the data for the survey are collected using computer-assisted interviewing (CAI), which is designed to provide a confidential environment to answer the survey and lower the risk of social desirability bias. The sample size of the 2009 NSDUH was 68,700.

There are several notable findings from the 2009 NSDUH report; the findings are highlighted in Table 1.1 (Substance Abuse and Mental Health Services Administration, 2010). Included in Table 1.1 is the estimated number of Americans that are current users of illicit drugs, alcohol, and tobacco. The current use of illicit drugs is conceptualized as the research participants reporting that they have used an illicit drug during the month prior to the survey; the illicit drugs included in the NSDUH are marijuana, cocaine, heroin, hallucinogens, inhalants,

tranquilizers, stimulants, sedatives, and the nonmedical use of prescription-type pain relievers. The current use of alcohol is conceptualized as the research participants reporting that they have used alcohol during the month prior to the survey. The current use of tobacco is conceptualized as the research participants reporting that they have used cigarettes, cigars, smokeless tobacco, or pipe tobacco during the month prior to the survey. The demographic variables associated with the most frequent use of illicit drugs, alcohol, and tobacco are also noted in Table 1.1.

Table 1.1 Findings from the National Survey on Drug Use and Health (NSDUH)

Drug	% of the population that uses the drug	Most common among: gender	Most common among: age group	Most common among: ethnicity	Most common among: employment status	Most common among: education level
Illicit Drugs	8.7% of the population (n = 21.8 million)	Males	18 to 20	American Indians or Alaska Natives	Persons who were unemployed	Person who did not complete high school
Alcohol	51.9% of the population (n = 130.6 million)	Males	21 to 25	Caucasians	Persons who were employed full-time	College graduates
Tobacco	27.7% of the population (n = 69.7 million)	Males	18 to 25	American Indians or Alaska Natives	Persons who were unemployed	Persons who did not complete high school

In addition to gathering data on illicit drug, alcohol, and tobacco use, the NSDUH also collects data on the prevalence of Americans that meet the diagnostic criteria for substance abuse or dependence. The diagnoses of substance abuse or dependence are based on criteria specified in the *Diagnostic and Statistical Manual of Mental Disorders, 4th edition* (DSM-IV).

Based on the diagnostic criteria of the DSM-IV, in 2009, it is estimated that 22.5 million Americans met the diagnostic criteria for substance abuse or dependence, which is equivalent to 8.9% of the American population (Substance Abuse and Mental Health Services Administration, 2010). The highest rate of substance abuse or dependence with an illicit drug was with marijuana, followed by pain relievers and cocaine (Substance Abuse and Mental Health Services Administration, 2010). The findings from the NSDUH suggest that Americans who met the diagnostic criteria for substance abuse or dependence have a higher likelihood of being involved in the criminal justice system. In 2009, 36.2% of adults who were on probation met the diagnostic criteria for substance abuse or dependence, as compared to 8.5% of adults who were not on probation that met the same diagnostic criteria for substance abuse or dependence (Substance Abuse and Mental Health Services Administration, 2010).

In summary, the evidence from the NSDUH suggest that Americans are using illicit and legal drugs, with 51.9% using alcohol, 27.7% using tobacco, and 8.7% using illicit drugs. The risk factors for illicit drug and tobacco use seem to be persons aged 18 to 25, males, American Indians or Alaska Natives, persons who did not complete high school, and persons who were unemployed. The risk factors for alcohol use seem to be persons aged 21 to 25, males, Caucasians, college graduates, and persons who were employed full-time. The findings from the NSDUH also noted a strong relationship between drug use and the criminal justice system; a little more than 1/3rd of adults on probation met the diagnostic criteria for substance abuse or dependence.

1.3 How has the American Government Responded to Drug Use?

Drug use impacts nearly every American, whether it is an individual using illicit drugs, selling illicit drugs for profit, using prescription medication to treat a medical condition, or the recreational use of alcohol. Drugs have always played a key role in American society, and Americans' views towards certain drugs have changed overtime. Cocaine, for example, was a key ingredient in Coca-Cola until it was removed in 1903; however, the current use of cocaine

could result in serious legal issues. Drugs seem to be categorized in relationship to whether they are legal or illegal, socially acceptable or taboo, and helpful or harmful. These categories have shaped the way in which Americans view drugs and drug users, and the way in which politicians, the government, and the criminal justice system has responded to the use of illicit drugs.

American's view towards illicit drug use has been shaped by a century of political agendas and laws. Reviewing the entire history of laws related to illicit drug use at the local, state, and federal level can be cumbersome. Therefore, this section of the chapter will provide a condensed version of the history by discussing the laws related to drugs that appear to have had the most significant impact on American society. Also, specific attention will be given to the political movement and era known as the "War on Drugs", as the "War on Drugs" seem to have been a contributing factor towards the criminal justice system being overrepresented with individuals who are using drugs.

The first law that appeared to have a significant impact on the regulation of illicit drugs in American society was the Pure Food and Drug Act of 1906. At this time in history it was common for medications to contain drugs such as heroin, morphine, and cocaine. The overall goal of the Pure Food and Drug Act of 1906 was not to criminalize the use of medications that contained heroin, morphine, or cocaine; rather, the goal was to allow the government to regulate the medications (Goldberg, 2003). This law resulted in the creation of the Food and Drug Administration (FDA) which also monitored the labeling and contamination of foods and beverages (Goldberg, 2003). Following this law in 1906, the government gained more knowledge on drugs, which eventually put the government in a position to create future laws that increased the government's role in regulating medications.

The Harrison Act of 1914 was passed as a result of an increasing rate of opiate dependency in the United States. The invention of the hypodermic needle and the ease of obtaining opiates through mail-order catalogs were stated as contributing factors to an increase

in opiate dependency. In order to prescribe opiates, the Harrison Act of 1914 required doctors to register their name with the government and pay a fee. The use of opiates without a prescription became illegal (Goldberg, 2003).

In 1937, the Marijuana Tax Act was passed by the federal government. There were two primary goals related to this law. First, the law was designed to control the production, distribution, and use of marijuana. Doctors were still able to prescribe marijuana and manufacturers of marijuana were still able to grow the product, as long as they paid a tax. Second, the law made the use of marijuana without a prescription and failure to pay tax on marijuana illegal (Goldberg, 2003). This law was a notable event in the history of illicit drug use because it was one of the earliest laws to emphasize that violation of the law would result in large fines or a prison sentence.

Nearly three-and-a-half decades passed before the government reviewed and amended the federal laws related to drugs that were created in the early 1900s. In 1970, the Controlled Substances Act was passed. This law thoroughly reviewed and updated the previous laws related to illicit drugs. The major change associated with this law was that states could now set their own statutes related to the regulation of drugs. However, the federal government still had priority in the prosecution of illegal activity related to drugs (Goldberg, 2003). Furthermore, this law created five schedules of drugs with lower schedules representing a higher potential for abuse (Goldberg, 2003). This law also contributed to a shift in how individuals who were arrested for crimes related to drug use were managed in the criminal justice system. The law abolished mandatory sentencing for criminal offenders who were arrested for the first-time for possession of an illicit drug, erased public records related to certain previous drug-related arrests, and increased the possibility of parole for drug-related arrests (Goldberg, 2003). A goal of this law was to apply a punitive approach to the drug dealers and manufacturers, not the drug users. This law has many similarities with a rehabilitative model of criminal justice, as both attempt to limit the punishment of drug users. However, an era known as the “War on Drugs”

was reintroduced in the 1980s and this shifted the approach in how the criminal justice system dealt with drug users.

In 1986 and 1988, President Ronald Reagan approved the Anti-Drug Abuse Acts. These laws represented a complete paradigm shift from the Controlled Substances Act of 1970 as these laws were designed to reduce drug demand by targeting drug users (Goldberg, 2003). President Ronald Reagan spoke on October 27, 1986 to Cabinet Members, administration officials, Members of Congress, and private citizens about his signing of the Anti-Drug Abuse Act of 1986. In this speech, President Ronald Reagan acknowledged that illicit drug use in America had become an epidemic and he planned to address this problem through aggressive means (Reagan, 1986). President Ronald Reagan stated, "The American people want their government to get tough and go on the offensive. And that's exactly what we intend, with more ferocity than ever before" (Reagan, 1986, para. 4). These words from President Ronald Reagan evidenced that the "War on Drugs" was active in American society and politics. As history has revealed to us, an unintended consequence related to the "War on Drugs" was that jails and prisons became overpopulated with nonviolent drug users, and in certain circumstances, these nonviolent offenders received tougher punishments than crimes like murder and rape. In President Ronald Reagan's speech, he clearly did not intend for this consequence to occur, as evidenced by his statement, "This legislation is not intended as a means of filling our jails with drug users" (Reagan, 1986, para. 2).

The "War on Drugs" resulted in increased incarceration rates for both men and women who were convicted of crimes that were related to illicit drug use. Women, however, were especially impacted by the increase in the nonviolent prison population. According to Kappeler and Potter (2005), in 1986 there were 2,371 (12.00% of all female inmates) female inmates incarcerated for a drug related offense, and that number grew to 12,615 (32.80% of all female inmates) females in 1991. In 2001, 23,200 females were incarcerated in state prisons for drug related offenses (Kappeler & Potter, 2005). African American women experienced the highest

increase in incarceration. Between 1986 and 1991 African American women experienced an 828.00% increase in state prison incarceration for drug related offenses (Kappeler & Potter, 2005).

Another factor related to the “War on Drugs” that contributed to an increased rate of incarceration in the United States was the invention of supermax prisons. The construction of supermax prisons saw its largest growth during the 1990s. Along with the growth of these prisons came a need to “keep them filled” with inmates. There was a disconnect between the growth of supermax prisons and the rationale for these prisons. Politicians, criminal justice personnel, the media, and private interest groups attempted to rationalize the building of supermax prisons by presenting the myth that the United States was experiencing a crime wave. The fact is that the United States never experienced a crime wave, and actually, crime has been decreasing for three decades (Kappeler & Potter, 2005). Abramsky (2007) provides further evidence on how supermax prisons contributed to an increase in incarceration; she states:

Throughout the 1990s, despite year-by-year declines in crime, one state after another pumped tens of millions of dollars into building supermax facilities. And as the tough-on-crime, tough-on-criminals political rhetoric heated up, more and more prisoners were moved into supermaxes and secure housing units.
(p. 137)

In the late 1980s, the courts were charged with the task of managing large dockets and an overwhelming number of drug cases. In an attempt to manage this challenge, the Eleventh Judicial Circuit of Florida began the first drug court in 1989 in Dade County (Miami), Florida. The first drug court began around the same time that unintended consequences related to the “War on Drugs” were increasing throughout society. Actually, it appears that drug courts were created to solve the “War on Drugs” unintended consequence related to an overpopulated prison system with nonviolent drug users. Drug courts were presented as an alternative to

incarceration which challenged the “tough on crime” ideology presented by President Ronald Reagan.

1.4 What is the Prevalence of Drug-related Arrests in America?

The criminal justice system continues to face the challenges associated with finding effective and efficient ways to address the increasing number of criminal arrests that are associated with substance abuse. According to the most recent data provided by the Bureau of Justice Statistics (n.d.), the estimated number of adults arrested for substance abuse violations in 1970 was 322,300. By 2007, the estimated number of adults arrested for substance abuse violations increased to 1,645,500 (Bureau of Justice Statistics, n.d.). The estimated number of juveniles arrested for substance abuse violations has paralleled that of adults. In 1970, an estimated 93,300 juveniles were arrested for a substance abuse violation, and, by 2007, the estimated arrest total for juveniles more than doubled to 195,700 arrests (Bureau of Justice Statistics, n.d.).

The Arrestee Drug Abuse Monitoring (ADAM II) program, which is sponsored by the Office of National Drug Control Policy (ONDCP), provides additional data related to the prevalence of criminal arrests that are associated with substance abuse. In 2009, the ADAM II program collected data from ten locations throughout the United States; the research sample consisted of males who have been arrested. The ADAM II program is unique because it collects data from a 20 to 25 minute interview with arrestees, as well as urine drug screens that test for the presence of 10 drugs. The validity of the findings from the ADAM II program is enhanced by matching the results from the interviews to that of the urine drug screens. A major finding from the ADAM II program is that 56% to 82% of the arrestees across the ten locations tested positive for at least one drug at the time of their arrest, and anywhere from 12% to 28% of this population tested positive for multiple drugs (Office of National Drug Control Policy, 2010). In addition to the high prevalence of drug use among the research sample, the ADAM II report also provides information related to the recidivism patterns of an arrestee population with

a history of substance abuse. Throughout the ten sites, 78% to 93% of the arrestees reported at least one prior arrest (Office of National Drug Control Policy, 2010). A final major finding is that only a small percentage of the arrestees that reported drug use in the previous 12 months received substance abuse treatment. Only 1% to 10% of the arrestees reported receiving outpatient substance abuse treatment during the past year, and 2% to 10% reported receiving inpatient substance abuse treatment during the past year (Office of National Drug Control Policy, 2010).

On the state level, recent data from the Texas Department of Criminal Justice (2009) reported that 29,016 prisoners are incarcerated in Texas for a drug offense. Out of the 29,016 prisoners incarcerated in Texas for a drug offense, 22,970 are in prison, 4,764 are in state jail, and 1,282 are in the Substance Abuse Felony Punishment (SAFP) facility (Texas Department of Criminal Justice, 2009). SAFP is a therapeutic community that addresses criminal offenders needs related to education, social skills, mental health, and relapse prevention regarding substance abuse. Prisoners incarcerated in Texas for a drug offense represent 18.71% of the total prisoner population which is 155,076. In addition to the prison population, 29.46% (n = 31,176) of parolees in Texas are under supervision for a drug offense (Texas Department of Criminal Justice, 2009). Furthermore, out of the 426,259 criminal offenders under community supervision in the Texas criminal justice system, 30.30% (n = 129,147) of the criminal offenders are under community supervision for a drug offense, including DWI/DUI (Texas Department of Criminal Justice, 2009).

On the local level, data provided by the Texas Department of Public Safety (DPS) indicates that the total number of adults arrested for drug possession in Tarrant County, Texas has significantly increased from 2002 to 2009. In 2002, 4246 adults were arrested for drug possession, and, in 2009, the total number of arrests for drug possession increased to 7627 (as cited in Tarrant County Challenge, 2010, p. 10). Furthermore, adults arrested for the sale and manufacturing of drugs in Tarrant County, Texas has nearly tripled from 2002 to 2009. In 2002,

420 adults were arrested for the sale and manufacturing of drugs, and, in 2009, the total number of arrests for the sale and manufacturing of drugs increased to 1192 (as cited in Tarrant County Challenge, 2010, p. 11). In response to the increasing number of drug-related arrests in Tarrant County, Texas, in 1994, the Commissioners Court of Tarrant County approved the creation of the County's first drug court as a way to provide an alternative to incarceration for nonviolent, criminal offenders who have a history of substance abuse.

While the data presented are useful in developing a better understanding of the problem area, which is the criminal justice system experiencing an increasing number of criminal arrests associated with substance abuse, it is important to mention that the data are not without limitations. The primary limitation with the data presented by the Bureau of Justice Statistics, for example, is that the bureau uses the Federal Bureau of Investigation (FBI) Uniform Crime Reports (UCR) to collect the data. The UCR began in 1929 and has been a valuable resource for disseminating national data related to crime. However, Kappeler and Potter (2005) mention that the UCR is designed to only gather data on the most serious crimes that have been reported to the police; as a result, the UCR does not contain data associated with less serious crimes and unreported criminal activity. In order to compensate for this limitation, Kappeler and Potter (2005) suggest using the National Crime Victimization Survey (NCVS). The NCVS, which is administered by the United States Bureau of Justice Statistics (BJS), provides a more accurate picture of crime in the United States than the UCR (Kappeler & Potter, 2005). The NCVS contains data related to both reported and unreported crimes, and the population sampled for the NCVS is representative of United States residents (Kappeler & Potter, 2005).

The limitations of the ADAM II report are that the report only collects data from males, nonprobability sampling techniques are used, and the majority of sites where the data are collected were from the eastern part of the United States. These limitations hinder the ability to generalize the findings to female arrestees with a history of substance abuse, as well as other

geographic regions of the United States. Last, while the data from the Texas Department of Criminal Justice demonstrates that drug offenses represent a large portion of the criminal justice population in Texas, it is important to note that the percentage of Texas prisoners and parolees with a substance abuse related offense is most likely higher than the statistics presented. This speculation can be drawn because in order to be classified as a prisoner with a drug offense, the offense must be directly related to an illicit drug such as possession of a controlled substance. Prisoners with an offense that may be associated with substance abuse but not directly related to an illicit drug, such as stealing property to support personal substance abuse, are not classified as a drug offense but a property offense. Although limitations in the data do exist, there seems to be enough evidence to support the notion that effective and efficient techniques are needed in the criminal justice system to treat the high prevalence of criminal offenders with substance abuse problems.

1.5 What are Drug Courts?

One of the ways that the criminal justice system has addressed the challenge of treating an arrestee population with a high prevalence of substance abuse is through the development of drug courts. Drug courts, which are also known as drug treatment courts, have become an important part of the criminal justice system by providing arrestees who have a history of substance abuse with a rehabilitative approach to criminal justice, as compared to the traditional punitive approach. The goal of drug courts is to reduce the recidivism rate of criminal offenders who have a history of drug use. The idea of drug courts did not evolve quickly. Rather, a history of state and federal policies and political agendas, as well as a grassroots movement that identified criminal offenders with a history of substance abuse as a specialized population, contributed to the creation of drug courts.

During the 1970s and 1980s, policies related to the “War on Drugs” contributed towards a significant increase in the prison population. Mandatory sentencing statutes, for example, resulted in the long term incarceration of nonviolent, criminal offenders who had a history of

substance abuse. Along with the increase in prison population, courts were also charged with managing large dockets which contained an overwhelming number of drug cases. In an attempt to manage this challenge, the Eleventh Judicial Circuit of Florida began the first drug court in 1989 in Dade County (Miami), Florida.

Drug courts offer a unique judicial process that varies greatly from the traditional court model. Drug courts are designed to treat and supervise nonviolent, criminal offenders who have a history of substance abuse. The treatment and supervision is offered while the participants reside in the community. A multidisciplinary judicial team utilizes a nonadversarial approach, as compared to a punitive approach, to monitor participants' progress throughout the program. The drug court team typically consists of the Judge, program manager, case managers, defense attorneys, district attorneys, probation officers, sheriffs, and substance abuse treatment providers. Based on the availability within each jurisdiction, drug courts can offer a range of services including substance abuse and mental health treatment, educational and vocational training, parenting and financial management classes, and HIV/AIDS education. Factors such as the political climate of a county, the availability of resources, funding opportunities, and the demographics of participants influence how drug courts operate. As a result, many drug courts function in a different manner which has made it difficult to provide a single definition for drug courts. While the overall operations of drug courts vary from court to court, there are some key characteristics that underpin the philosophy of all drug courts. Throughout the drug court literature, a consistent reference point is used to describe the characteristics of a drug court program. This reference point is referred to as the "Ten Key Components of a Drug Court". The ten key components of a drug court are listed in Table 1.2 (National Association of Drug Court Professionals, 2004).

Table 1.2 Defining Drug Courts: The Key Components

<ol style="list-style-type: none">1. Drug courts integrate alcohol and other drug treatment services with the justice system case processing. (p. 1)2. Using a nonadversarial approach, prosecution and defense counsel promote public safety while protecting participants' due process rights. (p. 3)3. Eligible participants are identified early and promptly placed in the drug court program. (p. 5)4. Drug courts provide access to a continuum of alcohol, drug, and other related treatment and rehabilitation services. (p. 7)5. Abstinence is monitored by frequent alcohol and other drug testing. (p. 11)6. A coordinated strategy govern drug court responses to participants' compliance. (p. 13)7. Ongoing judicial interaction with each drug court participant is essential. (p. 15)8. Monitoring and evaluation measure the achievement of program goals and gauge effectiveness. (p. 17)9. Continuing interdisciplinary education promotes effective drug court planning, implementation, and operation. (p. 21)10. Forging partnerships among drug courts, public agencies, and community-based organizations generates local support and enhances drug court program effectiveness. (p. 23)
--

There are currently 2,559 drug courts and 1,219 other specialized problem solving courts operating throughout the United States and U.S. territories (National Association of Drug Court Professionals, n.d.). Over the past decade, the drug court model has evolved from providing services to an arrestee population with a history of substance abuse to more specialized courts such as juvenile drug courts, family drug courts, mental health drug courts, and veteran drug courts. All of the different types of specialized courts operate under that same philosophy of the original drug court model; however, they focus primarily on other issues, such as mental health symptoms or family issues, as compared to substance abuse.

Drug courts are being viewed as a successful alternative to incarceration and, as a result, many states have begun to mandate drug courts throughout their counties. Texas, for example, has established law since 2001 requiring certain counties to have a drug court. This

law, which was first passed as House Bill 1287, initially mandated that the Commissioners Court of a county with a population of more than 550,000 shall establish a drug court program (Texas State Legislature, 2001). In 2007, House Bill 530 amended the initial legislation by changing the population requirement to develop a drug court from 550,000 to 200,000 (Texas State Legislature, 2007). As a result of laws such as House Bill 1287 and House Bill 530, it is anticipated that the total number of drug courts will continue to increase on an international level.

1.6 Summary

Chapter 1 discussed the prevalence of illicit and legal drug use among Americans, the American government's legislative responses to drug use, factors that contributed towards an increase in drug-related arrests, and the conceptualization of drug courts. Data from the NSDUH has indicated that illicit and legal drugs are being used by Americans, and many of the drug users are getting involved in the criminal justice system. A contemporary intervention being used to treat individuals who have a history of substance abuse and are involved in the criminal justice system is drug courts. Drug courts are a growing part of the criminal justice system, and it is important to evaluate drug courts to see if they are successfully meeting their goal of reducing recidivism.

CHAPTER 2

LITERATURE REVIEW

2.1 Introduction

Drug courts, also known as drug treatment courts, have become an important part of the criminal justice system. Since 1989, drug courts have offered criminal offenders who have a history of substance abuse an alternative intervention to the traditional criminal justice model. Chapter 2 begins by discussing the history and role of social work in the criminal justice system. Next, the findings from a systematic review of the drug court literature are presented. A total of 26 peer-reviewed journal articles were selected from the systematic review. The chapter concluded by discussing the findings from two evaluations that have previously been completed on the Drug Impact Rehabilitation Enhanced Comprehensive Treatment (D.I.R.E.C.T.) program. The D.I.R.E.C.T. program is a drug court located in Fort Worth, Texas, and the agency that was evaluated for this dissertation.

2.2 The History and Role of Social Work in the Criminal Justice System

There is evidence of social work practice in the criminal justice system as early as the late 19th century. During this time period, social workers played a key role in juvenile justice, particularly because the philosophy of juvenile justice was based on rehabilitation rather than punishment (Reamer, 2004). While social work continues to maintain a relationship with criminal justice, the presence of social workers in criminal justice settings has declined since the late 19th century. There appears to be two decades where social work practice in the criminal justice system decreased noticeably, the 1920s and the 1960s.

During the 1920s, the academic discipline of criminal justice emerged in the United States. As a result of this new academic discipline, criminal justice settings may have been

more inclined to employ individuals with education in criminal justice, as compared to social work. Additionally, beginning in the 1920s, social work practice shifted its focus from working with oppressed populations, including juveniles involved in the criminal justice system, to populations with mental health disorders (Handler, 1973). This resulted in the development of psychiatric social work which offered social workers more employment opportunities, such as hospital social work and private practice (Handler, 1973). Handler (1973) concludes, "The dramatic change in focus from economic and social conditions to psychological factors, and the new practice arrangements combined to shift the attention of trained social workers away from the poor to serving the needs of the middle class" (p. 7).

The 1960s also appears to be a decade where social work practice in criminal justice settings declined. Reamer (2004) states, "Beginning in the mid-to-late 1960s, public opinion about the challenge of crime and delinquency began to change. These changes introduced some friction between traditional social work values and the goals and mission of the criminal justice field" (p. 217). Political agendas focused on stricter punishments for criminality, for example, contributed to a gradual paradigm shift in the criminal justice system that minimized the importance of rehabilitation and emphasized punishment. As the criminal justice system became more punitively oriented, there was less need for social workers to provide rehabilitative services.

The lack of representation of social workers in criminal justice settings continues today. In a recent survey of NASW (National Association of Social Workers) members, only 1% of social workers identified criminal justice as their primary practice area, compared to 35% who practice in the area of mental health (Whitaker & Arrington, 2008). Although social workers are currently underrepresented in the criminal justice system, the emergence of drug courts, as well as other specialized courts such as mental health courts and veterans courts, may encourage more social workers to work in criminal justice settings. Social workers can make substantial

contributions to drug courts, especially because the drug court model promotes a nonadversarial, strengths-based approach to reducing criminal recidivism.

For social workers who are currently employed or planning careers in criminal justice, it is important that they learn about the unique challenges of practicing social work in criminal justice settings. The role of social workers in the criminal justice system presents unique challenges, primarily because key values of social work conflict with criminal justice ideology. Social workers are ethically responsible to advocate for clients' rights to self-determination. Self-determination is defined as:

Social workers respect and promote the right of clients to self-determination and assist clients in their efforts to identify and clarify their goals. Social workers may limit clients' right to self-determination when, in the social workers' professional judgment, clients' actions or potential actions pose a serious, foreseeable, and imminent risk to themselves or others. (Reamer, 2002, p. 28)

The criminal justice system is designed to limit an individual's liberty, which can make this professional environment a challenge for social workers to respect and promote their client's right to self-determination. Drug courts, for example, enroll both voluntary and mandated clients. Clearly, for the mandated clients, their right to self-determination is immediately compromised. Even with voluntary clients, it appears that their right to self-determination is diminished. Participation in some drug courts may be voluntary; however, if drug court is not chosen, clients will have to participate in another intervention within the criminal justice system. While there does appear to be some level of decision-making in this process, the other available options may not be equivalent to drug court. Long-term prison sentences, for example, may be the option for clients that do not voluntarily enter drug court.

Additionally, social workers who practice within the criminal justice system must recognize and accept their inherit authority, particularly the potential authority to limit the freedom of their clients. Drug courts rely on the drug court team, some of which may be social

workers, to recommend and justify the incarceration of participants when necessary. For social workers who are in positions that could limit the freedom of their clients, it may be difficult to maintain their personal desire to be a helping professional while upholding the punitive expectations of the judicial system. DeSchweinitz and DeSchweinitz (1946) state:

It is not easy to occupy a role which includes compulsion and the power to restrict the freedom of another person. He must know the boundaries of his authority and be able to live within them, appreciating where his responsibilities begin and end. (p. 4)

Social workers may find the use of clinical supervision and case consultation as valuable resources when learning about the expectations of their authority, and how to utilize their authority consistent with social work values and ethics.

Hutchison (1987) suggests guidelines that social workers can follow when practicing in authoritative settings and with mandated clients. The guidelines promote clients' right to self-determination while also meeting the needs of the criminal justice system. Examples of the guidelines that seem most applicable for social workers who work within drug courts are (Hutchison, 1987): 1) "the social worker should engage the client in explicit discussion of the social worker's mandated authority during the initial phase of work" (p. 594); 2) "use of authority needs to be based as much as possible on the client's conscious consent; even in coercive actions the client needs to be given some choices" (p. 593); 3) "the client should be informed which decisions the client can make and which decision the social worker will make" (p. 593); 4) "the social worker in mandated transactions should demonstrate respect for client self-determination by addressing problems of concern to the client that are not part of the mandated problem" (p. 594); and 5) "the mandated client should always be informed when the social worker does something to, for, or about the client, unless there are compelling safety reasons to withhold such information" (p. 594). Although key values of the social work profession, such as the right to self-determination, can conflict with criminal justice ideology, the presented

guidelines are a valuable resource to help social workers maintain best practices, even when working in authoritative settings and with mandated clients.

2.3 Methods

The University of Texas at Arlington's library was used to search for journal articles related to drug courts. The electronic databases, *Social Work Abstracts* and *Criminal Justice Abstracts* were used to facilitate the systematic review. *Social Work Abstracts* is produced by the National Association of Social Workers (NASW) and contains more than 40,000 publications from 1977 to present. The majority of publications are from social work and related journals, and a few of the publications are from social work dissertations. *Criminal Justice Abstracts* contains more than 200,000 publications on topics of criminology and related disciplines from 1968 to present. Publications included in the database include journal articles, book chapters, government reports, dissertations, and unpublished papers. Only peer-reviewed journal articles were considered for this systematic review of the drug court literature.

Social Work Abstracts and *Criminal Justice Abstracts* were searched using the following key words: 1) drug court; 2) drug treatment court; 3) drug court evaluation; 4) drug treatment court evaluation; 5) problem solving court; 6) specialty court; and 7) diversion program. The results from the key words searched yielded 187 peer-reviewed journal articles; 52 articles from *Social Work Abstracts* and 135 articles from *Criminal Justice Abstracts*. The abstracts of the 187 articles were reviewed to confirm that they met the inclusion criteria. The inclusion criteria for this systematic review of the literature are as follows:

- 1) The article must be available in full text, either online or in print, through the University of Texas at Arlington's library
- 2) The full text must be available in English
- 3) The article must present the findings from an evaluation of an adult drug court
- 4) The article must present at least one drug court participant or drug court subgroup outcome (ex. criminal recidivism, positive drug tests, program completion, quality of treatment)

Following the review of the 187 abstracts, 23 articles were selected because the information contained in their abstracts met the inclusion criteria. The reference pages of the 23 articles

were then reviewed to see if the titles of the references appeared appropriate for this study. From the review of the reference pages, 9 additional article abstracts were reviewed and 3 of the 9 articles were selected. A total of 26 articles were selected for the systematic review. The full text of the 26 articles were printed and reviewed.

A limitation of the search strategy is that articles related to drug court evaluations were only searched for in peer-reviewed journals. Therefore, drug court program evaluations that may exist in books, dissertations, unpublished manuscripts, government reports, and other means of publication were excluded from the search. Another limitation is that articles were selected by reviewing the abstract and title of the article. Articles relevant to the systematic review may have been excluded because their title or abstract did not include the search terms or they had a vague abstract that did not clearly state that the article was presenting data related to the evaluation of a drug court.

2.4 Findings

The systematic method used to review the drug court literature yielded 26 articles from a variety of peer-reviewed journals. 23% (n=6) of the articles were from the *Journal of Drug Issues*, 8% (n=2) were from *Crime & Delinquency*, 8% (n=2) were from the *American Journal of Criminal Justice*, 8% (n=2) were from *Criminal Justice Policy Review*, and the following journals had one article in each; *Evaluation and Program Planning*, *Journal of Ethnicity in Substance Abuse*, *Journal of Substance Abuse Treatment*, *The Prison Journal*, *Journal of Research in Crime and Delinquency*, *Criminology & Public Policy*, *Journal of Social Service Research*, *Journal of Addictions & Offender Counseling*, *Drug and Alcohol Dependence*, *International Journal of Offender Therapy and Comparative Criminology*, *Criminal Justice and Behavior*, *Journal of Offender Rehabilitation*, *Federal Probation*, and *Contemporary Drug Problems*. The years of publication of the articles ranged from 1994 to 2009.

The 26 articles were categorized as quantitative or qualitative based on the primary research design that was used to evaluate a drug court. Of the 26 articles reviewed, 22

(84.62%) were categorized as quantitative and 4 (15.38%) were categorized as qualitative. Of the 22 articles that were categorized as quantitative, 20 (90.91%) used a quasi-experimental research design and 2 (9.09%) used an experimental research design. The use of a quasi-experimental design is the most common research design used to evaluate drug court programs. The ability to facilitate an experimental study is challenging for several reasons. One of the reasons is that the studies evaluated drug courts that were currently operating and this limited the ability to randomly assign participants. Goldkamp (1994), for example, states:

The use of an experimental design to study the impact of Miami Felony Drug Court was precluded for practical reasons, largely because the drug court had already been in operation for nearly 2 years prior to the selection of the sample studied and randomization would have caused too great a disruption in the functioning of the ongoing program. (p. 121)

Additionally, legal issues, such as participants having the right to choose drug court, and financial and ethical issues, such as drug courts typically costing participants more than traditional probation, may impact a researcher's ability to randomly assign participants to drug court or a comparison group.

2.5 Primary Outcomes Measured

Throughout all of the articles, numerous variables were measured to evaluate the effectiveness of a drug court program. Drug court effectiveness is conceptualized as graduating the drug court, or, both graduating the drug court and not recidivating within the follow-up period. The most common variables measured include: 1) recidivism; 2) employment; 3) education; 4) age; 5) race; 6) drug of choice; 7) quality of treatment; and 8) mental health status.

2.5.1. Recidivism

Recidivism was the most common variable measured in the articles. This is not surprising, considering that the overall goal of drug courts is to reduce recidivism. Of the 26

articles selected, 61.54% (n=16) measured recidivism. Within these 16 articles, 4 did not use a comparison group and 12 did use a comparison group. Four of the articles that measured recidivism did not use a comparison group (Banks & Gottfredson, 2003; Listwan, Shaffer, & Hartman, 2009; Mullany & Peat, 2008; Taxman & Bouffard, 2005). In these articles, recidivism was conceptualized as being rearrested during the drug court program or within the follow-up period. The follow-up period for rearrest ranged from 12 to 28 months. Two notable findings arose from these studies.

First, involvement in substance abuse treatment and graduating the drug court increased the likelihood that a participant would not recidivate. Banks and Gottfredson (2003) compared the “survival” rates among drug court participants that received supervision, substance abuse treatment, and both supervision and treatment. “Survival” was conceptualized as successfully completing the drug court program and not being rearrested within the 2-year follow-up period. The results indicated that 59% of drug court participants that received substance abuse treatment “survived”, as compared to the 19% “survival” rate among participants that received only supervision. Additionally, for the participants that received both supervision and treatment, the “survival” rate was 61%. Receiving substance abuse treatment emerged as a strong predictor of being successful in drug courts, as the participants that received substance abuse treatment did better than the group that received only supervision and equally as well as the group that received both supervision and treatment.

Taxman and Bouffard (2005) also found that receiving substance abuse treatment increased the likelihood of being successful in a drug court program. Specifically, they found that the longer a drug court participant was in substance abuse treatment, the more likely they were to graduate from the program. Furthermore, participants that did not graduate the program were more likely than graduates to recidivate and be rearrested more quickly after participation in the drug court. Mullany and Peat (2008) also found that drug court participants that did not graduate were more likely than graduates to recidivate.

Second, in a study assessing the impact that drug of choice has on drug court outcomes, Listwan et al. (2009) found that methamphetamine use was not a significant predictor of recidivism. Two groups were created for the study, drug court participants that identified methamphetamine as their drug of choice and drug court participants that identified other drugs of choice. In regards to recidivism, the two groups were similar; 33.9% of the methamphetamine group and 41.4% of the non-methamphetamine group were rearrested within the average follow-up period of 28 months. For the participants that were rearrested, there was also no significant difference in the arrest type; 40.9% of the methamphetamine group and 48.8% of the non-methamphetamine group were rearrested for an offense related to drugs.

Twelve of the articles that measured recidivism used a comparison group (Bavon, 2001; Bouffard & Richardson, 2007; Brewster, 2001; Fielding, Tye, Ogawa, Imam, & Long, 2002; Goldkamp, 1994; Gottfredson & Exum, 2002; Gottfredson, Najaka, & Kearley, 2003; Krebs, Lindquist, Koetse, & Lattimore, 2007; Listwan, Sundt, Holsinger, & Latessa, 2003; Peters & Murrin, 2000; Vito & Tewksbury, 1998; Wolfe, Guydish, & Termondt, 2002). In these articles, recidivism was conceptualized as being rearrested during the drug court program or within the follow-up period. The follow-up period for rearrest ranged from the time of participation in the drug court program to 30 months following last contact with the program. There are several notable findings from these studies.

First, 10 of the 12 (83.33%) studies that measured recidivism with a comparison group found that drug court participants were less likely than the comparison group to recidivate (Bouffard & Richardson, 2007; Brewster, 2001; Fielding et al., 2002; Goldkamp, 1994; Gottfredson & Exum, 2002; Gottfredson et al., 2003; Krebs et al., 2007; Listwan et al., 2003; Peters & Murrin, 2000; Vito & Tewksbury, 1998). The comparison groups used for these studies were criminal offenders who participated in a similar type of supervision, such as probation, or who were eligible for the drug court program but choose not to enroll. Furthermore, the comparison groups consisted of criminal offenders that had similar

characteristics as the drug court participants, including similar demographics, nonviolent criminal histories, and substance abuse histories.

Of the studies that found that drug courts participants have a lower rate of recidivism than the comparison group, Gottfredson and Exum (2002), perhaps, offered the most rigorous study by providing maximum control for threats to internal and external validity. In this experimental research design, Gottfredson and Exum randomly selected and assigned participants to the drug court (n=139) or the traditional court (n=96). The findings indicate that during the 12 months following randomization into the study, drug court participants were significantly less likely than the comparison group to recidivate (48.0% versus 64.0%). In a subsequent article evaluating the same drug court with the same research methods, Gottfredson et al. (2003) found that at 24 months following randomization in the study, drug court participants continued to have a significantly lower rate of recidivism than the comparison group (66.2% versus 81.3%). Additionally, the findings also indicated that when a rearrest did occur, drug court participants were less likely than the comparison group to be rearrested for a drug offense (40.6% versus 54.2%).

Two (16.67%) of the 12 studies that measured recidivism with a comparison group found no difference in outcome between drug court participants and participants in the comparison groups (Bavon, 2001; Wolfe et al., 2002). In one of the studies, Bavon (2001) compared drug court participants (n=157) to criminal offenders with similar substance abuse histories who did not participate in drug court (n=107). The results indicated that there was no statistically significant difference in recidivism between the two groups; 12.7% of the drug court participants and 16.8% of the comparison group recidivated within 1 year following last contact with their program. In a 2 year follow-up period, Wolfe et al. (2002) also found no statistically significant difference in recidivism among the drug court and comparison groups. Both studies found that when just comparing drug court participants, graduates were significantly less likely to recidivate than nongraduates. Of the 20 drug court participants that recidivated in the Bavon

(2001) study, 18 were nongraduates. In the Wolfe et al. (2002) study, the recidivism rate for drug court graduates (19%) was significantly different than the recidivism rate of drug court nongraduates (53%).

2.5.2. Employment, Education, and Age

Employment, education, and age are some of the common variables measured in drug court evaluations. These variables are commonly measured in relationship to their influence on drug court graduation and recidivism rates. In regards to employment, 9 studies noted significant findings when measuring employment, and all of these studies found that drug court participants who were employed were more likely to have successful drug court outcomes, as compared to drug court participants that were not employed (Dannerbeck, Harris, Sundet, & Lloyd, 2006; Goldkamp, 1994; Hartley & Phillips, 2001; Listwan et al., 2009; Logan, Williams, Leukefeld, & Minton, 2000; Mullany & Peat, 2008; Peters & Murrin, 2000; Sechrest & Shicor, 2001; Vito & Tewksbury, 1998).

As for education, 10 studies noted significant findings when measuring the impact that education has on drug court outcomes. Seven of the 10 studies found that drug court participants with a high school education or higher were more likely to graduate the program than participants with education less than a high school diploma or G.E.D. (Goldkamp, 1994; Gray & Saum, 2005; Hickert, Boyle, & Tollefson, 2009; Listwan et al., 2009; Mullany & Peat, 2008; Taxman & Bouffard, 2005; Vito & Tewksbury, 1998). Three of the 10 studies found no statistically significant difference between education and drug court outcomes (Dannerbeck et al., 2006; Hohman, 2000; Sechrest & Shicor, 2001).

In regards to age, 9 studies noted significant findings when measuring the impact that age has on drug court outcomes. Of these studies, 4 found that older drug court participants were significantly more likely than younger participants to graduate drug court (Hartley & Phillips, 2001; Hickert et al., 2009; Hohman, 2000; Logan et al., 2000). Another 4 of the studies found that older drug court participants were significantly less likely to recidivate than younger

participants (Goldkamp, 1994; Krebs et al., 2007; Listwan et al., 2003; Wolfe et al., 2002). Only 1 study found that age was not a significant predictor of drug court graduation (Sechrest & Shicor, 2001).

2.5.3. Race and Drug of Choice

Race and drug of choice are two common variables measured in drug court evaluations. These variables are measured in relationship to whether they influence drug court graduation and recidivism rates. In regards to race, 10 studies mentioned significant findings when measuring the impact that race has on drug court outcomes. Eight of the 10 studies found that Caucasian drug court participants were more successful than minority drug court participants, including Hispanics and African Americans, in graduating the program and having a lower rate of recidivism (Brewster, 2001; Dannerbeck et al., 2006; Gray & Saum, 2005; Hartley & Phillips, 2001; Krebs et al., 2007; Listwan et al., 2003; Sechrest & Shicor, 2001; Taxman & Bouffard, 2005). Dannerbeck et al. (2006), for example, found that 55% of Caucasian and 28% of African American drug court participants graduated from the program. In a California drug court, Sechrest and Shicor (2001) found that, while 68.9% of Caucasian drug court participants graduated, only 42.1% of Hispanic and 31.6% of African American drug court participants graduated. One study found that race was not a statistically significant predictor of drug court success (Hohman, 2000). And, only 1 study, the evaluation of the Jefferson County, Kentucky drug court program (Vito & Tewksbury, 1998), found that African American drug court participants were more likely to graduate from the program than Caucasian participants.

The literature has suggested that a drug court participant's drug of choice may be a factor that influences outcomes, and contributes towards the racial disparities in drug court graduation and recidivism patterns. Specifically, 6 studies found that drug court participants who reported cocaine, including crack cocaine, as their drug of choice were less likely to complete the program as compared to participants that identified other drugs of choice

(Brewster, 2001; Dannerbeck et al., 2006; Hartley & Phillips, 2001; Hickert et al., 2009; Mullany & Peat, 2008; Taxman & Bouffard, 2005). Within these studies, Brewster (2001) mentions that African Americans may have been less successful in the Chester County, Pennsylvania drug court because African American drug court participants were more likely than Caucasian drug court participants to identify cocaine as their drug of choice (47% versus 23%). Additionally, Dannerbeck et al. (2006) found that the odds of graduating the drug court program were significantly reduced for participants that were African American and identified cocaine as their drug of choice.

To a lesser extent, the literature has shown that other drugs of choice may influence drug court outcomes. Sechrest and Shicor (2001) found that being African American or Hispanic, having a lesser ability to be self-supporting, and the increased use of marijuana decreased the likelihood of graduation. In the study by Vito and Tewksbury (1998), the use of marijuana was significantly related to high rates of recidivism with the comparison group and drug court nongraduates. Two studies found that drug of choice was not a significant predictor of drug court success (Hohman, 2000; Listwan et al., 2009). However, the Listwan et al. (2009) study only compared participants that identified methamphetamine as their drug of choice to participants that identified other drugs of choice; therefore, the results are limited to the impact that methamphetamine use has on drug court outcomes, not other drugs of choice like cocaine.

2.5.4. Quality of Treatment and Mental Health Status

The variables of quality of treatment and mental health status are increasingly being assessed in the evaluations of drug courts. Although these variables have not been studied as often as the previously mentioned variables, they do add to the knowledge base regarding factors that influence drug court outcomes. As discussed previously in Table 1.2, a key component of the drug court model is to incorporate substance abuse treatment into criminal proceedings, and several studies have indicated that drug court participants that are engaged in treatment are more likely to graduate than participants that are not engaged in treatment (Banks

& Gottfredson, 2003; Gottfredson et al., 2003; Taxman & Bouffard, 2005). Although engagement in substance abuse treatment seems to improve drug court outcomes, a few studies have noted problems with the treatment offered to drug court participants. Bouffard and Taxman (2004) and Taxman and Bouffard (2005), for example, found that drug court participants were not always receiving substance abuse treatments that were consistent with evidence-based practices. Additionally, in an evaluation of the Baltimore, Maryland drug court program, Gottfredson et al. (2003) found that 68.3% of drug court participants received some form of treatment; however, only 51.8% of the treatment received was certified through the Baltimore Substance Abuse Services.

Evaluating the quality of treatment offered to drug court participants is important, especially when many participants present with substance abuse problems and mental health symptoms. Gray and Saum (2005) found that thirty days prior to starting a Delaware drug court program, 18% of the participants reported feeling depressed, 19% reported feeling anxiety, and 8% reported that they had been prescribed medication for mental health symptoms. Interestingly, 3 studies have indicated that drug court participants who reported mental health symptoms had better outcomes than participants that did not report mental health symptoms. Gray and Saum (2005) found that drug court participants that reported being prescribed medication for mental health symptoms were more likely to graduate than participants that reported not being prescribed medication for mental health symptoms (94% versus 65%). Additionally, Logan et al. (2000) found that drug court graduates reported more psychological problems and more desire for psychological treatment than participants that were terminated. Krebs et al. (2007) found that drug court participants with psychiatric symptoms were less likely to recidivate than participants without psychiatric symptoms. Two studies did, however, find that depression was a significant predictor of a participant being terminated from the drug court program (Hickert et al., 2009; Gray & Saum, 2005).

2.6 Qualitative Research Methods

Of the 26 articles included in this systematic review of the literature, only 4 (15.38%) used a qualitative research design. Wolfer (2006) evaluated the strengths and weaknesses of a Pennsylvania drug court by reviewing the exit interviews of 55 drug court graduates. Lindquist, Krebs, and Lattimore (2006) facilitated interviews and observed court proceedings to compare and contrast the drug court process to that of the traditional court. Bouffard and Taxman (2004) evaluated the quality of substance abuse treatment offered to drug court participants through the use of interviews and direct observation. And, Logan et al. (2000) facilitated interviews to evaluate the fidelity of a drug court, and learn about the staff members views of the program.

Overall, the results from the qualitative data were promising. Drug courts were more likely than the traditional courts to use short jail terms and offer treatment-oriented sanctions, which is consistent with the drug court model (Lindquist et al., 2006). Furthermore, Logan et al. (2000) found that the drug court had high levels of fidelity, fit well in the community, has served eligible persons in the community, and has successfully met its goals. When evaluating the strengths and weaknesses of the drug court program, graduates viewed the random drug testing system and the structure of the program as its strengths, and a lack of respect for their time and their belief of differential treatment by team members as its weaknesses (Wolfer, 2006). The only notable limitation of the drug courts within these studies was that, as mentioned previously, drug court participants were not always receiving evidence-based treatments (Bouffard & Taxman, 2004).

2.7 Previous Evaluations of the D.I.R.E.C.T. Program

This section of the chapter provides a summary of the two evaluations that have been completed on the Drug Impact Rehabilitation Enhanced Comprehensive Treatment (D.I.R.E.C.T.) program. The D.I.R.E.C.T. program was the agency that was evaluated for this dissertation. The summary of the two evaluations that have been completed on the D.I.R.E.C.T. program discusses the purpose of the program evaluations, the research methods

used, the sample sizes used, the conceptualization and operationalization of recidivism, and the major findings of the studies. This section concludes by highlighting the strengths and limitations of the two evaluations, and provides recommendations on how future evaluations of the D.I.R.E.C.T. program could be enhanced.

Bavon (2001) facilitated the first known evaluation on the effectiveness of the D.I.R.E.C.T. program. The purpose of the program evaluation was to examine the impact that the drug court has on criminal recidivism. Using a quasi-experimental design, Bavon (2001) compared outcomes related to criminal recidivism of 157 drug court participants to 107 similarly situated substance-abusing defendants who did not participate in the drug court. Data for the program evaluation was collected from three sources. First, the D.I.R.E.C.T. Project Closure List provided data on the research participants' identification number, case number, date of birth, admission and closure dates, and status in the program. Second, demographic and socio-economic data was obtained from the research participants' files. Third, the Criminal Justice Crime Information System (CJCIS) was used to collect data related to criminal recidivism. Recidivism was measured by determining whether an arrest was recorded in the CJCIS within the 1 year follow-up period.

Bavon (2001) found that for the entire research sample, 38 of the 264 (14.4%) participants were arrested and charged with a crime within the 1 year follow-up period. The recidivism rate for D.I.R.E.C.T. participants was 12.7% (n=20), and the recidivism rate for the comparison group was 16.8% (n=18); the difference in recidivism rate for the two groups was not statistically significant (Bavon, 2001). The average number of months between last contact with the D.I.R.E.C.T. program and a new criminal arrest was 5.3 months for D.I.R.E.C.T. participants and 8.2 months for the comparison group, suggesting that D.I.R.E.C.T. participants were more likely to recidivate quicker than the comparison group (Bavon, 2001). A final notable finding from the program evaluation was that D.I.R.E.C.T. program participants that graduated the program (n=72) were less likely to recidivate, as compared to D.I.R.E.C.T. program

dropouts (n=85). Of the 20 D.I.R.E.C.T. program participants that recidivated after last contact with the program, 2 (10.0%) were program graduates and 18 (90.0%) were program dropouts (Bavon, 2001).

The most recent evaluation on the effectiveness of the D.I.R.E.C.T. program was facilitated by Hoefer and Woody (2009). The purpose of the program evaluation was to gather data on staff members views of the program, examine the impact that demographic variables have on drug court graduation and recidivism rates, and complete a cost analysis of the program. Using a focus group methodology, Hoefer and Woody (2009) facilitated a 2-hour focus group with D.I.R.E.C.T. staff members to gather data on their views of the program and areas of possible improvement. Findings from the qualitative data suggest that the staff members viewed the program as an effective resource for criminal defendants with histories of substance abuse. Staff members felt that the drug testing requirement, the structure of the program, and a supportive judge contribute towards the program's success. Additionally, staff members felt that having a random drug testing system, utilizing a more clinical approach in managing participants, and eliminating the "one-size fits all" model would improve the program. In regards to the "one-size fits all" model, staff members felt that participants should be offered more options of support groups to attend than just Alcoholics Anonymous (AA) or Narcotics Anonymous (NA) meetings (Hoefer & Woody, 2009).

Using a quasi-experimental design with no comparison group, Hoefer and Woody (2009) analyzed data collected from the charts of 533 D.I.R.E.C.T. participants. Additionally, from the total sample of 533, 100 charts were randomly selected for further analysis with logistic regression. Quantitative data for the program evaluation was collected from three sources. First, the PC Drug Court Database, which is a computerized client file, provided data related to participants' demographics, admission and closure dates, and status in the program. Second, the Criminal Justice Information Display System, known as the Tarrant County Main Frame, provided data related to recidivism. Recidivism was measured by determining whether an

arrest was recorded in the Tarrant County Main Frame within 5-years of a participants last contact with the D.I.R.E.C.T. program. Third, data for the cost analysis was provided by a D.I.R.E.C.T. program administrator.

There are several notable findings from the Hoefer and Woody (2009) evaluation of the D.I.R.E.C.T. program. The total sample of 533 did vary slightly on some variables due to missing data. First, the findings suggest that the D.I.R.E.C.T. program is effective at having participants graduate the program and not recidivate following graduation, as 63% (330 of 520) of the participants graduated from the program and 88% (289 of the 330) of the graduates did not recidivate (Hoefer & Woody, 2009). Second, African American participants were less likely to graduate the program than Caucasian and Hispanic participants. Of the sample of 533, 68% of Caucasian participants and 69% of Hispanic participants graduated the program, whereas the graduation rate for African American participants was only 33% (Hoefer & Woody, 2009). Third, the program was most effective, in regards to graduation, for participants that were educated beyond high school, and participants that were employed were less likely to recidivate following graduation (Hoefer & Woody, 2009). Last, the cost analysis of the D.I.R.E.C.T. program revealed that, in 2006, the cost per participant was \$2,238 and per graduate was \$3,304, which is clearly more efficient than incarceration (Hoefer & Woody, 2009).

In conclusion, the previous evaluations that have been completed on the D.I.R.E.C.T. program have provided mixed results. Bavon (2001) found no statistically significant difference in recidivism rates among drug court and comparison group participants. And, although Hoefer and Woody (2009) found that 88% of D.I.R.E.C.T. program graduates did not recidivate within the follow-up period, a major limitation of the Hoefer and Woody study is that a comparison group was not used. A strength of the Bavon (2001) study was that a comparison group was used. It is recommended that future evaluations of the D.I.R.E.C.T. program use a comparison group, especially when studying recidivism, as this method can provide some control to the threats to external and internal validity.

A limitation of both studies is the way in which recidivism was measured. Bavon (2001) and Hoefler and Woody (2009) used the Criminal Justice Crime Information System (CJCIS), also known as the Tarrant County Main Frame, to assess whether a research participant recidivated. The limitation of the CJCIS is that data from this database only includes arrests in Tarrant County, Texas; therefore, an arrest outside of Tarrant County, Texas would not be included in the total number of recidivist. It is recommended that future evaluations of the D.I.R.E.C.T. program measure recidivism by collecting data from the Texas Crime Information Center (TCIC) and National Crime Information Center (NCIC). Reports provided by the TCIC and the NCIC provide more accurate data on recidivism, as the TCIC and NCIC reports indicate whether an individual has been rearrested throughout the United States, not just Tarrant County, Texas.

The use of qualitative research methods was used only in the Hoefler and Woody (2009) study. While the qualitative data gathered in the study provided an understanding of the D.I.R.E.C.T. program from the staff members' perspective, Hoefler and Woody (2009) did not gather qualitative data from the participants. It is recommended that future evaluations of the D.I.R.E.C.T. program gather qualitative data from the participants, as the data can offer an in-depth understanding of the program from the individuals who are receiving the services.

2.8 Discussion

The goal of the systematic review of the drug court literature was to develop a better understanding of the effectiveness of drug courts. Overall, the findings suggest that drug courts are effective at reducing criminal recidivism. Drug courts, however, do not appear to be equally as effective across the various racial groups it serves. Drug of choice and the quality of substance abuse treatment offered to drug court participants appears to impact drug court outcomes. Included in this section of the chapter are recommendations are offered on how the use of qualitative research methods can contribute to the current body of drug court literature,

and how the benefits of qualitative research can assist in developing an in-depth understanding of the factors that contribute towards racial disparities in drug court outcomes.

In regards to criminal recidivism, there is evidence to suggest that drug courts are more effective at reducing criminal recidivism than other criminal justice programs like probation. Of the 12 studies that measured criminal recidivism with a comparison group, 10 (83.33%) of the studies found that the drug court participants had a lower recidivism rate than the comparison group. Additionally, of the 2 studies that used an experimental research design with a comparison group, both also found a lower likelihood of criminal recidivism with drug court participants. The variables most associated with a lower recidivism rate for drug court participants were graduation, being employed, having at least a high school education, and being older. Interestingly, of the 5 studies that evaluated the impact that mental health symptoms have on drug court outcomes, 3 (60.00%) found that drug court participants who reported mental health symptoms had better outcomes than participants that did not report mental health symptoms. Drug court participants with mental health symptoms may be offered more services than those who present without symptoms, and this may be a factor that increases the likelihood of their success in drug court.

The race of drug court participants was found to be a significant predictor of being successful in a drug court program. The evidence has suggested that minority drug court participants have a lower graduation rate and higher recidivism rate than Caucasian drug court participants. Of the 10 studies that reported findings on race, 8 (80.00%) found that Caucasian drug court participants were more likely than minority participants, including Hispanics and African Americans, to graduate and not recidivate. One (10.00%) study found no racial differences in drug court outcomes, and only one study (10.00%) found that African American participants were more likely to graduate drug court than Caucasian participants. The findings from this systematic review of the literature have shown that factors such as minority drug court participants being more likely to identify cocaine as their drug of choice, and participants not

always receiving evidenced-based treatments may contribute towards the racial disparities in drug court outcomes. However, only further research into these variables will strengthen the evidence of their impact on drug court outcomes.

The racial disparities in drug court outcomes have become an increasing area of interest for many involved in the criminal justice system. The National Association of Drug Court Professionals (NADCP) Board of Directors (2010), for example, recently released a statement titled, *The Equivalent Treatment of Racial and Ethnic Minority Participants in Drug Courts*. In this statement, the NADCP Board of Directors acknowledged the evidence that suggests racial disparities in drug court outcomes, and provided two recommendations on how to reduce these disparities. First, it was recommended that all drug courts collect reliable and valid data on their programs to see if racial disparities exist in outcomes; these evaluations are to be completed in an ongoing manner. Second, all drug courts have an obligation to reduce the presence of racial disparities in outcomes by providing evidence-based, culturally competent services. The racial disparities in drug court outcomes are clearly a concern, especially when minority populations have historically been overrepresented in the traditional criminal justice model. Recent data has suggested that the jail and prison population is made-up of 38.00% African American and 19.00% Latino (as cited in The Sentencing Project, 2008, p. 2). These findings represent a disparity within the jail and prison population because African Americans make-up only 13.00% of the general population, and Latinos constitute only 15.00% of the general population (as cited in The Sentencing Project, 2008, p. 2).

Expanding the body of research related to drug courts can be useful in developing a better understanding as to why racial disparities exist in drug court outcomes. It is recommended that future research incorporate qualitative research methods into the evaluations of drug courts. The benefits of qualitative research are not fully seen in the drug court literature; out of the 26 articles selected for the systematic review, only 4 (15.38%) used a qualitative research design. According to Padgett (2008), the collection of qualitative data is an

important part of a program evaluation for several reasons. First, a large amount of data can be collected in a short amount of time. Second, qualitative data can often provide a comprehensive response to a single topic or research question. Third, methods such as interviews and focus groups give the participants a “voice” about the services they are receiving, which can offer participants a sense of empowerment and respect. Fourth, qualitative data can provide a more in-depth view of the program from the participants’ perspective which is valuable when studying sensitive topics such as race. Last, qualitative data can be used to answer the unanswered questions that arise from quantitative findings.

At this point in the drug court literature, the quantitative findings have demonstrated racial disparities in drug court outcomes, and the future use of qualitative methods can assist in learning why this disparity exists. Gathering qualitative data from drug court participants and staff on their views as to why racial disparities exist in drug court outcomes would add to the existing body of literature. Although this may be a difficult population to sample, it would also be helpful to gather qualitative data from participants who were terminated from drug court and participants that recidivated to learn their views on the factors that contributed to their termination or rearrest.

2.9 Summary

The knowledge learned from the systematic review of the drug court literature may be helpful to criminal justice practitioners and policymakers who are considering beginning or enhancing a drug court program, as well as researcher who evaluate the effectiveness of these programs. Chapter 2 explored many variables that influence drug court outcomes, and dedicated much attention to the issue of race, which seems to have a significant influence on drug court graduation and recidivism rates. An increase in the use of qualitative methods to evaluate drug courts is recommended, as this shift in research methods can provide an in-depth evaluation of drug courts from the participants’ perspective. Drug courts have become an

important part of the criminal justice system and further research will only enhance the success that these programs have already demonstrated.

CHAPTER 3
THEORY AND CONCEPTUAL FRAMEWORK

3.1 Introduction

Included in Chapter 3 is a discussion on three theories that guide the conceptual framework of drug courts. The assumptions of social control theory are presented, and examples are provided on how this theory is used to explain why people engage in criminal behaviors, such as illicit drug use. Next, the theoretical underpinnings of the transtheoretical model are discussed, and examples are provided on how the model has been used to explain why people discontinue drug use. The final theory, the theory of therapeutic jurisprudence, is defined, and examples are provided on how the theory has been used to explain why drug courts are effective. The chapter concludes with a discussion on the relationship between the theoretical underpinnings of drug courts and social work values, and the presentation of the D.I.R.E.C.T. program logic model.

3.2 Social Control Theory

This section of the chapter conceptualizes social control theory, and offers examples of how the D.I.R.E.C.T. program seems to operate under the assumptions of the theory. Social control theory assumes that strong social bonds are protective factors against criminal behavior, such as illicit drug and alcohol use. Conversely, individuals who have weak social bonds are at higher risk of engaging in criminal behavior. According to Hirschi (1969), both individuals with strong and weak social bonds have similar desires to engage in criminal behavior; however, those with strong social bonds are better able to resist the impulses. There are four concepts that underpin social control theory: 1) attachment; 2) commitment; 3) involvement; and 4) belief.

First, attachment suggests that an individual is less likely to engage in criminal behavior if they have a strong relationship with family, friends, and community institutions (Hirschi, 1969). The D.I.R.E.C.T. program attempts to strengthen family relationships by encouraging

participants to have their family members involved in the program. Families are invited to attend case management sessions and drug court hearings; during these activities family members can potentially learn about substance abuse and recovery which may benefit the participant. Although persons with strong family, friend, and community bonds may still use drugs and alcohol while in the drug court program, social control theory would suggest that these individuals are more likely to consider the impact that their drug use would have on the quality of these relationships.

Second, commitment refers to the level of involvement an individual has with social activities and institutions (Hirschi, 1969). Individuals who are involved in education and employment, for example, are assumed to be less likely to deviate from social norms because engagement in criminal activity may interrupt their career goals. Substance abuse often has a negative impact on the employment and educational histories of drug court participants. The D.I.R.E.C.T. program requires its participants to be employed or actively seeking employment while in the program. Additionally, those participants without a high school diploma or G.E.D. are required to obtain this education prior to graduation from the program. The assumption underlying these requirements is that beginning or reestablishing employment and education may shift a participants' motivation from using drugs and alcohol to the pursuit of a career.

Third, involvement is related to the amount of time an individual participates in prosocial behaviors, such as employment, education, parenting, and religious activities; as the amount of time involved in prosocial behaviors increases, the risk of engaging in criminal behavior decreases (Hirschi, 1969). D.I.R.E.C.T. participants are required to complete numerous activities, such as attending substance abuse education and counseling, attend Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) meetings, obtain and maintain employment, pursue education, attend drug court hearings, and report for drug tests. Having participants attend many interventions promotes the social control concept of involvement, simply because an individual who spends more time involved in prosocial activities has less idle time to engage

in drug use. A noticeable example of the social control concept of involvement present in the D.I.R.E.C.T. program is the program's curfew requirement. Participants are required to be at their residence as early as 10:00 pm every night. The goal of this requirement is to minimize the opportunity for participants to be in environments that are assumed to promote drug and alcohol use at night, such as bars.

Fourth, belief is associated with the cognitive process an individual goes through in accepting and complying with societal norms and laws (Hirschi, 1969). If an individual has internalized that illicit drug use is not conducive to the law and their values, he or she is more likely to maintain abstinence. The drug court model acknowledges that it may take some time for many participants to establish strong social bonds, and even longer to accept a lifestyle that does not involve illicit drug and alcohol use. In the D.I.R.E.C.T. program, for example, it is uncommon for participants to be terminated from the program for drug use. If a participant does use drugs, he or she is referred to substance abuse treatment rather than being terminated. Referrals to substance abuse treatment are consistent with the concept of belief, as engagement in treatment may assist participants in developing a cognitive motivation to eliminate illicit drug use from their lives.

3.3 Transtheoretical Model

This section of the chapter discusses the theoretical underpinnings of the transtheoretical model and provides examples on how the model has been used to explain why people discontinue drug use. The transtheoretical model identifies that recovery from substance abuse is often a process, and the primary factor that contributes towards an individual discontinuing drug use is an intrinsic motivation to change. The model is defined by five "stages of change" that provide an observable and measurable way to assess where an individual is at in the process of discontinuing substance abuse. The five "stages of change" are: 1) precontemplation; 2) contemplation; 3) preparation; 4) action; and 5) maintenance (Center for Substance Abuse Treatment, 1999).

First, during the precontemplation stage of change, an individual is not aware that a problem exists with substance abuse, and, consequently, the individual has no intention of changing their behaviors (Center for Substance Abuse Treatment, 1999). Second, during the contemplation stage of change, an individual continues to use drugs; however, he or she may experience negative consequences related to substance abuse, such as a criminal arrest or health issues, which leads to him or her reevaluating their drug use and considering change (Center for Substance Abuse Treatment, 1999). Third, during the preparation stage, an individual's desire to discontinue drug use is stronger than their desire to continue using drugs; at this point, an individual makes plans to support abstinence from drugs, such as considering attending substance abuse treatment (Center for Substance Abuse Treatment, 1999). Fourth, during the action stage of change, an individual is making lifestyle changes that support ongoing abstinence from drugs, such as attending support groups and developing healthy support systems (Center for Substance Abuse Treatment, 1999). Fifth, during the maintenance stage of change, an individual is actively using coping skills to manage situations that may lead them back to drug use; this stage requires prolonged use of coping skills and other behavioral changes (Center for Substance Abuse Treatment, 1999).

In a study that was guided by the transtheoretical model, Duvall, Oser, and Leukefeld (2008) measured the relationship between readiness to change and drug-related behaviors, including marijuana use, possession of drugs and drug paraphernalia, and driving under the influence of drugs or alcohol. The research sample consisted of 776 individuals who were on probation in rural areas of Kentucky. The findings supported the underpinnings of the transtheoretical model, as increases in readiness for change resulted in a significant reduction in drug-related behaviors. Specifically, higher levels of readiness for change showed a significant decrease in the number of days of marijuana use, fewer days possessing drugs and drug paraphernalia, and fewer instances of driving under the influence of drugs or alcohol (Duvall et al., 2008).

In their longitudinal study, Brocato and Wagner (2008) also found evidence that higher levels of readiness to change resulted in better outcomes for individuals with histories of substance abuse. The research sample consisted of 141 nonviolent, criminal offenders who were on felony probation and mandated to complete an inpatient substance abuse treatment program. Brocato and Wagner (2008) found that research participants who had higher levels of motivation to change were more likely to remain in treatment longer, identify themselves as having a drug problem, and had greater levels of therapeutic alliance.

The transtheoretical model is guided by interventions that seem to parallel interventions offered by drug courts. The transtheoretical model, for example, suggests that an empathetic, nonconfrontational therapeutic relationship is most effective at enhancing a client's motivation to change (Center for Substance Abuse Treatment, 1999). Similarly, a key component of drug courts is the use of a nonadversarial approach when dealing with a client's compliance and noncompliance with the program. Even when a violation occurs in drug courts, a sanction is offered in a therapeutic manner, as compared to a punitive approach.

Another approach that is common in both the transtheoretical and drug court models is the assumption that change is more likely to occur when interventions focus on clients' strengths, rather than their limitations (Center for Substance Abuse Treatment, 1999). Drug courts focus on participants' strengths by offering incentives. Incentives are designed to acknowledge the progress that a participant has made, and encourage continue compliance with the program. Common incentives offered by the D.I.R.E.C.T. program include, reduced length of the program, early dismissal from drug court sessions, and accolades from the drug court Judge and team.

Last, both the transtheoretical and drug court models discourage the labeling of participants (Center for Substance Abuse Treatment, 1999). It is suggested by the transtheoretical model that labeling individuals as "addicts" or "alcoholics" can stigmatize a client, which may decrease their motivation for change. The D.I.R.E.C.T. program tries to

reduce the labeling of participants by not referring to them by their criminal case number or other court-related identifier. Rather, during the drug court sessions, the Judge and Program Manager refer to each participant by name.

3.4 Theory of Therapeutic Jurisprudence

This section of the chapter defines the theory of therapeutic jurisprudence and provides examples on how the theory has been used to explain the conceptual framework of drug courts. The drug court model appears to operate under the assumptions of a modern theory of criminal justice called therapeutic jurisprudence. The theory of therapeutic jurisprudence promotes the use of rehabilitative services, such as substance abuse counseling, and acknowledges that criminal justice professionals play a key role in the behavioral changes that an individual experiences. The theory of therapeutic jurisprudence “proposes the exploration of ways in which, consistent with principles of justice, the knowledge, theories, and insights of the mental health and related disciplines can help shape the law” (as cited in Rottman & Casey, 1999, p. 14). This theory has also been defined as the “role of the law as a therapeutic agent” and the “social scientific study of the law’s effects on people’s psychological and physical well-being” (as cited in Lurigio, 2008, p. 14).

Therapeutic jurisprudence was first introduced in 1987 by Professor David Wexler, University of Arizona Rogers College of Law and University of Puerto Rico School of Law, and Professor Bruce Winick, University of Miami School of Law, in their paper delivered to the National Institute of Mental Health. In the paper, Professor Wexler and Professor Winick introduced the term therapeutic jurisprudence in an attempt to shift the ideology of the criminal justice system from a punitive approach to a therapeutic process. The theory of therapeutic jurisprudence considers the impact that the legal process has on the individual, whereas, a punitive approach to criminal justice is primarily concerned with protecting the public and punishing the individual. Specifically, Wexler and Winick (2008) discussed that therapeutic jurisprudence is a technique that is used to assess how the law is applied to individuals, and

whether the application of the law has positive or negative consequences for the individuals. Furthermore, therapeutic jurisprudence is guided by social science research, and the goal of the research is to evaluate the impact that the application of law has on an individual's psychological functioning and emotional wellbeing (Wexler & Winick, 2008). Viewing the criminal justice process through a therapeutic jurisprudence "lens" is clearly a shift in ideology from the traditional punitive approach to criminal justice.

An audio transcript of a radio interview with Professor David Wexler and Assistant Professor Ida Dickie, Spalding University, provides additional description of the theory of therapeutic jurisprudence. The interviewer was Julie Kredens who is the host of *State of Affairs* on WFPL News 89.3 FM. Throughout the radio interview, a number of major thoughts were consistently expressed by Wexler and Dickie as they explained therapeutic jurisprudence. Therapeutic jurisprudence was described as a perception that therapeutic elements can be incorporated into the three main areas of law, which include laws and statutes, legal proceedings, and the role of legal actors (Kredens, Wexler, & Dickie, 2010). Therapeutic jurisprudence is a multidisciplinary term that applies to the many professions that are involved in the criminal justice system, such as attorneys, psychologists, psychiatrists, and social workers (Kredens et al., 2010). Each discipline has a specific role within the criminal justice system and the implementation of each role will result in either a positive or negative consequence for the individual receiving a service (Kredens et al., 2010). Wexler and Dickie provide an example of how therapeutic jurisprudence can be incorporated into the process of a Judge ordering a criminal offender to probation. Rather than simply ordering a criminal offender to probation, Wexler and Dickie suggest that it would benefit the criminal offender for the Judge to provide a rationale as to why probation was ordered and include in the rationale the potential benefits that the criminal offender may receive by participating in probation (Kredens et al., 2010). Last, behaviors such as making eye contact with a criminal offender, knowing and pronouncing a criminal offenders name correctly, and treating a criminal offender as a person as compared to

a case number are basic elements of therapeutic jurisprudence (Kredens et al., 2010). These elements of therapeutic jurisprudence can be incorporated into every aspect of the criminal justice system.

A majority of the literature related to the theory of therapeutic jurisprudence has been published in law libraries. However, the theory has recently gained the attention of researchers in other disciplines which has resulted in the application of the theory to a variety of social science topics, including drug courts. Senjo and Leip (2001) utilized the theory of therapeutic jurisprudence to assess the processes of a drug court in Broward County, Florida. The drug court processes assessed included court monitoring, substance abuse treatment, and court procedures. The results from the study were promising. Senjo and Leip (2001) found that when court monitoring is provided in a supportive manner, drug court participants experienced positive increases in behavioral change. Oppositely, it was found that when drug court participants were exposed to an adversarial approach to court monitoring, positive increases in behavioral change were significantly less likely to occur (Senjo & Leip, 2001).

There are three main components of the drug court model that evidence its association with the theory of therapeutic jurisprudence. First, the drug court model emphasizes the importance of utilizing a multidisciplinary judicial team in the treatment of criminal offenders with a history of substance abuse. Depending on the availability within each drug court, the multidisciplinary judicial team can consist of various professionals that can offer services that enhance the psychological functioning and emotional wellbeing of the participants. The theory of therapeutic jurisprudence also encourages the use of a multidisciplinary judicial team, with the understanding that each team member is an important actor in how legal rules and procedures are exposed to individuals.

Second, a key component of the drug court model is that interventions and legal procedures be offered to the participants in a nonadversarial manner. Even when a violation occurs, drug court participants are required to complete a sanction that is designed to prevent

the noncompliant behavior from occurring again. Common sanctions offered in the drug court model are brief periods of incarceration, community service, writing an essay on a topic related to the violation, or increases in reporting and drug testing. It is also important to mention that drug court participants are offered graduated sanctions, which means that the least invasive sanctions are offered first. The goal of graduated sanctions is to make incarceration a last option. As mentioned previously, the theory of therapeutic jurisprudence is focused on rehabilitating a criminal offender as compared to punishment. Even when a sanction occurs in drug court, the goal of the sanction is to provide an intervention that will rehabilitate a noncompliant behavior.

Last, the third component of the drug court model that evidences the underpinnings of the theory of therapeutic jurisprudence is related to the overall goal of the model which is to reduce recidivism. The theory of therapeutic jurisprudence and the drug court model were introduced around the same time. The theory of therapeutic jurisprudence was first used in 1987 and drug courts began in 1989. During this time period, the United States was experiencing a significant increase in criminal offenses related to substance abuse, and a high rate of recidivism was noted with this population. In order to reduce the rate of recidivism with this criminal population, drug courts began in an effort to use the criminal justice system as a way to identify and treat individuals with substance abuse problems. It is suspected that the drug court model would not have been accepted into the criminal justice system if the theory of therapeutic jurisprudence was not introduced a few years earlier. The theory of therapeutic jurisprudence set the conceptual framework for drug courts and provided a theoretical approach to reducing recidivism.

3.5 Social Work Values

This section of the chapter discusses the relationship between the theoretical underpinning of drug courts and social work values. The D.I.R.E.C.T. program operates under the assumptions of social control theory, the transtheoretical model, and the theory of

therapeutic jurisprudence. Within these theories, there appears to be evidence of the social work values of *Dignity and Worth of the Person*, *Importance of Human Relationships*, and *Service*.

First, the social work value of *Dignity and Worth of the Person* emphasizes that “social workers treat each person in a caring and respectful fashion, mindful of individual differences and cultural and ethnic diversity” (National Association of Social Workers [NASW], 2008, Ethical Principles, para. 4). Similar to this social work value, the transtheoretical model and the theory of therapeutic jurisprudence encourage the use of a respectful, nonadversarial approach in the treatment of substance abuse. Both theories assume that participants are most likely to succeed in drug court if they are provided with an environment where their strengths are acknowledged and utilized. Furthermore, both theories promote care and respect by discouraging the labeling of participants and encouraging participants to be known on an individual basis. Being mindful of the individual differences, including cultural and ethnic diversity, of drug court participants is evident in the theory of therapeutic jurisprudence. The theory of therapeutic jurisprudence acknowledges that drug court participants come from a variety of backgrounds and the use of a multidisciplinary judicial team is an effective approach to assuring that participants individualized needs are being met.

Second, the social work value of *Importance of Human Relationships* emphasizes that “social workers understand that relationships between and among people are an important vehicle for change” (NASW, 2008, Ethical Principles, para. 5). Social control theory and the theory of therapeutic jurisprudence have several similarities with the value of *Importance of Human Relationships*. Within social control theory, for example, individuals are encouraged to develop positive relationships with family, friends, and community institutions because these relationships can be a protective factor against criminal behavior. The theory of therapeutic jurisprudence acknowledges that the quality of the relationship between participants and the drug court team plays a key role in promoting behavioral change. The relationship among

participants and the drug court team can have a positive or negative impact on behavior. When a drug court Judge, for example, is viewed by participants as supportive and encouraging, it is assumed that participants will have positive outcomes.

Last, the drug court model appears to be consistent with key social work values. Similar to the social work values of *Dignity and Worth of the Person* and *Importance of Human Relationships*, key components of drug courts include respecting the diversity of participants and providing participants with the opportunity to develop positive relationships with others. The social work value of *Service*, perhaps, most clearly describes the association with social work and drug courts. The value of *Service* emphasizes that “social workers’ primary goal is to help people in need and to address social problems” (NASW, 2008, Ethical Principles, para. 2). Drug courts primary goal is to reduce the recidivism rate for arrestees who have a history of substance abuse. This goal is achieved by providing a variety of interventions in an empathic, rehabilitative manner. Drug courts approach to reducing recidivism is clearly compatible with social works mission, values, and ethics. Furthermore, the association between drug courts and social work values indicate that there is a role for social workers within these programs, especially social workers who want to practice in the areas of criminal justice and substance abuse.

3.6 D.I.R.E.C.T. Program Logic Model

This section of the chapter presents the logic model of the D.I.R.E.C.T. program. The logic model visualizes the conceptual framework of the D.I.R.E.C.T. program, and shows how social control theory, the transtheoretical model, and the theory of therapeutic jurisprudence guide the outputs and expected outcomes of the program. For example, the short-term outcomes are focused on the cognitive and social development of participants. These outcomes are consistent with social control theory and the transtheoretical model, as participants are more likely to make behavioral changes, such as reducing drug and alcohol use, if they first develop strong social bonds and have higher levels of motivation to change.

Evidence of the theory of therapeutic jurisprudence is primarily seen in the outputs of the logic model. All of the outputs are designed in a rehabilitative manner, as compared to a punitive approach, with the goal that participants will receive treatment for their substance abuse and therefore not recidivate. The D.I.R.E.C.T. program logic model is presented in Figure 3.1. Within the logic model, the theories that underpin the outputs and expected outcomes of the D.I.R.E.C.T. program are noted by an abbreviation of the theory. The abbreviations are: 1) [SCT] for social control theory; 2) [TM] for the transtheoretical model; and 3) [TTJ] for the theory of therapeutic jurisprudence.

Problem Statement: The criminal recidivism rate for arrestees who have a history of substance abuse is too high.

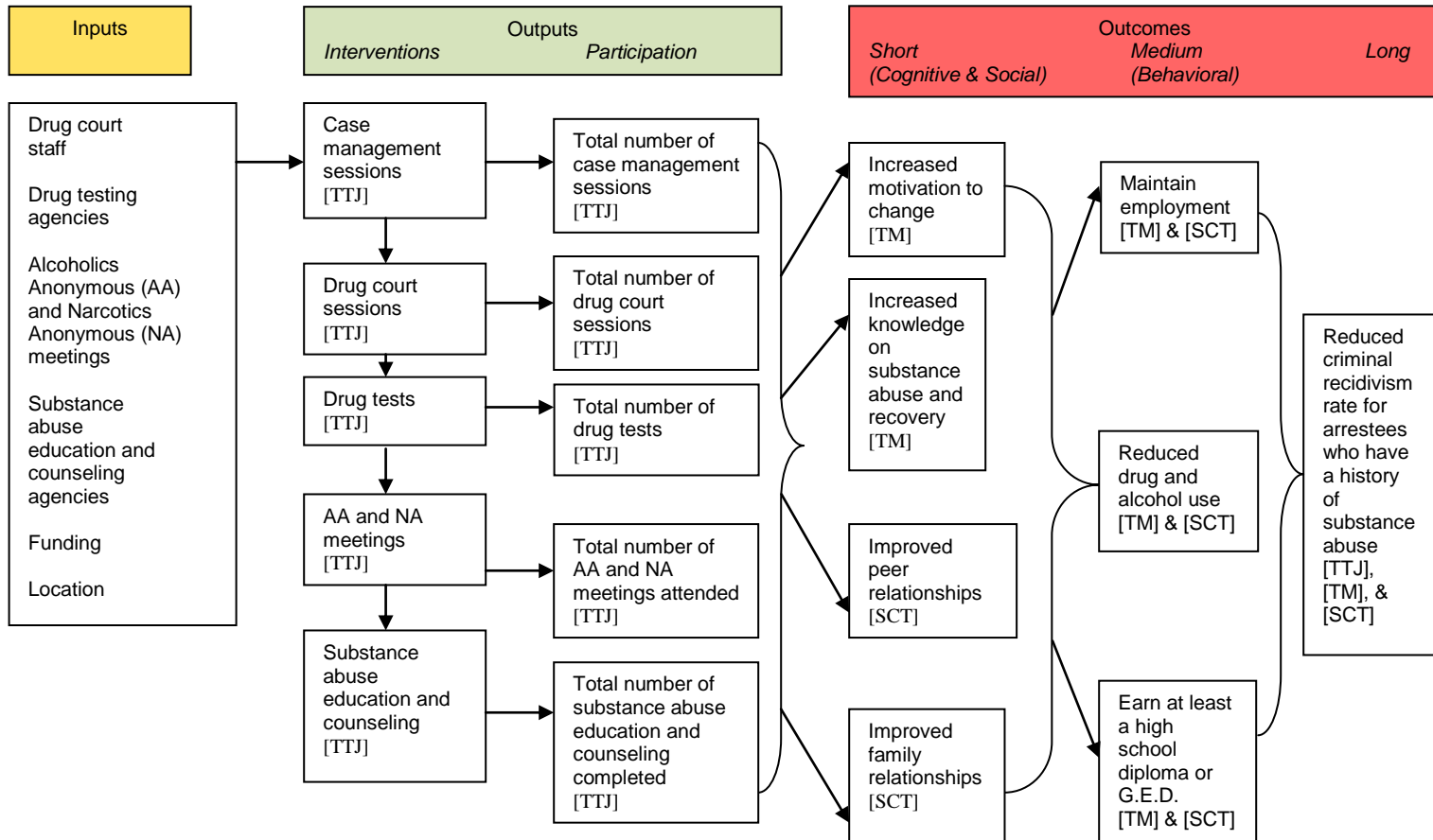


Figure 3.1 D.I.R.E.C.T. Program Logic Model

3.7 Summary

Drug courts appear to operate under the assumptions of social control theory, the transtheoretical model, and the theory of therapeutic jurisprudence. In order for drug courts to accomplish their long-term goal of reducing criminal recidivism, social control theory and the transtheoretical model suggest that drug courts offer interventions that strengthen social bonds and enhance participants' motivation to change. The theory of therapeutic jurisprudence asserts that drug courts can be a valuable resource to criminal offenders who have a history of substance abuse. Furthermore, the underpinnings of the theory of therapeutic jurisprudence assume that a nonadversarial, rehabilitative approach to the treatment of substance abuse is more effective than the traditional, punitive model of criminal justice. Last, all three theories seem to have characteristics that parallel the social work values of *Dignity and Worth of the Person*, *Importance of Human Relationships*, and *Service*.

CHAPTER 4
METHODOLOGY

4.1 Introduction

Chapter 4 provides an overview of the D.I.R.E.C.T. program, including a brief history of the Texas state law that mandates certain counties to have drug courts, the program's mission statement, criteria for participation, and a discussion on the various interventions offered by the program. Additionally, the chapter presents the research design, research questions, methods used to collect and analyze the quantitative and qualitative data, and the limitations of the study.

4.2 What is the D.I.R.E.C.T. Program?

The success of drug courts is recognized by policy makers, and states are beginning to mandate drug courts throughout their counties. Texas, for example, has established law since 2001 that requires certain counties to develop drug courts. This law, which was first passed as House Bill 1287, initially mandated that the Commissioners Court of a county with a population of more than 550,000 shall establish a drug court program (Texas State Legislature, 2001). In 2007, House Bill 530 amended the initial legislation by changing the population requirement to develop a drug court from 550,000 to 200,000 (Texas State Legislature, 2007). According to the Office of Court Administration (2009), 53 (20.87%) of the 254 Texas counties currently have a drug court program or are in the planning stages of beginning one. Of the 53 Texas counties that have a drug court program, 22 (41.51%) are required by law to have a drug court program because their population is greater than 200,000. The D.I.R.E.C.T. program is one of the drug courts that are required to exist as a result of House Bill 530.

The D.I.R.E.C.T. program has been operating since 1994. The Commissioners Court of Tarrant County, Texas approved the creation of the drug court as a way to provide an alternative to incarceration for nonviolent, criminal offenders who have a history of substance

abuse. The mission of the drug court is, "To impact the drug offender's cycle of substance abuse and criminal behavior by providing a comprehensive program that provides a continuum of treatment, rehabilitative programs, and sanctions in a manner that will induce a substance free lifestyle and reduce recidivism".

The D.I.R.E.C.T. program provides services to males and females, 17 years of age and older, who have been arrested for a criminal offense that is related to substance abuse. The most common criminal offense transferred into the drug court is possession of a controlled substance. To a lesser extent, the drug court also accepts criminal cases related to theft and fraud when there is evidence that the criminal violation was associated with substance abuse. The specific criteria for participation in the drug court are noted in Table 4.1.

Table 4.1 D.I.R.E.C.T. Program Criteria for Participation

Person arrested for, charged with, or convicted of:

- 1) An offense in which an element of the offense is the use or possession of a controlled substance, delivery of controlled substances of less than ten grams, use or possession of controlled substance analogue or use or possession of marijuana under one pound.
- 2) An offense in which the use of alcohol or controlled substance is suspected to have significantly contributed to the commission of the offense if:
 - The offense did not involve carrying, possession, or using a firearm or other dangerous weapon; or
 - The offense did not involve the use of force against the person of another; or
 - The offense did not involve the death of, or serious bodily injury to, any person.
- 3) The state is not seeking a dispositional departure from a typical sentence for the case involved, and there are no circumstances indicating to the District Attorney's Office that the defendant will be unable to succeed in the D.I.R.E.C.T. Program.
- 4) The defendant has no holds from other jurisdictions (defendant may petition for review if the hold is later resolved) and is otherwise eligible for personal bond release and, therefore, is available for treatment.
- 5) The defendant has no other felony crimes pending or involved in the same criminal episode under consideration for any of the following offenses:
 - Offenses under Chapter 19, PC. (excluding Section 19.05, PC.)
 - Offenses under Chapter 20, PC.
 - Offenses under Chapter 21, PC.
 - Offenses under Chapter 29, PC.
 - Offenses listed in Article 42.12, Section 3g, Code of Criminal Procedure.
- 6) The defendant has no prior felony convictions or probated sentences for any of the offenses listed above.

The majority of participants are on pretrial release, which is a criminal justice program that allows participants to reside in the community while their pending criminal case(s) is being processed. Once a participant graduates from the D.I.R.E.C.T. program, his or her criminal case(s) is dismissed. On rare occasions, participants on probation are admitted to the drug court and upon the successful completion of the program their length of probation may be reduced. The length of the program varies based on whether the criminal offense is a misdemeanor or felony and a participant's progress on meeting his or her individualized goals. The length of the misdemeanor program ranges from 6 to 24 months and consists of three phases, and the length of the felony program ranges from 11 to 24 months and consists of four phases. The specific requirements of participants in the misdemeanor program are noted in Table 4.2, and the specific requirements of participants in the felony program are noted in Table 4.3.

Table 4.2 D.I.R.E.C.T. Program 6-Month Misdemeanor Program

Phase 1	<ul style="list-style-type: none"> • Report and complete drug screen 2 times each week • Report for random drug screen as directed • Attend Court 2 times each month • Attend 12-step meetings 3 times each week • Complete a Drug/Alcohol Education class or equivalent • Provide phone bill verification • Participant must have clean drug screens for 2 consecutive months before progressing to the next phase
Phase 2	<ul style="list-style-type: none"> • Report and complete drug screen 2 times each week • Report for random drug screen as directed • Attend Court 2 times each month • Attend 12-step meetings 2 times each week • Maintain stable housing, education and/or employment • Participant must have clean drug screens for 2 consecutive months before progressing to the next phase
Phase 3	<ul style="list-style-type: none"> • Report and complete drug screen 2 times each week • Report for random drug screen as directed • Attend Court 2 times each month • Attend 12-step meetings 1 time each week • Complete Intensive Relapse Prevention classes or equivalent • Obtain and/or provide proof of High School Graduation or GED • Participant must have clean drug screens for 2 consecutive months before completing the program • Participant must pass a drug hair test before completing the program

Table 4.3 D.I.R.E.C.T. Program 12-Month Felony Program

Phase 1	<ul style="list-style-type: none"> • Report and complete drug screen 2 times each week • Report for random drug screen as directed • Attend Court 2 times each month • Attend 12-step meetings 3 times each week • Complete a Drug/Alcohol Education class or equivalent • Provide phone bill verification • Participant must have clean drug screens for 3 consecutive months before progressing to the next phase
Phase 2	<ul style="list-style-type: none"> • Report and complete drug screen 2 times each week • Report for random drug screen as directed • Attend Court 2 times each month • Attend 12-step meetings 2 times each week • Participant must have clean drug screens for 3 consecutive months before progressing to the next phase • Participant must pass a drug hair test before progressing to the next phase
Phase 3	<ul style="list-style-type: none"> • Report and complete drug screen 2 times each week • Report for random drug screen as directed • Attend Court 2 times each month • Attend 12-step meetings 1 time each week • Completion of any ordered counseling or treatment • Maintain stable housing, education and/or employment • Participant must have clean drug screens for 3 consecutive months before progressing to the next phase
Phase 4	<ul style="list-style-type: none"> • Report and complete drug screen 1 time each week • Report for random drug screen as directed • Attend Court 1 time each month • Complete Intensive Relapse Prevention classes or equivalent • Obtain and/or provide proof of High School Graduation or GED • Maintain stable housing, education and/or employment • Participant must have clean drug screens for 6 consecutive months before completing the program • Participant must pass a drug hair test before completing the program

In order to fulfill its mission, the D.I.R.E.C.T. program offers a variety of services to its participants throughout the 6 to 24 month program. Each phase of the program has specific goals and objectives that must be met for a participant to move from one phase to the next. All participants are required to remain abstinent from illicit drugs and alcohol, as well as certain prescription medications that the drug court team has determined to have potential for abuse.

Although some participants may be of legal age to use alcohol, alcohol use is prohibited in the D.I.R.E.C.T. program. This program requirement is monitored by random drug tests at least 1 to 2 times per week. Participants are also required to participate in various therapeutic interventions such as attendance at Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) meetings and participation in drug and alcohol education courses. Participants who are assessed as being in need of substance abuse treatment are referred to agencies that offer different modalities of substance abuse treatment such as short-term outpatient, intensive outpatient, and inpatient treatment.

In addition to maintaining a drug free lifestyle and participating in therapeutic interventions, the drug court has established other goals and objectives that are consistent with its mission of providing individualized, comprehensive services. Substance abuse and a criminal arrest can negatively impact multiple aspects of an individual's life, such as employment, education, and family. On an individual needs basis, the drug court will refer participants to services such as parenting classes, budgeting classes, G.E.D. preparation courses, H.I.V. and A.I.D.S. education, and mental health treatment. The participants must maintain full-time employment or education, or a part-time combination of both. Prior to graduation, participants are required to have a G.E.D. or high school diploma.

The drug court session is held twice a month. During these court sessions the multidisciplinary judicial team reviews the status of each participant. The drug court team consists of the Judge, program manager, case managers, defense attorneys, district attorneys, probation officers, sheriffs, and substance abuse treatment providers. Collaboration between the drug court team members, in combination with a nonadversarial approach, is used to monitor participants' progress. A model of presenting incentives and sanctions, as suggested by the National Association of Drug Court Professionals (NADCP), is used to enhance participants' motivation and compliance within the program. Incentives provided by the court include being excused from the drug court session early and the Judge acknowledging

participants' achievements in open court. Common sanctions provided by the drug court include community service, writing and presenting an essay, and incarceration. Failure to maintain abstinence from illicit drugs and alcohol, or noncompliance with any other part of the program, may result in a sanction and possible termination. The most common reasons that result in a participant being immediately terminated from the drug court are getting arrested for a misdemeanor or felony while in the program or absconding from the program. A positive drug test alone does not result in immediate termination from the drug court; however, a continuous pattern of noncompliant behavior, such as multiple positive drug tests, may result in termination. Once a participant is terminated from the drug court, his or her criminal case(s) is returned to the original court and criminal proceedings are resumed.

4.3 Mixed Methods Design

A mixed methods design, which includes the collection of quantitative and qualitative data, was used in the evaluation of the D.I.R.E.C.T. program. Gathering both quantitative and qualitative data was selected because this method can provide an in-depth understanding of the drug court program from various perspectives. The quantitative data was collected through the charts of former D.I.R.E.C.T. participants and Texas Crime Information Center (TCIC) and National Crime Information Center (NCIC) reports. The qualitative data was collected through individual interviews with African American participants who were currently enrolled in the D.I.R.E.C.T. program.

There are two primary aspects of this evaluation that differ from the previous evaluations on the D.I.R.E.C.T. program (Bavon, 2001; Hoefler & Woody, 2009). First, this evaluation provides a more accurate measure of recidivism by collecting data from both the TCIC and NCIC reports. The TCIC and NCIC reports were selected for this evaluation because they provide a national summary of rearrest. Previous evaluations of the D.I.R.E.C.T. program did not use this national database. Bavon (2001) and Hoefler and Woody (2009) used the Tarrant County Mainframe to identify a rearrest. The limitation with the Tarrant County

Mainframe is that this system only identifies rearrests that occur in Tarrant County, Texas; any arrest outside of Tarrant County, Texas is not identified through the Mainframe. Second, this evaluation collected qualitative data from the D.I.R.E.C.T. participants; Bavon (2001) did not collect qualitative data and Hoefer and Woody (2009) only collected qualitative data from the D.I.R.E.C.T. staff.

The program evaluation commenced with approval from the University of Texas at Arlington's Institutional Review Board (IRB) that oversees the protection of human rights for all research conducted by faculty and students. Prior to participation in any phase of the research, all potential research participants were informed that participation in the research is voluntary and they could withdraw from the research at anytime. It was also emphasized that failure to participate in the research will have no adverse consequence on their participation in the D.I.R.E.C.T. program. Written informed consent was received from all research participants.

4.4 Research Questions, Data Analysis Plans, and Hypotheses

The following 3 research questions were addressed in the evaluation of the D.I.R.E.C.T. program. The first two research questions are presented with their data analysis plan and hypotheses; qualitative data was collected to answer the third research question. The conceptualization and operationalization of the independent variables (IVs) and dependent variables (DVs) for the data analysis plans are noted in Table 4.4. The development of hypotheses was guided by the findings from the literature review, as well as the findings from the previous evaluations of the D.I.R.E.C.T. program.

Research Question 1: What variables are most predictive of D.I.R.E.C.T. participants graduating the program?

Data Analysis Plan: Nine IVs will be regressed onto the DV. The DV is: Graduated or Terminated. The IVs are: 1) gender; 2) ethnicity; 3) age; 4) education; 5) employment/student; 6) drug of choice; 7) positive drug tests; 8) first 30 days; and 9) time between arrest and admission.

Hypothesis A: D.I.R.E.C.T. participants that are older, have a high school diploma or GED, and are employed or a student are more likely to graduate the program.

Hypothesis B: D.I.R.E.C.T. participants that are Caucasian are more likely than African American and Hispanic participants to graduate the program.

Research Question 2: What variables are most predictive of D.I.R.E.C.T. participants not recidivating?

Data Analysis Plan: Ten IVs will be regressed onto the DV. The DV is: Not Rearrested or Rearrested. The IVs are: 1) gender; 2) ethnicity; 3) age; 4) education; 5) employment/student; 6) drug of choice; 7) positive drug tests; 8) first 30 days; 9) time between arrest and admission; and 10) outcome.

Hypothesis A: D.I.R.E.C.T. participants that are older, have a high school diploma or GED, are employed or a student, and graduate the program are more likely to not recidivate.

Hypothesis B: D.I.R.E.C.T. participants that are Caucasian are more likely than African American and Hispanic participants to not recidivate.

Research Question 3: How do African American D.I.R.E.C.T. participants view the program, in regards to the most helpful aspects of the program, how the program can be more helpful, the challenges they face to participating in the program, and how the program can be improved?

Table 4.4 Conceptualization and Operationalization of Variables

Variable	Conceptualization	Operationalization
1. Gender	Male or female (dichotomous variable)	Data from PC Drug Court
2. Ethnicity	Caucasian or African American/Hispanic (dichotomous variable)	Data from PC Drug Court
3. Age	Age at time of admission into the D.I.R.E.C.T. program (ratio variable)	Data from PC Drug Court
4. Education	Have a high school diploma/G.E.D. or do not have a high school diploma/G.E.D. at time of admission into the D.I.R.E.C.T. program (dichotomous variable)	Data from PC Drug Court
5. Employment/Student	Employed/student or not employed/student at time of admission into the D.I.R.E.C.T. program (dichotomous variable)	Data from PC Drug Court
6. Drug of choice	Most frequently used drug (stimulant or nonstimulant) prior to admission into the D.I.R.E.C.T. program (dichotomous variable)	Data from PC Drug Court
7. Positive drug tests	Total number of positive drugs tests while in the D.I.R.E.C.T. program (ratio variable)	Data from PC Drug Court
8. First 30 days	Had a violation or did not have a violation within the first 30 days of admission into the D.I.R.E.C.T. program (dichotomous variable)	Data from PC Drug Court
9. Time between arrest and admission	Total number of days between the arrest and admission into the D.I.R.E.C.T. program (ratio variable)	Data from PC Drug Court
10. Outcome	Graduated or terminated (dichotomous variable)	Data from PC Drug Court
11. Recidivism	Not rearrested or rearrested for a misdemeanor or felony since last contact with the D.I.R.E.C.T. program (dichotomous variable)	Texas Crime Information Center (TCIC) and National Crime Information Center (NCIC) Reports

4.5 Quantitative Data Collection, Sample Size, and Statistics

Quantitative data was collected through the charts of former D.I.R.E.C.T. participants who were admitted into the 12-month felony program and graduated or were terminated from the program from 1/1/2007 through 12/31/2009. Data was only collected on participants in the 12-month felony program because this population makes up approximately 95% to 97% of D.I.R.E.C.T. participants. PC Drug Court, which is the D.I.R.E.C.T. program's electronic participant file, was used to identify the total number of graduates and terminated participants from 1/1/2007 through 12/31/2009. The total number of graduates and terminated participants for the identified timeframe was 376. From the sample of 376, a systematic random sampling method offered through SPSS was used to randomly select 100 cases for the data analysis. Agency restrictions allowed for a sample size of 100, as the agency was willing to generate TCIC and NCIC reports on no more than 100 drug court participants. An employee of the Tarrant County District Attorney's Office generated the TCIC and NCIC reports and the results were interpreted by the researcher. Data was retrieved from the TCIC and NCIC reports on November 14, 2011, which means that the follow-up period to measure recidivism ranged from approximately 1 year, 10 ½ months to 4 years, 10 ½ months.

According to Orme and Combs-Orme (2009), the sample size of 100 is acceptable for this research design and the statistics that were used to analyze the quantitative data. Orme and Combs-Orme (2009) recommend that a sample size of at least 100 be used when doing logistic regression that has 10 or fewer independent variables; 9 independent variables were used to predict graduation versus termination and 10 independent variables were used to predict not rearrested versus rearrested.

The statistics that were used to analyze the quantitative data include descriptive statistics, chi-square test of independence, and logistic regression. Descriptive statistics were used to describe the research sample, produce the percentage of graduations versus terminations from the D.I.R.E.C.T. program, and produce the percentage of participants that did

not recidivate versus those that did recidivate. The chi-square test of independence was conducted to examine differences between graduated and terminated participants and the dichotomized independent variables of gender, ethnicity, education, employment/student, drug of choice, and first 30 days. Additionally, chi-square tests of independence were conducted to examine differences between not recidivating and recidivating and the dichotomized independent variables of gender, ethnicity, education, employment/student, drug of choice, first 30 days, and outcome. Logistic regression was used to identify the independent variables that predict successful drug court outcomes related to graduation and recidivism. Specifically, the two dependent variables are dichotomous, and include graduation versus termination and not rearrested versus rearrested. The -2 log likelihood value, Nagelkerke R square value, and Hosmer and Lemeshow test were used to evaluate the goodness-of-fit of the logistic model. Multicollinearity was assessed by computing the correlations between the independent variables.

4.6 Qualitative Data Collection and Analysis

Padgett (2008) recommends collecting qualitative data during program evaluations because this method provides a comprehensive understanding of the phenomena being studied. Padgett states, "Relying solely on quantitative methods risks losing an understanding of what is happening below the surface. It also places enormous trust in quantitative measures of sensitive, fluctuating, and elusive phenomena" (Padgett, 2008, p. 41). Additional benefits of qualitative data include: 1) a large amount of qualitative data can be collected in a short amount of time; 2) individual interviews give the participants a "voice" about the services they are receiving, which may promote empowerment; 3) individual interviews provide an in-depth view of the program from the participants' perspective; 4) qualitative data can capture the "lived experiences" of individuals; and 5) qualitative data can be used to answer the unanswered questions that arise from quantitative research, such as why do racial disparities exist in drug court outcomes (Padgett, 2008). Furthermore, Rubin and Babbie (2008) discuss how

qualitative data can provide an in-depth response to a single question or idea which can bring out aspects of the topic that were not expected from the researchers.

This dissertation used the method of individual interviews to collect qualitative data from African American participants who were currently enrolled in the D.I.R.E.C.T. program. Based on the most recent evaluation of the D.I.R.E.C.T. program (Hoefer & Woody, 2009) indicating that African American participants graduated the program less frequently than Caucasian and Hispanic participants, a goal of this dissertation was to collect data on the views held by members of this ethnicity. All current participants of the D.I.R.E.C.T. program that identify their ethnicity as African American, and meet the other inclusion criteria, were recruited for an individual interview. The inclusion criteria for participation in the individual interviews are as follows:

- 1) The individual must be a current participant of the D.I.R.E.C.T. program
- 2) The individual must identify their ethnicity as African American
- 3) The individual must be able to comprehend and speak English
- 4) The individual must be in the D.I.R.E.C.T. program for a minimum of 30 days

The D.I.R.E.C.T. Program Manager, Cynthia Velazquez, informed the researcher of the participants that did not comprehend and speak English. Answering the individual interview questions required some knowledge on the D.I.R.E.C.T. program; therefore, participants with less than 30 days in the program were not eligible for the research. When a participant has been in the program for 30 days, he or she has experienced most of the program's requirements, such as random drug screens, attendance at 12-step meetings, and participation in drug court sessions.

Research participants were recruited when they reported to the D.I.R.E.C.T. program's office for their scheduled case management sessions. Depending on what phase the D.I.R.E.C.T. participants are in, they report for case management sessions at a minimum of 1 or 2 times each week. The recruitment process followed five steps. First, at the beginning of each work day, the D.I.R.E.C.T. Program Manager provided the researcher with a list of all participants that were scheduled to report for a case management session. Each day,

approximately 50 participants report for a case management session. Second, the researcher identified the participants on the list that meet the inclusion criteria. Third, the researcher verbally notified the D.I.R.E.C.T. staff of the participants that were selected for recruitment in the research. Fourth, following the case management session, the D.I.R.E.C.T. staff verbally notified or called the researcher to inform him that the case management session is complete and the participant is available for recruitment in the research. Fifth, the researcher invited the participant to the researcher's office where he or she was asked to participate in the research. In some instances, participants were already in the researcher's office. The researcher is also a staff member of the D.I.R.E.C.T. program and some of the participants on his caseload were selected for the research. When this occurred, the researcher completed the case management session and then began the recruitment process. During the recruitment, the researcher explained to the participant that participation in the research was voluntary and confidential, and failure to participate would have no adverse consequence on his or her participation in the D.I.R.E.C.T. program.

The collection of qualitative data continued until the researcher had attempted to recruit all D.I.R.E.C.T. participants that met the inclusion criteria. The sample size for the individual interviews was 14. African Americans represent approximately 10% of the programs participants. According to Cynthia Velazquez, D.I.R.E.C.T. Program Manager, African Americans are underrepresented in the drug court, as indicated by African Americans representing almost 40% of the Tarrant County jail population but only 10% of the drug court (personal communication, June 2, 2011). Individuals must be out of jail to be screened for the program, and Cynthia Velazquez suspects that many African Americans are not considered for the program because a large portion of these individuals are incarcerated (personal communication, June 2, 2011). Cynthia Velazquez also discussed that the cost of the D.I.R.E.C.T. program, which is estimated to range from \$1800.00 to \$2500.00, may be a barrier

to recruiting participants who come from a lower socioeconomic status, many of which may be African American (personal communication, June 2, 2011).

The individual interviews commenced on 9/9/2011 and were completed on 11/3/2011. The response rate was 100.00%; 14 D.I.R.E.C.T. participants met the inclusion criteria and all 14 volunteered to participate in an individual interview. The length of each individual interview ranged from approximately 20 to 65 minutes. During the individual interviews, the researcher took notes on participants' responses to the open-ended questions noted in Table 4.5. D.I.R.E.C.T. program restrictions prevented the researcher from audio recording the individual interviews. Additionally, the researcher used probing questions, as needed, to encourage research participants to give specific examples of their responses to the individual interview questions.

Table 4.5 Individual Interview Questions

- | |
|---|
| <ol style="list-style-type: none">1) What aspects of the D.I.R.E.C.T. program are most helpful to you?2) How can the D.I.R.E.C.T. program be more helpful to you?3) What challenges are you facing to participating in the D.I.R.E.C.T. program?4) How could the D.I.R.E.C.T. program be improved? |
|---|

The analysis of the qualitative data was completed in an ongoing manner. The qualitative data analysis involved a combination of phenomenological and grounded theory perspectives. The goal of phenomenological analysis is to capture the lived experiences of participants, with an understanding that the sharing of lived experiences can provide in-depth answers to the research questions (Padgett, 2008). Furthermore, phenomenological analysis allows for data to be collected not only on participants' experiences, but also the environments of the experiences (Padgett, 2008). Grounded theory is an inductive approach to understanding a phenomenon (Rubin & Babbie, 2008). Characteristics common to grounded theory include: 1) grounded theory begins with data collection as compared to a theory or hypothesis; 2) grounded theory encourages the collection of data in the participants' natural setting; 3) grounded theory

relies on open-ended questioning and interviewing skills that promote rapport building; and 4) data is continuously compared to confirm, enhance, or modify findings (Rubin & Babbie, 2008).

The qualitative data analysis followed a four-step process, as suggested by Padgett (2008) and Rubin and Babbie (2008). The qualitative data that was analyzed was the notes that the researcher took during the individual interviews. First, the analysis began with open coding to identify the key points conveyed by the research participants. Second, axial coding procedures were used to group data, identify codes, and develop a conceptual framework for the findings. Third, the codes were displayed on a matrix, and codes with similar data were grouped as themes. Throughout the coding process, memo-writing was used to document the meaning of codes, note theoretical thoughts about the data, and assist with the overall organization of the data (Padgett, 2008; Rubin & Babbie, 2008). Fourth, direct quotes from the research participants were used to conceptualize the themes.

During the process of data collection and analysis, several strategies were used to increase the rigor of the qualitative findings. The three strategies that were used are triangulation, member checking, and peer debriefing. This dissertation includes theory triangulation by analyzing the data through two theoretical perspectives, phenomenological and grounded theory. Additionally, methodological triangulation was achieved by studying the research topic with mixed methods, including quantitative data provided through participants' charts and individual interviews with current participants of the D.I.R.E.C.T. program. Member checking is the process of going back to research participants to verify the preliminary findings (Padgett, 2008). Because D.I.R.E.C.T. participants are in the program for up to 24 months, it was possible for the researcher to "member check" participants that were still in the program. Research participants were selected for member checking if, during the data analysis process, the researcher needed to verify the information that a participant shared during the individual interviews. Research participants that were selected for member checking were recruited in the same manner as they were for the individual interviews. Additionally, participants had explained

to them again that participation in the “member check” was voluntary and confidential, and failure to participate would have no adverse consequence on their participation in the D.I.R.E.C.T. program. Last, facilitating qualitative research can impact the cognitive and emotional health of the researcher. Peer debriefing is recommended to assist the researcher in processing his or her experiences with the research (Padgett, 2008). The peer debriefing technique used in this study was frequent consultation with a dissertation committee.

4.7 Limitations

There are limitations associated with this research design that are important to mention. The most noticeable limitation is that the research design does not include a comparison group. The use of a nonequivalent comparison group, such as individuals on probation, would enhance the validity of the research; however, agency restrictions prevented the researcher from collecting historical or current data from probation participants. The internal validity of the research may have been easily jeopardized by threats such as history and maturation. Due to the threats to internal validity, this research does not attempt to establish causal relationships; rather, the research assesses the plausibility that the D.I.R.E.C.T. program is effectively meeting its goals. Although the limitation exists, other drug courts have been evaluated with no comparison group. The evaluations of the Salt Lake County, Utah drug court (Hickert et al., 2009) and the Riverside County, California drug court (Sechrest & Shicor, 2001), for example, did not have a comparison group; however, outcomes were compared among drug court graduates and participants that were terminated from the programs.

The external validity of this research faces fewer limitations. The external validity is enhanced by randomly selecting the research sample and through replication. The random sample provides a representation of all D.I.R.E.C.T. participants, and the findings from this study can be compared to that of the two previous evaluations of the D.I.R.E.C.T. program (Bavon, 2001; Hoefler & Woody, 2009). Furthermore, the use of mixed methods provides data from multiple perspectives which can support the validity of the findings and increase the ability

to generalize the findings back to the D.I.R.E.C.T. program. The external validity is high for being able to generalize the findings back to the D.I.R.E.C.T. program. However, generalizing the findings to other drug courts needs to be done with caution. The drug court literature has indicated that every drug court operates in a different manner and this has made it difficult to apply the results from one drug court to another.

Other limitations with the research design are related to the qualitative and quantitative sample sizes. Although a goal of this research was to collect data on the views held by African American participants, the sample size for this population was small. As mentioned previously, African Americans are underrepresented in the D.I.R.E.C.T. program and therefore were underrepresented in this research. This research attempted to minimize this limitation by inviting all African American D.I.R.E.C.T. participants that met the inclusion criteria to participate in an individual interview. Similarly, the random sample of African Americans selected for the logistic regressions was also small. To increase the sample size for the logistic regressions, the variable of ethnicity was dichotomized as Caucasian or African American/Hispanic.

Additionally, the individual interviews were facilitated with current participants of the D.I.R.E.C.T. program and these participants may have been more likely to answer the questions in a manner that would be viewed favorably by others. This study is especially at risk for social desirability bias because the researcher is also a case manager for the D.I.R.E.C.T. program. As a result, the researcher interviewed current D.I.R.E.C.T. participants, some of which were on the researcher's caseload. Social desirability bias was controlled for by informing participants prior to the individual interviews that participation in the research was voluntary and confidential, and failure to participate would have no adverse consequence on their participation in the D.I.R.E.C.T. program. This research also attempted to minimize the risk for social desirability bias by collecting the qualitative data through individual interviews as compared to focus groups. Research participants may have been more selective in what they chose to share in a focus group because they have had prior associations with the other members of the focus

group, especially in regards to sensitive topics like racial disparities in drug court outcomes. Individual interviews eliminate this concern by providing a research environment where peers are not present. An additional rationale for the use of individual interviews is that this qualitative method has been used in other research to successfully explore and develop a thorough understanding of sensitive topics. Sallmann (2010), for example, used individual interviews to study the stigma associated with women who have a history of prostitution and substance abuse, and Rowntree (2010) interviewed survivors of sexual violence to learn about their understanding of sexual violence and its prevention.

4.8 Summary

Chapter 4 provided information on House Bill 530, which is the Texas state law that requires the D.I.R.E.C.T. program to exist. The D.I.R.E.C.T. program's mission statement, criteria for participation, and the interventions offered by the program were also discussed to provide a comprehensive understanding of the program. The goals of this dissertation are to evaluate the effectiveness of the D.I.R.E.C.T. program, and to explore the factors that may contribute to racial disparities in drug court outcomes. Mixed methods were used to answer 3 research questions. This research seeks to develop an understanding of the variables that predict successful drug court outcomes related to graduation and recidivism. Additionally, qualitative research methods were used to develop an in-depth understanding of the D.I.R.E.C.T. program from the perspectives of African American participants. African American participants were asked questions related to the most helpful aspects of the program, how the program can be more helpful, the challenges they face to participating in the program, and how the program can be improved.

CHAPTER 5

FINDINGS

5.1 Introduction

Chapter 5 presents the findings from the mixed methods evaluation of the D.I.R.E.C.T. program. The chapter begins by presenting the total number and percentage of all D.I.R.E.C.T. participants that graduated or were terminated from the program from 1/1/2007 through 12/31/2009. Additionally, the total number and percentage of Caucasian, Hispanic, and African American graduates and terminated participants from the same timeframe is discussed. Next, the chapter presents the quantitative findings from the 100 randomly selected cases. Data from the 100 randomly selected cases are used to answer research questions number one and number two, which identify the variables that are most predictive of a D.I.R.E.C.T. participant graduating the program and not recidivating. The chapter concludes by presenting the qualitative findings from the individual interviews with African American participants that were currently enrolled in the D.I.R.E.C.T. program. Data from the individual interviews are used to answer research question number three, which explores how African American participants view the D.I.R.E.C.T. program, in regards to the most helpful aspects of the program, how the program can be more helpful, the challenges they face to participating in the program, and how the program can be improved.

5.2 Graduation versus Termination (n = 376)

Included in this section of the chapter is the total number and percentage of all D.I.R.E.C.T. participants that graduated or were terminated from the program from 1/1/2007 through 12/31/2009. The total number and percentage of Caucasian, African American, and Hispanic graduates and terminated participants from the same timeframe is also discussed.

From 1/1/2007 through 12/31/2009, 380 participants graduated or were terminated from the D.I.R.E.C.T. program. Four (1.05%) of the 380 participants did not have data related to ethnicity, therefore, these cases were excluded from the analysis. The total number of cases used in the analysis was 376. Of the 376 D.I.R.E.C.T. participants, 233 (61.97%) graduated the program and 143 (38.03%) were terminated from the program. The total number and percentage of all D.I.R.E.C.T. participants that graduated the program or were terminated from the program from 1/1/2007 through 12/31/2009 is highlighted in Figure 5.1.

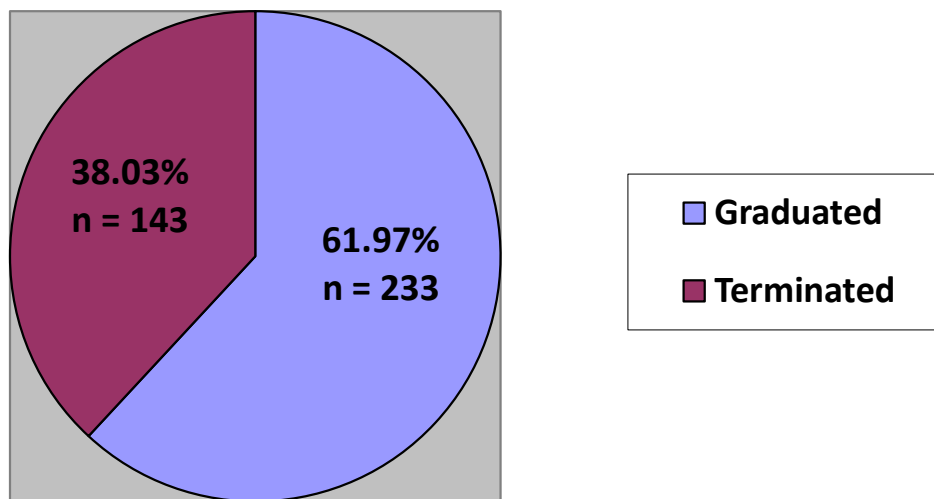


Figure 5.1 Percent of Graduates and Terminated Participants

Of the 376 D.I.R.E.C.T. participants that graduated or were terminated from the program from 1/1/2007 through 12/31/2009, Caucasian participants were more likely to graduate the program than Hispanic and African American participants. The percentage of Caucasian participants that graduated the program was 65.42% (n = 193), whereas only 52.17% (n = 24) of Hispanic participants and 45.71% (n = 16) of African American participants graduated the program. A further description of the total number and percentage of Caucasian, Hispanic, and African American participants that graduated or were terminated from the D.I.R.E.C.T. program from 1/1/2007 through 12/31/2009 is highlighted in Figure 5.2.

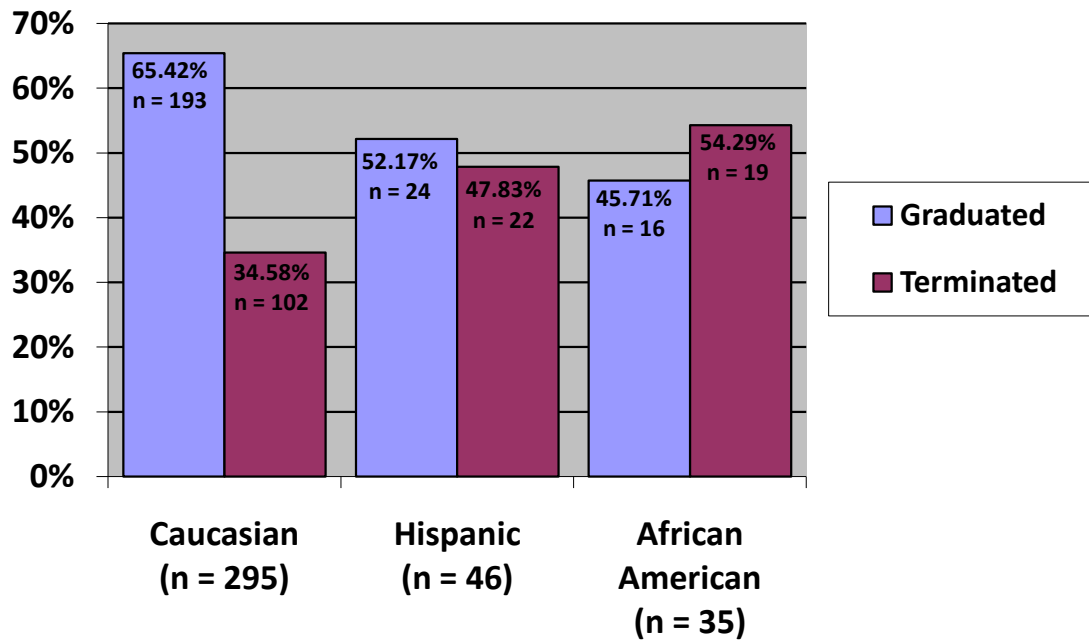


Figure 5.2 Percent of Graduates and Terminated Participants by Ethnicity

5.3 Randomly Selected Cases (n = 100)

From 1/1/2007 through 12/31/2009, 376 participants graduated or were terminated from the D.I.R.E.C.T. program. A random sampling method offered through SPSS was used to randomly select 100 cases from the sample of 376. Data from the random sample were used to describe the recidivism patterns of D.I.R.E.C.T. participants, and to compare the recidivism patterns among graduates and terminated participants. Furthermore, data from the 100 randomly selected cases were used for the chi-square, multicollinearity, and logistic regression analyses.

5.3.1. Recidivism Patterns

This section of the chapter describes the recidivism patterns of the 100 randomly selected cases, and compares the recidivism patterns among graduates and terminated participants. This section of the chapter also presents data related to the types of criminal

offenses that recidivists were arrested for. First, as noted in Figure 5.3, 79.00% (n = 79) of the sample was not rearrested during the follow-up period. Recidivism was measured through TCIC and NCIC reports, which identify whether a person was rearrested throughout the entire United States, not just in Tarrant County, Texas. Data were retrieved from the TCIC and NCIC reports on November 14, 2011, which means that the follow-up period to measure recidivism ranged from approximately 1 year, 10 ½ months to 4 years, 10 ½ months.

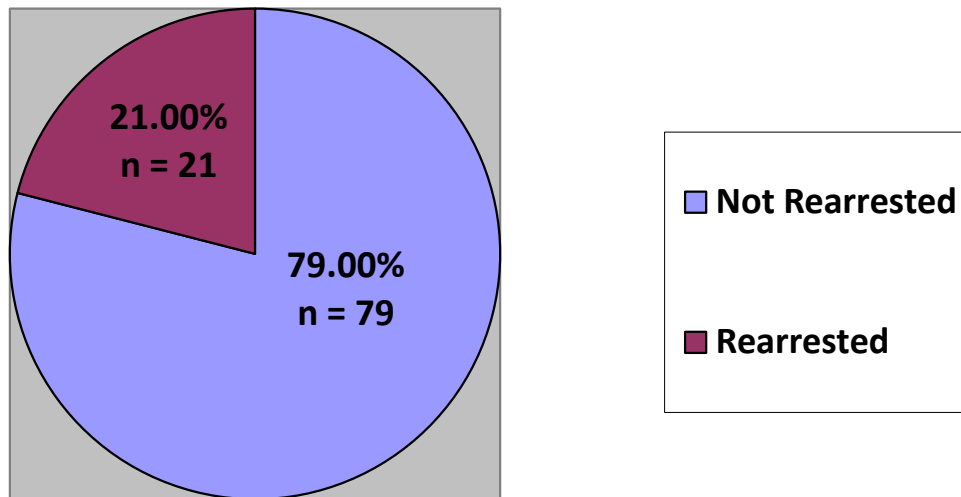


Figure 5.3 Percent of Participants Not Rearrested and Rearrested

As noted in the following charts, the majority of recidivists were participants that were terminated from the D.I.R.E.C.T. program. Twenty-one of the 100 randomly selected cases recidivated, and as seen in Figure 5.4, 80.95% (n = 17) of the recidivist were participants that were terminated from the program.

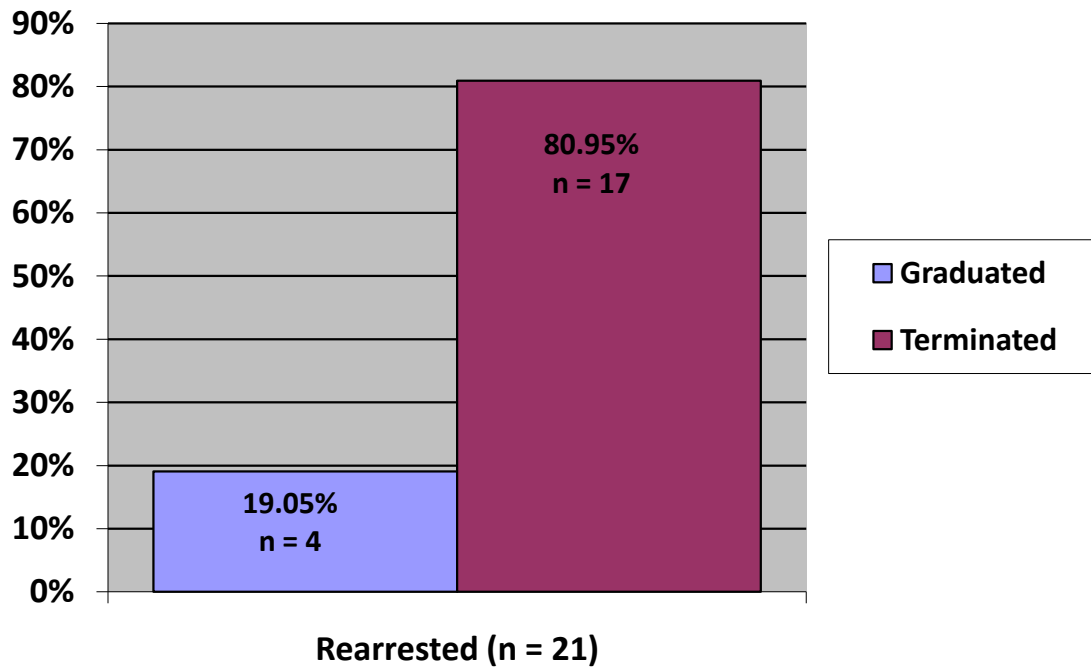


Figure 5.4 Percent of Recidivists by Program Outcome

Furthermore, Figure 5.5 shows the total number and percentage of graduates and terminated participants that recidivated. Sixty-one of the 100 randomly selected cases graduated the program. Of the 61 graduates, only 6.56% (n =4) recidivated. Conversely, 39 of the 100 randomly selected cases were terminated from the program. Of the 39 terminated participants, 43.59% (n = 17) recidivated.

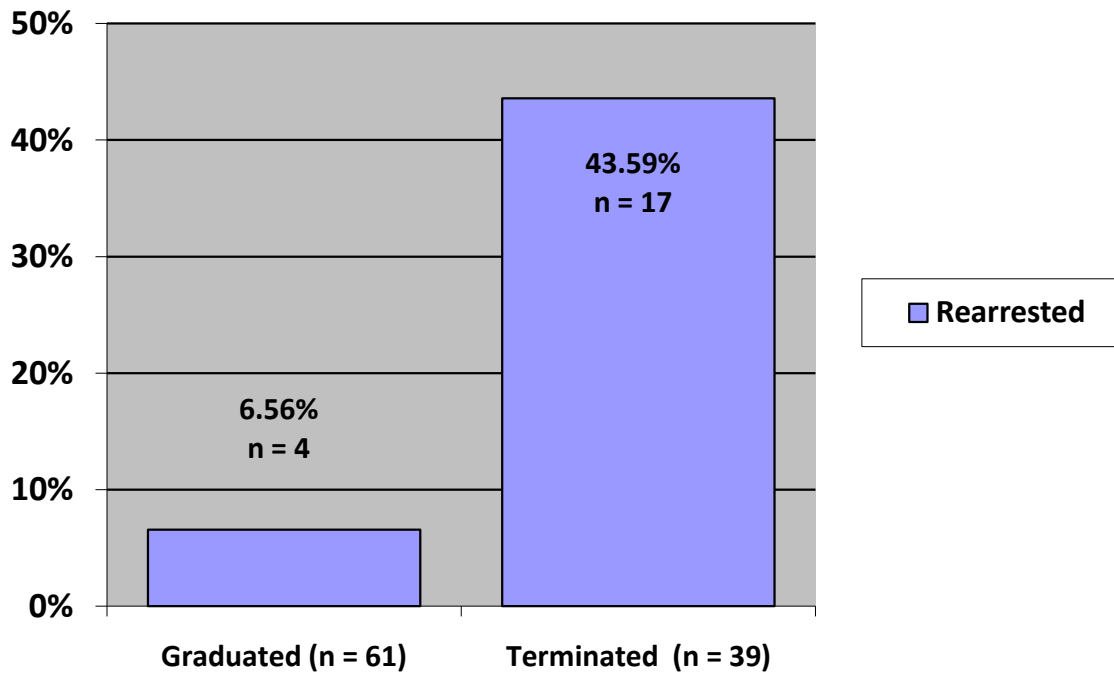


Figure 5.5 Percent of Graduated and Terminated Participants that Recidivated

5.3.2. *Types of Criminal Offenses that Recidivists were Arrested for*

As mentioned previously, 21 (21.00%) of the 100 randomly selected cases recidivated. Of the 21 recidivists, consisting of both graduated and terminated participants, 14 (66.67%) were arrested once and 7 (33.33%) were arrested two to four times. In total, the recidivists were arrested 34 times. Of the 34 arrests, 22 (64.71%) were misdemeanors and 12 (35.29%) were felonies. Figure 5.6 highlights the types of criminal offenses that the recidivists were arrested for. The recidivists were arrested for 12 types of criminal offenses; each arrest was categorized as drug related or nondrug related. Drug related arrests were conceptualized as: 1) driving while intoxicated (DWI); 2) possession of controlled substance; 3) false drug test; and 4) delivery/manufacturing of controlled substance. Nondrug related arrests were conceptualized as: 1) theft; 2) assault; 3) disorderly conduct; 4) robbery; 5) burglary; 6) interfering with a public official; 7) failure to identify fugitive; and 8) evading arrest. The categories of drug related and

nondrug related arrests needs to be interpreted with caution. The TCIC and NCIC reports only indicate the type of arrest, not the details surrounding the arrest. It is plausible to assume that some of the nondrug related arrests, such as theft, could have been directly related to an individual's illicit drug use. As seen in Figure 5.6, the drug related and nondrug related arrests were nearly equal.

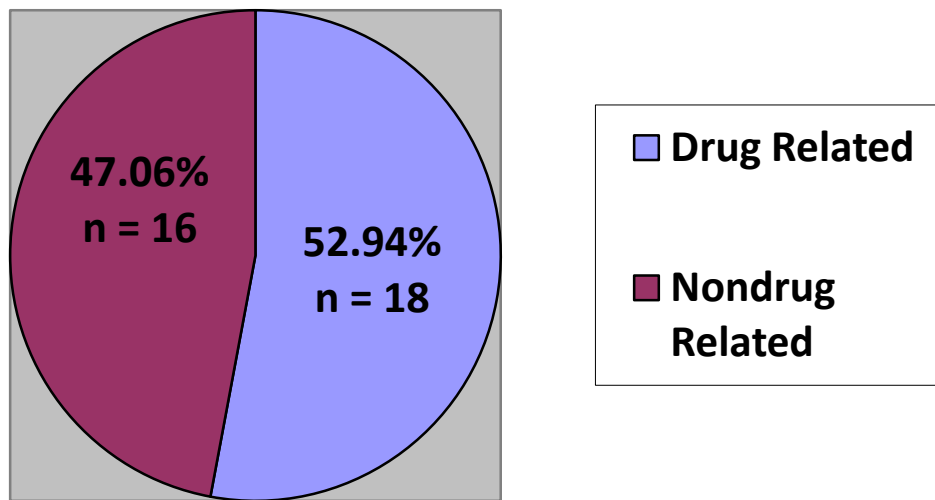


Figure 5.6 Types of Criminal Offenses that Recidivists were Arrested for

5.4 Chi-square Test of Independence

Chi-square tests of independence were conducted to examine differences between graduated and terminated participants and the dichotomized independent variables of gender, ethnicity, education, employment/student, drug of choice, and compliance within the first 30 days of admission into the D.I.R.E.C.T. program. Additionally, chi-square tests of independence were conducted to examine differences between nonrecidivist and recidivist and the dichotomized independent variables of gender, ethnicity, education, employment/student, drug of choice, compliance within the first 30 days of admission into the D.I.R.E.C.T. program, and outcome.

First, the chi-square tests of independence examining differences between graduated and terminated participants found statistically significant differences in program outcomes

among the variables of employment/student and compliance within the first 30 days of admission into the D.I.R.E.C.T. program. Of all the participants that were not employed or a student at time of admission into the D.I.R.E.C.T. program, 55.3% were terminated. Of all the participants that were employed or a student at time of admission into the D.I.R.E.C.T. program, only 29.0% were terminated. This difference was statistically significant ($\chi^2 = 6.81, p < .05$). Next, of all the participants that had a violation within the first 30 days of admission into the D.I.R.E.C.T. program, 58.8% were terminated. Of all the participants that did not have a violation within the first 30 days of admission into the D.I.R.E.C.T. program, only 28.8% were terminated. This difference was statistically significant ($\chi^2 = 8.51, p < .05$). No statistically significant difference was found among the variables of gender, ethnicity, education, and drug of choice, indicating that the differences within these variables appear to have equal likelihoods of being terminated from the D.I.R.E.C.T. program. Although the comparison between education and the likelihood of being terminated from the D.I.R.E.C.T. program was not statistically significant, the findings did approach a level of statistical significance ($\chi^2 = 3.26, p = .07$). Of all the participants that did not have a high school diploma or GED at time of admission into the D.I.R.E.C.T. program, more than half (53.8%) were terminated. Whereas, of all the participants that had a high school diploma or GED at time of admission into the D.I.R.E.C.T. program, only one-third (33.8%) were terminated.

Second, the chi-square tests of independence examining differences between nonrecidivist and recidivist found statistically significant differences in recidivism patterns among the variables of compliance within the first 30 days of admission into the D.I.R.E.C.T. program and outcome. Of all the participants that had a violation within the first 30 days of the program, 41.2% recidivated. Of all the participants that did not have a violation within the first 30 days of the program, only 10.6% recidivated. This difference was statistically significant ($\chi^2 = 12.64, p < .05$). Next, of all the participants that were terminated from the program, 43.6% recidivated. Of all the participants that graduated the program, only 6.6% recidivated. This difference was

statistically significant ($\chi^2 = 19.67, p < .05$). No statistically significant difference was found among the variables of gender, ethnicity, education, employment/student, and drug of choice, indicating that the differences within these variables appear to have equal likelihoods of recidivating.

5.5 Predictive Variables of Graduating the Program

This section of the chapter presents the quantitative findings from the logistic regression used to answer research question one, which is: What variables are most predictive of D.I.R.E.C.T. participants graduating the program? Nine independent variables (IVs) were regressed onto the dependent variable (DV) of graduated or terminated. The nine IVs were: 1) gender; 2) ethnicity; 3) age; 4) education; 5) employment/student; 6) drug of choice; 7) positive drug tests; 8) first 30 days; and 9) time between arrest and admission. Multicollinearity was assessed by conducting correlations between all of the independent variables. If the phi coefficient was $> .80$ multicollinearity was suspected. Multicollinearity statistics were not in the problematic area; therefore, all independent variables were included in the logistic regression analysis. The findings from the logistic regression analysis are noted in Table 5.1.

Table 5.1 Predictive Variables of Graduating the D.I.R.E.C.T. Program

Independent Variables (IVs)	B	SE	Wald	df	Sig.	Exp (B)
Gender	-.718	.599	1.438	1	.230	.488
Ethnicity	1.475	.688	4.590	1	*.032	4.371
Age	.030	.027	1.251	1	.263	1.030
Education	.263	.619	.181	1	.670	1.301
Employment/Student	1.606	.571	7.910	1	*.005	4.985
Drug of Choice	-.156	.557	.079	1	.779	.855
Positive Drug Tests	-.700	.214	10.718	1	*.001	.497
First 30 Days	.251	.620	.164	1	.686	1.285
Time Between Arrest and Admission	.001	.003	.032	1	.857	1.001

The goodness of fit statistics suggests that the model was a good fit for the data. The -2 log likelihood was 95.42 and the Hosmer and Lemeshow test indicated a chi-square value of 7.23 that was not statistically significant ($p = .51$). Furthermore, the Nagelkerke R square value was .43, indicating that approximately 43% of variance in program outcome can be explained by the variables included in the model.

The findings from the logistic regression are presented in reference to the two hypotheses that guided the analysis. The two hypotheses are listed below.

Hypothesis A: D.I.R.E.C.T. participants that are older, have a high school diploma or GED, and are employed or a student are more likely to graduate the program.

Hypothesis B: D.I.R.E.C.T. participants that are Caucasian are more likely than African American and Hispanic participants to graduate the program.

In regards to hypothesis A, the relationships between graduating the program and being older and having a high school diploma or GED at time of admission into the D.I.R.E.C.T. program were not statistically significant. The relationships, however, between being employed or a student at time of admission into the D.I.R.E.C.T. program and total number of positive drug tests were statistically significant, indicating that being employed or a student at time of

admission into the D.I.R.E.C.T. and having fewer positive drug tests are two of the most predictive variables of graduating the program. In regards to hypothesis B, the logistic regression results indicate that being Caucasian is one of the most predictive variables of graduating the program. Specifically, D.I.R.E.C.T. participants that are Caucasian are more likely than African American and Hispanic participants to graduate the program.

5.6 Predictive Variables of Not Recidivating

This section of the chapter presents the quantitative findings from the logistic regression used to answer research question two, which is: What variables are most predictive of D.I.R.E.C.T. participants not recidivating? Ten independent variables (IVs) were regressed onto the dependent variable (DV) of not rearrested or rearrested. The ten IVs were: 1) gender; 2) ethnicity; 3) age; 4) education; 5) employment/student; 6) drug of choice; 7) positive drug tests; 8) first 30 days; 9) time between arrest and admission; and 10) outcome. Multicollinearity was assessed by conducting correlations between all of the independent variables. If the phi coefficient was $> .80$ multicollinearity was suspected. Multicollinearity statistics were not in the problematic area; therefore, all independent variables were included in the logistic regression analysis. The findings from the logistic regression analysis are noted in Table 5.2.

Table 5.2 Predictive Variables of Not Recidivating

Independent Variables (IVs)	B	SE	Wald	df	Sig.	Exp (B)
Gender	-1.037	.792	1.713	1	.191	.355
Ethnicity	.183	.767	.057	1	.812	1.200
Age	.014	.034	.177	1	.674	1.015
Education	-.193	.744	.067	1	.795	.824
Employment/Student	-.008	.688	.000	1	.990	.992
Drug of Choice	-1.043	.749	1.939	1	.164	.353
Positive Drug Tests	.219	.230	.906	1	.341	1.245
First 30 Days	1.987	.767	6.722	1	*.010	7.297
Time Between Arrest and Admission	-.002	.003	.373	1	.541	.998
Outcome	2.363	.757	9.750	1	*.002	10.619

The goodness of fit statistics suggests that the model was a good fit for the data. The -2 log likelihood was 69.92 and the Hosmer and Lemeshow test indicated a chi-square value of 8.47 that was not statistically significant ($p = .39$). Furthermore, the Nagelkerke R square value was .44, indicating that approximately 44% of variance in recidivism can be explained by the variables included in the model.

The findings from the logistic regression are presented in reference to the two hypotheses that guided the analysis. The two hypotheses are listed below.

Hypothesis A: D.I.R.E.C.T. participants that are older, have a high school diploma or GED, are employed or a student, and graduate the program are more likely to not recidivate.

Hypothesis B: D.I.R.E.C.T. participants that are Caucasian are more likely than African American and Hispanic participants to not recidivate.

In regards to hypothesis A, the relationships between not recidivating and being older, having a high school diploma or GED at time of admission into the D.I.R.E.C.T. program, and being employed or a student at time of admission into the D.I.R.E.C.T. program were not statistically

significant. The relationships, however, between not having a violation within the first 30 days of the program and graduating the program were statistically significant, indicating that not having a violation within the first 30 days of the program and graduating the program are the most predictive variables of not recidivating. In regards to hypothesis B, the logistic regression results were not statistically significant on the variable of ethnicity, indicating that D.I.R.E.C.T. participants that are Caucasian are not more likely than African American and Hispanic participants to not recidivate.

5.7 Individual Interviews with African American Participants

This section of the chapter presents the qualitative findings from the mixed methods evaluation of the D.I.R.E.C.T. program. The qualitative data was collected to answer research question 3, which is: How do African American D.I.R.E.C.T. participants view the program, in regards to the most helpful aspects of the program, how the program can be more helpful, the challenges they face to participating in the program, and how the program can be improved? Qualitative data were collected through individual interviews with D.I.R.E.C.T. participants that met the inclusion criteria. The inclusion criteria for participation in the individual interviews are as follows: 1) the individual must have been a current participant of the D.I.R.E.C.T. program; 2) the individual must have identified their ethnicity as African American; 3) the individual must have been able to comprehend and speak English; and 4) the individual must have been in the D.I.R.E.C.T. program for a minimum of 30 days.

The individual interviews commenced on 9/9/2011 and were completed on 11/3/2011. The response rate was 100.00%; 14 D.I.R.E.C.T. participants met the inclusion criteria and all 14 volunteered to participate in an individual interview. The length of each individual interview ranged from approximately 20 to 65 minutes. Member checking was used during the data analysis process to confirm the responses given by research participants and to verify the preliminary themes that emerged from the data. Four (28.57%) of the 14 research participants were recruited for member checking and all four participated in the process. The member

checking sessions ranged from approximately 5 to 15 minutes. Informed consent was received from all participants. The data provided in Table 5.3 provide a brief summary of the D.I.R.E.C.T. participants that volunteered to participate in an individual interview.

Table 5.3 Demographic Data

Ethnicity	African American 100.00% (n = 14)
Gender	Male 85.71% (n = 12) Female 14.29% (n = 2)
Age	Range = 18 to 42 years old Mean = 26.07 years old (n = 14)
Days from admission into the D.I.R.E.C.T. program to the date of the individual interview	Range = 33 to 551 days Mean = 209.50 days (n = 14)
What phase of the D.I.R.E.C.T. program are you in?	Phase 1 57.14% (n = 8) Phase 2 14.29% (n = 2) Phase 3 14.29% (n = 2) Phase 4 14.29% (n = 2)

The major findings from the demographic data provided in Table 5.3 is that the majority of D.I.R.E.C.T. participants that volunteered for an individual interview were male (85.71%; n = 12) and were in Phase 1 of the program (57.14%; n = 8). Also, the average age of participants was 26.07 years old, and the average length of time from admission into the D.I.R.E.C.T. program to the date of the individual interview was 209.50 days, or approximately 7 months. Based on the demographic data, the sample for the individual interviews was predominately young adult, males. Furthermore, more than half of the sample was in Phase 1 of the program, and although Phase 1 could be completed in 3 months, the average length of time in the program for the sample was approximately 7 months. This may suggest that a noticeable portion of the sample were individuals who had a violation that kept them in Phase 1 longer.

The qualitative analysis resulted in several major themes being extracted from the data. Throughout the individual interviews, a number of major thoughts and ideas were expressed

consistently by the research participants. The themes that emerged from the data are presented in reference to each question asked of the participants.

1) What aspects of the D.I.R.E.C.T. program are most helpful to you?

Two major themes emerged in the individual interviews with the participants: 1) supportive drug court team; and 2) random drug testing system.

Supportive drug court team

The participants felt that the drug court team was supportive of them throughout the program and wanted to see them graduate and do well. One participant discussed his initial ambivalence about the program and how his view of the program changed once he noticed that the drug court team wanted to support him. The participant stated, "Everything you ask of us is reasonable. At first I didn't do well because I thought you were against me, but now I know you're here to help me. Everything benefits you if you want to do it." The participants felt that every member of the drug court team was supportive, as indicated by one participant sharing, "The whole staff is supportive and caring, from the receptionist, to the case managers, to even the UA tech." While the entire drug court team was viewed as supportive, the drug court Judge and case managers were most frequently noted as being helpful. A participant commented, "My case manager works with me, she does not give up on me when I mess up. The Judge is always telling me I can be a better man." Another participant shared:

One day I was mad about something and my case manager looked at me and I could tell she cared, it was real, it was beyond doing her job. I forget what I was on sanctions for, but she cared, nothing counterfeit about it. It's not always business, she's real with me.

Last, a participant discussed his experiences with the drug court Judge:

I see the Judge weekly. At first it wasn't helpful because I was being stubborn and thought I was being picked on, but it made me realize that I didn't want to go to jail and that the Judge cared about me.

Random drug testing system

The participants viewed the random drug testing system as the most significant deterrence to using drugs or alcohol while in the D.I.R.E.C.T. program. A newer participant who had been in the program for a little more than 30 days stated:

The drug testing is the most helpful aspect of the program; it keeps you on your toes. I haven't been clean and sober for 2 years, so the drug testing works. You'll find ways to beat the drug testing if you have set days, the random system works.

Another participant, who had been in the program for approximately 11 months, shared, "Reporting two times a week and not knowing when you are going to drug test stops me from using. If I have an urge, I still don't use because I know I may get picked for a drug test." Last, a participant commented on the importance of sending all drug tests to the lab, as compared to the drug tests that are completed at the D.I.R.E.C.T. office. He shared:

Some people don't get their drug tests sent to the lab, all drug tests should go to the lab ... randomly lab a drug test once a week, the in-house drug tests are easy to beat but I fear the lab.

2) How can the D.I.R.E.C.T. program be more helpful to you?

Two major themes emerged in the individual interviews with the participants: 1) individualized treatment; and 2) resources for employment.

Individualized treatment

Some of the participants felt that the program could be more helpful to them by getting to know them and their histories in more detail, and tailoring program requirements to their individualized needs. A 42 year old, male who was in the program for 35 days stated:

I wish the program saw participants as individuals and did not lump everyone's background together. There are some ways to motivate individuals and other ways to not motivate individuals. The case managers need more discretion; they need 'wiggle room' to develop case plans more specific to the client.

A 21 year old, male participant shared, "Sometimes I violate, but I think the staff could hear what was going on in my life before they give me a sanction." Last, a participant shared:

Don't judge people right away. Be a little more sensitive to people's stories. So many people lie to you but sometimes you got to give people the benefit of the doubt. Work with people a little bit more. Be open to believe someone before you doubt them. I want to share my story, but you are not always open.

Resources for employment

The most common topic discussed in regards to how the program could be more helpful was related to employment. The participants felt that although the program requires employment, not enough resources are offered to assist them in finding and maintaining a job. Some participants also felt that more emphasis should be placed on employment than other requirements of the program. One participant commented, "Don't require AA (Alcoholics Anonymous) and NA (Narcotics Anonymous) meetings, a job is more helpful than hearing about people's drug problems. A job provides me structure." Other participants shared that the program could be more helpful by helping them learn how to "manage a job and do all the requirements of the program" and by offering referrals to employers "that hire people with a felony arrest."

3) What challenges are you facing to participating in the D.I.R.E.C.T. program?

One major theme emerged in the individual interviews with the participants: 1) resiliency.

Resiliency

When asked about the challenges they are facing to participating in the program, very few participants shared any challenges. For the few that did share a challenge, the most common was related to not having transportation to drug tests, drug court, and AA and NA meetings. Interestingly, when asked the question, nearly all of the participants took the opportunity to describe their own personal level of resiliency, as compared to identifying

challenges they were experiencing. Additionally, the participants associated their motivation to do well in the program to persons in their life, such as parents, children, and significant others.

One participant, for example, stated:

I make my own challenges and I refuse to make the program harder than it is. I want to be the first man in my family to achieve something. If I can't be a police officer, I will do something else. I want to make my grandparents proud. I want to do something positive.

Another participant shared:

There are no challenges, you put yourself in this position, you are responsible for doing what is required of you. I live an hour-and-a-half away but I will ride my bike to do a UA (drug test). I am not going to jail. No matter what, I am going to do the program. I refuse to be in shackles, that's embarrassing.

Participants also commonly responded to this question by self disclosing a family history of substance abuse and then sharing how they were going to be successful in the program. A female participant disclosed:

My parents were not great role models; they were into drugs and guns. I grew up in the projects where there was nothing but drugs and guns; we slept on the ground at night because of gunfire. As black people, we tend to adapt to our culture. I will not adapt. I will change for my children. I will rise above it. My kids are my motivation. I need to be a better person for them.

Another participant shared:

I am strong. I won't get high. All I know is drugs. My uncle used crack, my mom used coke, my whole family smokes pot. I am strong. I won't get high. I love my girl; she wants a man so I don't want to run the streets anymore. Before my daddy died, he said he wants me to get my G.E.D. so I am going to get it.

Furthermore, a participant disclosed:

My mom had a heroin addiction. My father's been to the penitentiary. I don't think I've ever spent a day with my dad outside of jail. My mom took me to the penitentiary three times; that hurts as a kid. I'm the only male in my family who has not been to the penitentiary. Everyone in my family has gone to the penitentiary, but I am going to be different, I am going to complete the program.

It was common for participants to identify a person in their life that motivated them to be resilient, and for the following participant, the person was his Case Manager in the D.I.R.E.C.T. program. He stated:

Where I'm from, growing up without a mom or dad, I thought it would be a handicap for me, but I see others go through it so I knew I could do it. I didn't have many friends or close people to me, but I know I can do it. My grandma raised me; it was tough but we made it. I wonder if my life would be different if my mom was here. Sometimes I use drugs because I get sad I had no parents. I view my case manager as my family now; it has blossomed into that.

Last, resiliency is also noted in the comment, "Where I grew up, in my neighborhood, no one does drug court. They just say put me in jail. I will be different. I will graduate."

4) How could the D.I.R.E.C.T. program be improved?

Three major themes emerged in the individual interviews with the participants: 1) dissatisfaction with AA and NA meetings; 2) lack of representation of African American participants; and 3) cultural insensitivity.

Dissatisfaction with AA and NA meetings

Of the many requirements that the D.I.R.E.C.T. program has, the majority of participants verbalized dissatisfaction with being mandated to attend AA and NA meetings. Most participants were dissatisfied because they felt they were not benefiting from these meetings, and others felt that the format of the meetings was not consistent with their culture. In regards to being dissatisfied with AA and NA meetings, a 21 year old participant stated, "Three times a week is too much, once a week would be better. I don't think I need them, I'm not an addict. I go because I have to go but I won't go after the program." Another participant shared similar ideas, he stated, "If you look at yourself as an addict, AA and NA meetings are for you. I'm not an addict so those meetings don't work for me. I am not talking about my problems with people I don't know."

In regards to AA and NA meetings not being consistent with their culture, a participant shared, "I don't talk at all at meetings. My secrets are my secrets. We are guarded with our feelings, we don't talk about things like family members dying or getting high around people you don't know, it's not cool." Another participant disclosed, "I don't share my business in front of people I don't know. If you want to get to know me, talk to me on an individual level." Furthermore, an 18 year old, male participant shared:

I go to meeting to go but I don't need them. I need a support system but it won't be with people I don't know. My girlfriend and sister are my support system; they understand me and tell me to do the right thing.

One participant specifically expressed a conflict between AA and NA meetings and his culture. The participant stated:

In my culture, you don't talk about your personal problems in public. At these AA and NA meetings these people are talking about how they were abused as a child and how they tried to kill themselves. I can't relate. I have problems but I don't share them there, I share them with my family.

Although a majority of participants expressed dissatisfaction with AA and NA meetings, it is important to mention that some participants viewed the meetings as positive. One participant shared, "Going to AA and NA meetings is helpful. When you find a home group you basically find a family, people that want to help you. It helps me give back and role model recovery."

Another participant offered mixed feeling, he stated:

AA and NA meetings work because I need to be around people who are trying to do good. That's better than being around people who are trying to get high. At times though, I don't like the meetings because I am the youngest person there and sometimes I can't relate.

Lack of representation of African Americans

Participants felt that the D.I.R.E.C.T. program could be improved by increasing the number of African American participants. One participant, for example, shared that he would like to develop friendships with other African American participants; however, the limited number of African American participants in the program has been a barrier to developing these relationships. The participant stated:

As a black man, I want to do good and be a good man. It's hard being a black man in today's society. I am the only black dude at work and in my area. It's tough; I would like to make friends with other black kids in drug court but I don't see too many of them.

Another participant shared that increasing the number of African American participants in the program would benefit him because he can related better to individuals from his same ethnicity. This participant shared, "There are not many African Americans in the program. You need a bigger pool of African Americans because black people help

other black people, sometimes we can relate better than other people who aren't black." Another participant discussed the lack of representation of African American staff, she stated, "You don't have a lot of African American staff, until recently. Being black we relate better to someone else of the same color." Another participant shared, "Employ more black people, seeing black staff makes it easier to talk to. We hang around black people so we like to see black people."

Possible explanations were discussed for why African Americans are underrepresented in the program. A participant stated, "When I was in jail, many African Americans were there hearing about the program and saying they don't want it because it's too hard. A lot of black kids I know want the easy way out, like deferred adjudication." Another participant shared a similar thought, he stated, "In my neighborhood no one does drug court, they just say put me in jail."

The underrepresentation of African Americans seems to be noticed primarily when participants are in court. One participant, based on his experiences in court, suggested a mentoring program for African American participants. The rationale for the mentoring program is highlighted in his comment:

When I walk into court, all I see is White people and a few Hispanics. I like to see other black people. Black people like to see other black people. I sometimes talk with the black guys who are always on sanctions and I told them stop making excuses, do the fucking program. We like being and hearing from other black people; have me be a mentor for the other black kids. I know their culture, I know where they are from, I've been there. Have a one-on-one. I understand, I know their language, I've been there, I understand what they're saying.

Last, D.I.R.E.C.T. participants are invited to have their family members attend court. One participant shared his observation of the underrepresentation of African American family members in court. He shared, "All family members in court are White or Hispanic. I never see black family members in court."

Cultural insensitivity

Participants were dissatisfied with how sanctions were handled in court. Specifically, participants discussed that they felt that African American participants were treated differently when they were on sanctions in court, as compared to Caucasian and Hispanic participants. Interestingly, participants discussed that when African American participants were on sanctions, it was common in court for the audience and drug court staff to laugh. A participant who experienced the laughter in court while he was on sanction stated:

It's like because I'm the black kid I am supposed to be in trouble. When I go in front of the Judge, the people, even staff, laugh. I am standing there pissed off because I am trying to change but I get no support from the people that are supposed to help me. I don't feel part of the program when they laugh.

Another participant, who was in the program for only 33 days, stated, "When you laugh at the black kids in front of the Judge, they get mad and say to themselves, fuck you, I am going out and getting high." A female participant shared her experiences, discussing that she observed laughter in court following a young, African American male reporting that he had used drugs since a young age. She stated:

The laughter in court was disrespectful, it needs to change. I remember the time they laughed at that one young black guy. They laughed at the one guy because he had been using drugs since 12 years old; that humiliated him. The court needs to be serious, it's disrespectful to laugh.

Last, a 21 year old, male participant shared an experience when he was on sanctions and persons in the court laughed at him. He shared:

They take everyone else's problems serious but they laugh when I go up there (on sanctions). I get defensive when they laugh; it's hard to say what you want to say, I'd rather say nothing. We have a black Judge, but at the same time, when we go up there, when black people go up to see the Judge, they seem to laugh. It's like funny when the person is in front of the Judge. I feel like we don't get that respect. The case manager doesn't stick up for us. It's like we're being judged on not as well as we're doing, but as bad as we're doing.

5.8 Summary

Mixed methods were used to evaluate the effectiveness of the D.I.R.E.C.T. program, and to explore the factors that may contribute to racial disparities in drug court outcomes. From

2007 through 2009, 61.97% (n =233) of D.I.R.E.C.T. participants graduated the program. Caucasians had a highest percentage of graduates, as compared to Hispanics and African Americans. During the timeframe, 65.42% (n = 193) of Caucasian participants graduated, whereas only 52.17% (n = 24) of Hispanic participants and 45.71% (n = 16) of African American participants graduated the program. In regards to research question 1, the most predictive variables of graduating the D.I.R.E.C.T. program were being employed or a student at time of admission into the program, having fewer positive drug tests, and being Caucasian. As for research question 2, the most predictive variables of not recidivating were not having a violation within the first 30 days of the program and graduating the program. In order to answer research question 3, qualitative data was collected from African American participants who were currently enrolled in the D.I.R.E.C.T. program. First, African American participants viewed the supportive drug court team and the random drug testing system as the most helpful aspects of the program. Second, African American participants felt that the program could be more helpful by providing individualized treatment and offering more resources for employment. Third, African American participants identified few challenges to participating in the program; actually, participants viewed themselves as resilient and it appeared that they were unwilling to identify barriers to them graduating the program. Fourth, African American participants felt that the program could be improved by not requiring attendance at Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) meetings and by increasing the number of African American participants in the program. Additionally, participants shared that they felt African American participants were treated differently in court when they were on sanctions, as compared to Caucasian and Hispanic participants.

CHAPTER 6

DISCUSSION AND IMPLICATIONS

6.1 Introduction

Chapter 6 begins by comparing the findings from this study to the findings from the two previous evaluations of the D.I.R.E.C.T. program (Bavon, 2001; Hoefler & Woody, 2009). Next, the findings from this dissertation are discussed in relationship to the literature review, research questions, hypotheses, and theoretical underpinnings of drug courts, including social control theory, the transtheoretical model, and the theory of therapeutic jurisprudence. The chapter concludes by presenting recommendations to improve the effectiveness of the D.I.R.E.C.T. program and by discussing the implications that the research findings have for social policy and social work practice, research, and education.

6.2 Comparing D.I.R.E.C.T. Program Evaluations

In this section of the chapter, the findings from this study are compared to the findings from the two previous evaluations of the D.I.R.E.C.T. program (Bavon, 2001; Hoefler & Woody, 2009). This study was the only evaluation to collect qualitative data from D.I.R.E.C.T. participants; Bavon (2001) did not use qualitative methods and Hoefler and Woody (2009) collected qualitative data through a focus group with D.I.R.E.C.T. staff members. There are several similar findings from the qualitative data collected in this study and the Hoefler and Woody (2009) program evaluation. First, in the Hoefler and Woody (2009) program evaluation, D.I.R.E.C.T. staff members shared that if they were able to make changes to the program they would eliminate requiring all participants to attend Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) meetings. Staff members felt that AA and NA are useful support systems, but not appropriate for everyone. Similarly, in this study, African American participants shared that

they were dissatisfied with being mandated to attend AA and NA meetings. African American participants felt they were not benefiting from these meetings, and others felt that the format of the meetings were not consistent with their culture.

Second, at the time of the Hoefer and Woody (2009) evaluation, the D.I.R.E.C.T. program did not have a random drug testing system; participants had scheduled days that they submitted their drug tests. D.I.R.E.C.T. staff members felt that the program would be improved by having a random drug testing system. Since the Hoefer and Woody (2009) evaluation, the D.I.R.E.C.T. program has implemented a random drug testing system, and the findings from this study indicate that the system may be reducing drug and alcohol use among participants. The African American participants from this study shared that the random drug testing system was one of the most helpful aspects of the program because it deterred them from using drugs and alcohol.

Third, both the Hoefer and Woody (2009) evaluation and this study found that the D.I.R.E.C.T. program could be improved by making the program more clinically oriented. Specifically, staff members felt that the use of a multidisciplinary, clinical approach would improve program outcomes (Hoefer & Woody, 2009), and African American participants felt that the program could be more helpful to them by getting to know them and their histories in more detail, and tailoring program requirements to their individualized needs. Last, both D.I.R.E.C.T. staff members (Hoefer & Woody, 2009) and African American participants shared that the drug court Judge plays a key role in the success of participants, as staff members and African American participants felt that the Judge was invested in the program and wanted to see participants graduate.

The following section compares the quantitative findings from this study to the two previous evaluations of the D.I.R.E.C.T. program (Bavon, 2001; Hoefer & Woody, 2009). The recidivism rate for all D.I.R.E.C.T. participants was 12.7% in the Bavon (2001) study, approximately 12% in the Hoefer and Woody (2009) study, and 21.00% (Figure 5.3) in this

program evaluation. The recidivism rate may have been higher in this study because Texas Crime Information Center (TCIC) and National Crime Information Center (NCIC) reports were used to measure recidivism. Bavon (2001) and Hoefer and Woody (2009) measured recidivism through data from the Criminal Justice Crime Information System (CJCIS), also known as the Tarrant County Main Frame. TCIC and NCIC reports indicate whether an individual has been rearrested throughout the United States, and data from the CJCIS indicate whether an individual has been rearrested only in Tarrant County, Texas.

All three studies provide some evidence that graduates are less likely than terminated participants to recidivate. In the Bavon (2001) study, of the 20 D.I.R.E.C.T. participants that recidivated after last contact with the program, 2 (10.0%) were program graduates and 18 (90.0%) were program dropouts. Similarly, in this study, of the 21 D.I.R.E.C.T. participants that recidivated, 4 (19.05%) were program graduates and 17 (80.95%) were terminated participants. Hoefer and Woody (2009) found that approximately 18% of graduates and 70% of terminated participants recidivated.

In regards to ethnicity, both this study and the Hoefer and Woody (2009) evaluation found that African American participants were least likely to graduate the program, as compared to Caucasians and Hispanics. Bavon (2001) did not use ethnicity as a variable. In the Hoefer and Woody (2009) program evaluation, 68% of Caucasian and 69% of Hispanic participants graduated the program, whereas the graduation rate for African American participants was only 33%. In this study, African Americans also had to lowest graduation rate; however, the percentage of African American graduates increased from 33% (Hoefer & Woody, 2009) to 45.71%. While the percentage of African American graduates increased, the percentage of Caucasian graduates decreased slightly from 68% (Hoefer & Woody, 2009) to 65.42%, and Hispanics had the greatest decrease in graduates from 69% (Hoefer & Woody, 2009) to 52.17%.

Logistic regression was used in this study and the Hoefer and Woody (2009) evaluation to identify which variables are most predictive of a D.I.R.E.C.T. participant graduating the program and not recidivating. Bavon (2001) did not use logistic regression. Hoefer and Woody (2009) found that the strongest predictors of participants graduating the program were having some college education and having no positive drug tests. This study did not find education level to be a significant predictor of graduation, however, did find that having a fewer number of positive drug tests increased the likelihood of graduation.

In addition to having a fewer number of positive drug tests, this study found that the likelihood of graduation increased for Caucasians and participants that were employed or a student at time of admission into the program. Hoefer and Woody (2009) found that employment was not a significant predictor of graduation. Hoefer and Woody (2009) found that being employed full-time, as compared to being employed part-time or being unemployed, was the strongest predictor of not recidivating. The strongest predictors of not recidivating in this study were not having a violation within the first 30 days of admission into the D.I.R.E.C.T. program and graduating the program. Both studies found that gender, ethnicity, level of education, age, and number of positive drug tests were not significant predictors of recidivism.

In summary, the collective qualitative data from the previous evaluations of the D.I.R.E.C.T. program suggest that both staff members and African American participants feel that the program could be improved by not mandating attendance at Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) meetings. Staff members feel that these support groups are not appropriate for everyone, and African American participants shared that they were not benefiting from attending these meetings. The strengths of the program appear to be the random drug testing system and having a Judge that is viewed as supportive.

The collective quantitative data indicate that African Americans are less likely to graduate the program, as compared to Caucasians and Hispanics. However, when comparing the findings from this evaluation to the Hoefer and Woody (2009) evaluation, it is promising to

see that the graduation rate of African Americans increased from 33% (Hoefler & Woody, 2009) to 45.71%. All three studies provide evidence that participants who graduate the program are less likely than terminated participants to recidivate. Last, the findings from the logistic regression provide mixed results. Although mixed results are found, employment seems to be a variable that emerges as a strong predictor of graduating the program and not recidivating. This study found that the likelihood of graduating the program increased for participants that were employed or a student at time of admission into the program, and Hoefler and Woody (2009) found that being employed full-time was the strongest predictor of not recidivating. It is important to mention that although being employed is a strong predictor of graduating the program and not recidivating, African American participants felt that the D.I.R.E.C.T. program did not offer enough resources to assist participants in finding and maintaining a job.

6.3 Discussion

In this section of the chapter, the findings from this dissertation are discussed in relationship to the literature review, research questions, hypotheses, and theoretical underpinnings of drug courts, including social control theory, the transtheoretical model, and the theory of therapeutic jurisprudence. In regards to research question one, the most predictive variables of graduating the D.I.R.E.C.T. program were being Caucasian, having employment or being a student at time of admission into the D.I.R.E.C.T. program, and having a fewer number of positive drug tests. Although age and education level were hypothesized to be significant predictors of graduation, these variables never reach a level of statistical significance. In regards to research question two, the most predictive variables of not recidivating after last contact with the D.I.R.E.C.T. program were not having a violation within the first 30 days of admission into the program and graduating the program. A participant's age, education level, employment status, and ethnicity were hypothesized as significant predictors of not recidivating, however, equal outcomes were found among these variables.

The finding that Caucasians are more likely than Hispanic and African American participants to graduate drug court is consistent with the majority of other drug court program evaluations that found racial disparities in graduation rates. Dannerbeck et al. (2006), for example, found that 55% of Caucasian and 28% of African American drug court participants graduated from the program. In a California drug court, Sechrest and Shicor (2001) found that, while 68.9% of Caucasian drug court participants graduated, only 42.1% of Hispanic and 31.6% of African American drug court participants graduated. The results from this study are not universal though; Hohman (2000) found equal graduation rates among ethnicity, and Vito and Tewksbury (1998) found that African Americans were more likely than Caucasian participants to graduate the Jefferson County, Kentucky drug court program. One of the factors that may have contributed to the success of African Americans in the Jefferson County, Kentucky drug court is that drug court participants received culturally competent, evidence-based interventions (Vito & Tewksbury, 1998). Based on the findings from Vito and Tewksbury (1998), the lower graduation rate for African Americans in this study may be partially explained by African American participants' perspectives that they were not receiving individualized treatment, and were mandated to attend support groups, Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) meetings, that were not consistent with their culture. Furthermore, African American participants felt that the D.I.R.E.C.T. program was culturally insensitive. Specifically, African Americans felt that they were treated different than Caucasian and Hispanic participants were they were in court and on sanctions.

While the drug literature has provided some evidence that racial disparities may exist in drug court outcomes because African American participants are more likely to identify cocaine, including crack cocaine, as their drug of choice (Brewster, 2001; Dannerbeck et al., 2006; Hartley & Phillips, 2001; Hickert et al., 2009; Mullany & Peat, 2008; Taxman & Bouffard, 2005), this study did not find drug of choice to be a statistically significant predictor of either outcome, graduating the D.I.R.E.C.T. program or not recidivating following last contact with the

D.I.R.E.C.T. program. The finding from this study is consistent with two other drug court evaluations that found drug of choice to not be a strong predictor of drug court success (Hohman, 2000; Listwan et al., 2009).

Participants that were terminated from the D.I.R.E.C.T. program were significantly more likely than graduates to recidivate. Sixty-one of the 100 randomly selected cases graduated the program and only 6.56% (n =4) of these participants recidivated. Conversely, 39 of the 100 randomly selected cases were terminated from the program and 43.59% (n = 17) of these participants recidivated. Several studies also found that participants that did not graduate drug court were more likely than graduates to recidivate (Bavon, 2001; Mullany & Peat, 2008; Taxman & Bouffard, 2005; Wolfe et al., 2002). In the Wolfe et al. (2002) study, the recidivism rate for drug court graduates (19%) was significantly different than the recidivism rate of drug court nongraduates (53%). Taxman and Bouffard (2005) found that terminated participants were also more likely than graduates to be rearrested more quickly after participation in drug court. With nearly 45% of participants that were terminated from the D.I.R.E.C.T. program recidivating, the findings suggest that interventions be implemented in a manner that promotes program retention. The length of the D.I.R.E.C.T. program is 11 to 24 months. Keeping participants that have multiple violations in the program for the maximum length of time, for example, will allow for more interventions to be offered and possibly increase the likelihood of graduation.

Being employed or a student at time of admission was a statistically significant predictor of graduating the D.I.R.E.C.T. program. This finding supports the findings from nine other drug court program evaluations. Other studies have found that that drug court participants who were employed were more likely to have successful drug court outcomes, as compared to drug court participants that were not employed (Dannerbeck, Harris, Sundet, & Lloyd, 2006; Goldkamp, 1994; Hartley & Phillips, 2001; Listwan et al., 2009; Logan, Williams, Leukefeld, & Minton, 2000; Mullany & Peat, 2008; Peters & Murrin, 2000; Sechrest & Shicor, 2001; Vito & Tewksbury,

1998). Although employment continues to emerge in the drug court literature as a strong predictor, and perhaps the most frequently found predictor of successful drug court outcomes, African American participants of the D.I.R.E.C.T. program felt that the program could be more helpful to them by offering more resources for employment. Specifically, African American participants suggested resources to find a job, and support in how to manage employment and fulfill all the requirements of the drug court program.

Interestingly, participants' age and whether or not they had a high school diploma or GED at time of admission into the D.I.R.E.C.T. program were not statistically significant predictors of graduation or not recidivating. In regards to age, the findings from this study are consistent with only one study (Sechrest & Shicor, 2001), which also found age to not be a predictor of graduation. The majority of studies have found that older drug court participants are significantly more likely than younger participants to graduate drug court and not recidivate (Goldkamp, 1994; Hartley & Phillips, 2001; Hickert et al., 2009; Hohman, 2000; Krebs et al., 2007; Listwan et al., 2003; Logan et al., 2000; Wolfe et al., 2002). In regards to education level, the findings from this study are consistent with only three other drug court program evaluations (Dannerbeck et al., 2006; Hohman, 2000; Sechrest & Shicor, 2001), which also found education level to not be a statistically significant predictor of successful drug court outcomes. The majority of studies have shown that drug court participants with a high school education or higher were more likely to graduate the program than participants with education less than a high school diploma or G.E.D. (Goldkamp, 1994; Gray & Saum, 2005; Hickert, Boyle, & Tollefson, 2009; Listwan et al., 2009; Mullany & Peat, 2008; Taxman & Bouffard, 2005; Vito & Tewksbury, 1998).

This study assessed whether having a violation within the first 30 days of admission into the D.I.R.E.C.T. program predicted graduation or recidivism. This variable was not a statistically significant predictor of graduation; however, participants that had a violation within the first 30 days of admission were more likely to recidivate. Although this study found that

having a violation with the first 30 days of admission was not a statistically significant predictor of graduation, a recent evaluation of the Toronto Drug Treatment Court provides evidence that compliance within the first month of the program influences graduation outcomes (Newton-Taylor, Patra, & Gliksman, 2009). In their study, Newton-Taylor et al. (2009) found that participants that graduated drug court were less likely than expelled participants to use drugs and breach other conditions of the program, such as curfew violations and missing courts, within the first month. Although there is limited evidence in this area, it appears that a participant's compliance with the first month of drug court can have an important impact on their success in and after the program. African American participants shared during their individual interviews that one of the most helpful aspect of the program was the random drug testing system. Perhaps, increasing the frequency of random drug tests during the early phases of the program would result in fewer violations.

Qualitative data were collected through individual interviews with African American participants who were currently enrolled in the D.I.R.E.C.T. program. Although the findings from the individual interviews are not meant to be generalized beyond the research sample, the data are useful in developing an understanding on African American participants' perspectives of the D.I.R.E.C.T. program. Furthermore, the data contribute to the knowledge base on the factors that may contribute to African Americans graduating the D.I.R.E.C.T. program at a lower rate than Caucasian and Hispanic participants.

One of the benefits of qualitative research is that the findings can provide an in-depth response to a single question or idea which can bring out aspects of the topic that were not expected from the researcher (Rubin & Babbie, 2008). The most unexpected topic to emerge from this study is the theme of cultural insensitivity. Cultural insensitivity is conceptualized as African Americans participants reporting that they were treated differently than Caucasian and Hispanic participants in court when on sanctions. The differential treatment was described as the drug court team and court audience laughing at African American participants when they

were in court and discussing their sanction. The finding of culturally insensitive practices towards African American participants is clearly an issue that should not be ignored. It is important that D.I.R.E.C.T. program implement an ongoing evaluation of this issue to assess whether the laughter in court were isolated events or an ongoing problem.

One of the goals of this study was to explore factors that may contribute to racial disparities in drug court outcomes, specifically related to African Americans graduating the D.I.R.E.C.T. program at a lower rate than Caucasian and Hispanic participants. Interestingly, the qualitative data found that African American participants were resilient, and it appeared that they were unwilling to identify challenges to graduating the program. The ability to be resilient may suggest that this population would be successful in the program; however, less than half (45.71%) of African Americans ultimately graduate. A potential explanation for the difference in findings could be in the manner in which the question was asked. Instead of asking about challenges to participating in the program, asking about the most difficult requirements of the program may be more specific which may have resulted in additional findings.

Based on the qualitative findings, factors that may contribute to racial disparities in D.I.R.E.C.T. program graduation rates include: 1) African American participants' beliefs that drug court sanctions were not implemented in a culturally sensitive manner; 2) African American participants' dissatisfaction with being mandated to attend Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) meetings, and belief that the format of AA and NA is not consistent with their culture; 3) African American participants' perceptions that they were not offered enough resources to gain and maintain employment; 4) African American participants' views that they were not receiving individualized treatment; and 5) African American participants' beliefs that they can relate better to individuals from their same ethnicity; however, they did not have ample opportunities to develop these relationships because African Americans are underrepresented in the D.I.R.E.C.T. program. A possible explanation found for why African Americans are underrepresented in the D.I.R.E.C.T. program is that African Americans may be

more likely to accept deferred adjudication or jail, as compared to drug court. This possible explanation is consistent with the findings from an Orange County, California drug court where minority participants were more likely than non-minority participants to view prison as a less severe outcome than criminal justice programs like drug court (Cresswell & Deschenes, 2001). Prison may not be as taboo in the African American culture as it is in other ethnicities. Additionally, the likelihood that drug courts are more expensive than incarceration may also deter many African Americans from pursuing drug courts. Cresswell and Deschenes state, "It is possible that minority participants do not fear the temporary loss of freedom but are threatened by the costs and consequences of drug treatment" (Cresswell & Deschenes, 2001, p. 277).

The five findings identified as possible factors that may contribute to racial disparities in D.I.R.E.C.T. program graduation rates need to be interpreted with caution. These findings are limited to the views held by 14 African American participants, and the method of this research prevents the qualitative findings from being generalized beyond the research sample. Because the topic of racial disparities has not been explored previously through qualitative methods, only additional research will assist in developing a more comprehensive understanding of this phenomenon. Also, additional research will be helpful in identifying whether other drug courts experience similar problems shared by the participants in this study.

Although the drug court team was viewed as culturally insensitive when managing African American participants in court, the research participants also shared that one of the most helpful aspects of the D.I.R.E.C.T. program was the supportive drug court team. This difference in findings may suggest that the setting has an impact on participants' perceptions of drug court, as the drug court team was viewed as culturally insensitive only in court. Overall, the drug court team may be providing supportive, nonadversarial services; however, improvements may need to be made on how sanctions are conveyed during drug court sessions. Another strength identified of the program was the random drug testing system, which appears to be the strongest deterrent to drug and alcohol use. These findings are similar

to the qualitative study by Wolfer (2006) where graduates were asked about the strengths and weaknesses of a Pennsylvania drug court program. In the study, graduates shared that the random drug testing system was a strength of the program, and differential treatment by team members was the program's weakness (Wolfer, 2006). Differential treatment by team members was graduates' perception of unfairness and inconsistency when the court imposed sanctions (Wolfer, 2006). Although this study did not find the types of sanctions imposed to be viewed as unfair or inconsistent, research participants did feel that African American participants were treated unfairly and not taken seriously when they were on sanctions, as indicated by laughter in the courtroom when the sanction was being discussed.

Drug courts are designed to operate under the assumptions of social control theory, the transtheoretical model, and the theory of therapeutic jurisprudence. Social control theory assumes that strong social bonds are protective factors against criminal behavior, such as illicit drug and alcohol use. Although many African American participants did not develop strong social bonds within Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) meetings, they did report that family was a valuable support system that they utilized frequently. The transtheoretical model identifies that the primary factor that contributes to an individual discontinuing drug use is an intrinsic motivation to change. Similar to the findings for social control theory, African American participants mentioned frequently that family was a significant motivation for them to change. Additionally, African American participants shared experiences related to their personal level of resiliency and how being resilient motivates them to do well in drug court. Evidence of the theory of therapeutic jurisprudence is mixed. The theory of therapeutic jurisprudence acknowledges that criminal justice professionals play a key role in the behavioral changes that an individual experiences. African American participants described the drug court team as supportive and nonadversarial, but also as culturally insensitive in court when they were managing African Americans that were on sanctions.

In summary, the D.I.R.E.C.T. program seems to be more successful for graduates than terminated participants in meeting its long-term outcome of reducing the criminal recidivism rate for arrestees who have a history of substance abuse. The recidivism rate is considerably lower for participants that graduate the D.I.R.E.C.T. program, which is consistent with the previous evaluations of the program (Bavon, 2001; Hoefler & Woody, 2009). This suggests that improvements can be made to increase participants' retention in the program.

Furthermore, the program seems to be most effective for participants that are Caucasian, employed or a student, have fewer positive drug tests, do not have a violation within the first 30 days of the program, and graduate the program. Providing additional resources for employment and increasing the frequency of interventions, such as random drug testing, within the early phases of the program may improve outcomes. African American participants offered considerable insight into the overall effectiveness of the program. Based on the qualitative findings, it is plausible to consider that racial disparities may exist in D.I.R.E.C.T. program outcomes because of factors such as culturally competent practices not being used when African Americans are in court and discussing their sanction and African Americans not benefiting from attending Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) meetings.

Last, the D.I.R.E.C.T. program seems to be operating under the assumptions of social control theory and the transtheoretical model. African American participants, for example, identified social bonds in their lives and motivations that support a lifestyle free from criminality and drug and alcohol use. Evidence of the theory of therapeutic jurisprudence is mixed. The drug court team was viewed by African American participants as supportive and nonadversarial, but also as culturally insensitive.

6.4 Recommendations for the D.I.R.E.C.T. Program

This section of the chapter presents recommendations to improve the effectiveness of the D.I.R.E.C.T. program. Overall, the findings from the evaluation suggest that the

D.I.R.E.C.T. program is an important part of the criminal justice system, and it appears that drug courts are a useful intervention for arrestees who have a history of substance abuse. The recommendations are designed to make the program more effective, especially in regards to populations that have historically had less successful outcomes. Recommendations are offered in four areas: 1) Monitor Participant Satisfaction; 2) Enhance Supervision within First 30 Days; 3) Marketing to African American Participants; and 4) Increase Family Involvement.

6.4.1. Monitor Participant Satisfaction

The D.I.R.E.C.T. program currently monitors participant satisfaction by providing an exit questionnaire to participants prior to their graduation. The exit questionnaire asks participants questions related to their best and worst experience in the program, what they liked most and least about the program, which program requirement helped the most, which program requirement they found most difficult, if they encountered any problems with staff, and whether they received family support during the program. Monitoring participants' satisfaction with the program is important for many reasons, such as assuring that interventions are being received in the manner intended and assessing the strengths and areas of improvement for the program. The major limitation with the exit questionnaire is that it is only offered to participants that are graduating; therefore, the views held by terminated participants are not monitored. More than half of African American participants are terminated from the program; therefore, the opinions of the program from this population are never collected.

It is recommended that the D.I.R.E.C.T. program monitor participant satisfaction throughout the entire program. For example, provide participants a satisfaction survey, similar to the questions asked in the exit questionnaire, at 30 days post admission and then every 3 months afterwards. The benefit of an ongoing satisfaction survey is that the program will learn about every participant's opinion of the program, not just participants that graduate. Additionally, collecting data from participants early in the program may provide further insight into how the program can be more helpful, which may result in fewer violations within the first 30

days of admission into the program. The findings from this study suggest that fewer violations within the first 30 days may result in fewer participants recidivating. An unexpected finding from this study was that African American participants felt that they were managed differently than other ethnicities in court when on sanction. Specifically, research participants shared that laughter occurred in court when some African American participants were on sanctions. Based on this finding, the satisfaction survey should also include a question related to participants' perspectives on how sanctions are handled in court.

6.4.2. Enhance Supervision within the First 30 Days

Having a violation within the first 30 days of admission into the D.I.R.E.C.T. program was one of the most predictive variables of a participant recidivating. It is recommended that the D.I.R.E.C.T. program enhance its supervision of participants within the first 30 days of the program. Participants currently submit drug tests on a random basis at least two times a week during the first 30 days. During the first 30 days, increasing the number of minimum drug tests from two to three may decrease the number of participants that have a violation within this crucial time frame. African American participants interviewed for this study provide some evidence that increasing the number of random drug tests within the first 30 days of the program may result in fewer violations. African American participants shared that one of the most helpful aspects of the program was the random drug testing system, as frequent and random drug tests was a major deterrent for using drugs and alcohol.

Additionally, the program could be enhanced by referring participants to substance abuse treatment prior to a positive drug test. Currently, the norm is to only refer participants to substance abuse treatment if they have a positive drug test or admit to using drugs or alcohol. It would be advantageous to complete the clinical assessment on the day of admission, and for those participants that meet the criteria for substance abuse treatment, the appropriate referral can be made. As a result, participants can enter substance abuse treatment prior to having a violation within the early phases of the program. This study found that graduates had fewer

positive drug tests than terminated participants, and were significantly less likely than terminated participants to recidivate. By increasing the number of drug tests during the first 30 days of the program and referring to substance abuse treatment before a positive drug test, the D.I.R.E.C.T. program may experience increased retention of participants and a higher percentage of graduates.

6.4.3. Marketing to African American Participants

African American participants are underrepresented in the D.I.R.E.C.T. program. African Americans represent approximately 40% of the Tarrant County jail population but only 10% of drug court. African American participants shared that increasing the number of African Americans in the program would result in better outcomes for this population, as they can relate better to members of their own ethnicity and would develop more relationships with other program participants. African American participants shared that a possible barrier to increasing the number of African American participants is that African Americans may be more likely to accept deferred adjudication or incarceration, simply because these program are less expensive. The D.I.R.E.C.T. program offers scholarships to participants; however, there is no formal application process for scholarships and scholarship awards are not often decided until participants are near graduation. It is recommended that the D.I.R.E.C.T. program develop a formal application process for scholarships, discuss the opportunity of scholarships during a potential participant's first contact with the program, and market the availability of scholarships on their brochure and website. Making the application process for a scholarship manageable and discussing the opportunity of scholarships early in the admission process may increase the likelihood of participants from lower socioeconomic backgrounds applying for the program, some of which may be African American.

6.4.4. Increase Family Involvement

Of the many requirements of the D.I.R.E.C.T. program, the majority of African American participants were dissatisfied with being mandated to attend Alcoholics Anonymous (AA) and

Narcotic Anonymous (NA) meetings because they felt that they were not benefiting from these meetings and the format to these support groups was not consistent with their culture. African American participants were not comfortable discussing their problems in a group setting with people they did not know. Participants, however, did report that they needed support in their lives and they often found that support through both family and nontraditional family members. It is recommended that the D.I.R.E.C.T. program increase its involvement of family members. This involvement can include inviting family members to attend drug court, having family members attend case management sessions, or providing family members with weekly updates on participants' progress. Because African American participants do not appear to be benefiting from AA and NA meetings, the program may want to consider decreasing the frequency of required meetings for participants that are doing additional interventions with family members. Additionally, the current paperwork used for the clinical assessment does not assess family history. Incorporating a thorough evaluation of participants' family histories, especially histories of substance abuse or mental health diagnoses, may assist case managers as they attempt to get family members involved in the drug court program.

6.5 Implications

This section of the chapter discusses the implications that the research findings have for social policy and social work practice, research, and education.

6.5.1. Social Policy

The success of drug courts is being seen by policy makers, and states are beginning to mandate drug courts throughout their counties. Texas, for example, has established law that since 2001 requires certain counties to develop drug courts. This law, which was first passed as House Bill 1287, initially mandated that the Commissioners Court of a county with a population of more than 550,000 shall establish a drug court program (Texas State Legislature, 2001). In 2007, House Bill 530 amended the initial legislation by changing the population requirement to develop a drug court from 550,000 to 200,000 (Texas State Legislature, 2007). The

D.I.R.E.C.T. program is required to exist because the population of Tarrant County, Texas is greater than 200,000.

The findings from this study have implications related to the funding guidelines of House Bill 530. Texas counties that are required to exist because of House Bills 530 are eligible for state funding. Another avenue of funding is the participants themselves. House Bill 530 states that a drug court program may charge a reasonable admission fee not to exceed \$1,000 (Texas State Legislature, 2007). At the discretion of the drug court program, the admission fee can be paid through a payment plan. However, many programs may be inclined to require the maximum fee, \$1,000, to be paid at admission, especially when federal funding for drug courts is decreasing (Heck & Roussell, 2007). House Bill 530 is unclear on whether a potential drug court participant can be denied admission into the program because he or she cannot pay the admission fee. As a result, potential participants from lower socioeconomic classes may not be offered the option of drug court.

The current policy stating the drug courts can charge a reasonable admission fee not to exceed \$1,000 is vague. It is recommended that future amendments to House Bill 530 develop specific guidelines as to what drug courts can charge their participants. Within these guidelines, would be assessments of a participant's current income and ability to pay. Furthermore, House Bill 530 does not discuss scholarships. It is also recommended that future amendments develop a policy that requires drug courts who receive state funding to offer a certain percentage of scholarships. The findings from this study have shown that African Americans are underrepresented in the D.I.R.E.C.T. program. A potential explanation for this underrepresentation is that the cost of the program can deter potential participants from applying to drug court. Future amendments that describe specifically the admission fee and scholarship options may increase participation of participants from lower socioeconomic backgrounds, many of which may be African American.

An additional implication for social policy is related to the use of culturally competent, evidence-based interventions. Despite the evidence that treatment engagement, motivation, and retention can be improved by providing culturally competent, evidence-based interventions (Beckerman & Fontana, 2002; Henggeler, Halliday-Boykins, Cunningham, Randall, Shapiro, & Chapman, 2006; Lutze & van Wormer, 2007), House Bill 530 does not discuss the cultural diversity of drug court participants or mandate the use of evidence-based interventions in the treatment of substance abuse. It is plausible to consider that racial disparities may exist in drug court outcomes because culturally competent, evidence-based interventions are not being provided to all participants. African American participants from this study felt that they were not receiving individualized treatment and viewed the drug court team as culturally insensitive at times when laughter occurred in court when African American participants were on sanctions. Furthermore, the majority of African American participants felt that they were not benefiting from being mandated to attend Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) meetings because the format of these meetings was not consistent with their culture. House Bill 530 may become more effective through future amendments that address the cultural diversity of drug court participants and by mandating drug courts to refer to treatment providers that are using evidence-based interventions. Assuring that drug courts are offering culturally competent, evidence-based interventions may result in equal graduation and recidivism outcomes among the different ethnicities that drug courts serve.

6.5.2. Social Work Practice

Being employed is the most predictive variable of successful drug court outcomes, as the body of literature continuously suggests that being employed increases the likelihood of graduation and not recidivating. This study, for example, found that being employed or a student at time of admission into the D.I.R.E.C.T. program increased the odds of graduating the drug court. Based on these findings, it is recommended that social workers who work with drug courts familiarize themselves with resources within their community that promote employment.

Drug courts operate with a multidisciplinary judicial team, which is designed to meet the many needs of participants. It would be advantages to invite potential employers to become part of the multidisciplinary judicial team, as these employers may be more likely to assist participants in finding employment that does not conflict with the demands of drug court. This social work practice implication supports the findings from this study. In this study, African American participants of the D.I.R.E.C.T. program felt that the drug court could be more helpful by referring them to employers that hire individuals with a felony arrest and by assisting them in managing employment with the demands of drug court.

6.5.3. Social Work Research

Finigan (2009) recommended that studies move beyond documenting the problem of racial disparities in drug court outcomes, and begin to explore solutions to improve outcomes for minority participants. The major implication that this study has for social work research is that qualitative methods were successfully used to learn about African American participants' views of the D.I.R.E.C.T. program. The qualitative findings provide insight into possible factors that may contribute to racial disparities in D.I.R.E.C.T. program outcomes, as well as solutions that may improve outcomes for minority participants. Further mixed methods research is needed to add to the knowledge gained from this study.

It is recommended that future research collect qualitative data from other ethnicities, such as Caucasians and Hispanics, to learn about their perceptions of drug court effectiveness. African Americans, in this study, felt that Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) meetings were not helpful, and some felt that the format of these meetings was not consistent with their culture. Future qualitative research can explore other ethnicities satisfaction with AA and NA meetings to see if similar perspectives are shared. Furthermore, this research only used individual interviews to collect qualitative data. Using focus groups or direct observation in combination with individual interviews in future research will allow for the interchange of ideas among research participants and a method to compare findings.

Additionally, this study collected qualitative data at a single point in time. It is recommended that future research collect qualitative data from participants at multiple points during their participation in drug court. Collecting data at multiple points may provide additional data and themes, as well as a method to gain knowledge on how participants' views towards drug court change throughout the program. Learning about changes in participants' views towards drug court effectiveness may offer insight into what interventions are needed during certain phases of the program. Not having a violation within the first 30 days of drug court, for example, seems to improve outcomes; therefore, multiple data collection points would allow researcher to learn about the needs of new participants and a way to track if the needs are being met.

The final implication for social work research is related to policy analysis. Currently, 31 of the 50 (62.00%) United States have drug court legislation (Huddleston & Marlowe, 2011). There is limited knowledge on the influence that these laws have on drug court outcomes. In a recent policy analysis of House Bill 530, which is a Texas state law that mandates certain counties to have drug courts, Gallagher (in press) suggested that limitations in drug court law may contribute to racial disparities in drug court outcomes and an increased risk of drug court participants not receiving culturally competent, evidence-based treatments. Gallagher (in press) also proposed a policy analysis framework that can be used in future research to evaluate drug court law. In order to gain an in-depth understanding of the laws that guide drug court practice, it is suggested that future research complete policy analyses that evaluate the impact that drug court law has on participants' outcomes. The use of a feminist policy analysis framework, for example, may allow for a greater understanding of the impact that drug court law has on gender (McPhail, 2003). The evaluation of drug court law can contribute to an increased knowledge base that can aid social workers and policymakers in addressing issues such as racial disparities in drug court outcomes and the quality of treatment being offered to drug court participants.

6.5.4. Social Work Education

The nonadversarial, clinical orientation of drug courts is consistent with the social work profession. Because the total number of drug courts continues to increase throughout the United States, as well as internationally, there may be ample opportunity for social workers to gain employment within drug courts. For the Schools of Social Work that offer concentrations or courses in addiction studies, it is important to incorporate knowledge on drug courts into the curriculum. Within the curriculum, it is suggested that students learn about the contemporary issues with drug courts, such as racial disparities in outcomes. Furthermore, service-learning techniques could be used to provide students the opportunity to see how drug courts operate within their community. For example, students could attend a drug court and assess whether or not the court followed the ten key components of a drug court program (National Association of Drug Court Professionals, 2004). Students could then report their findings back to the drug court team.

Additionally, it is important that Schools of Social Work educate students on the unique challenges of working within the criminal justice system. Working with mandated clients and maintaining their right to self-determination, for example, may be uncomfortable for some social workers, especially social workers that have not received training on the role of social work in authoritative settings. To promote effective social work practice, it is recommended that Schools of Social work offer a curriculum related to social work practice in the criminal justice system, and provide students the opportunity to complete internships in criminal justice settings like drug courts. It is suggested that the curriculum include training on the thirteen *Practice Principles to Guide Use of Authority with Mandated Clients*, as suggested by Hutchison (1987). The practice principles can be useful resources in helping students maintain key social work ethics, such as the right to self-determination, while working with mandated clients. Furthermore, Butters and Vaughan-Eden (2011) offer a valuable resource for social work

education; they discuss common ethical dilemmas faced by social workers who work in criminal justice settings and present a code of ethics specific to forensic social work.

6.6 Summary

The D.I.R.E.C.T. program appears to be a valuable intervention for arrestees who have a history of substance abuse, as indicated by nearly 80% of its participants not recidivating within the follow-up period. The follow-up period to measure recidivism ranged from approximately 1 year, 10 ½ months to 4 years, 10 ½ months. The D.I.R.E.C.T. program, however, seems to be most effective for Caucasian participants and graduates. African American participants continue to graduate the D.I.R.E.C.T. program at a lower rate than Caucasians and Hispanics. The most predictive variables of graduating the program are being Caucasian, being employed or a student at time of admission into the program, and having fewer positive drug tests. Furthermore, the two previous evaluations of the D.I.R.E.C.T. program, and this study, found that graduates were significantly less likely than terminated participants to recidivate. The most predictive variables of not recidivating were graduating the program and not having a violation within the first 30 days of admission into the program.

The major contribution of this research is that qualitative methods were used to explore the factors that may contribute to racial disparities in drug court outcomes. Through the use of individual interviews, African American participants were given a “voice” related to their experiences in drug court. The findings from this study offer a beginning knowledge base on why racial disparities may exist in graduation outcomes. Based on the findings, it is plausible to consider that African Americans are least likely to graduate the D.I.R.E.C.T. program because they are not receiving individualized treatment, not being offered enough resources for employment, and not benefiting from attendance at Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) meetings. African American participants also suggested that the underrepresentation of African Americans in the program may contribute to less successful outcomes. An unexpected outcome from this study was African Americans’ perceptions that

some African American participants were managed in a culturally-insensitive manner when discussing their sanctions in court. Ongoing evaluation of the drug court will assist in assessing whether the examples of culturally-insensitivity are isolated events or an ongoing problem.

In order to improve outcomes for terminated participants and African Americans, it is recommended that the D.I.R.E.C.T. program implement an ongoing participant satisfaction survey, enhance supervision within the first 30 days of admission into the program, expand marketing of the program to African American participants, and increase family involvement. The findings from this study also have implications for social policy and social work practice, research, and education. For example, future amendments to House Bill 530 requiring drug courts to offer scholarships and recruiting employers to become part of drug courts multidisciplinary judicial team may also improve outcomes for terminated participants and African Americans.

Last, drug courts operate under the assumptions of social control theory, the transtheoretical model, and the theory of therapeutic jurisprudence, and all three theories have characteristics that parallel the social work values of *Dignity and Worth of the Person*, *Importance of Human Relationships*, and *Service*. Drug courts are a growing part of the criminal justice system and there is clearly a role for social workers within these programs. Key contributions that social work can make to drug courts are teaching students about drug courts and the challenges of working within the criminal justice system, continuing research on the factors that may contribute to racial disparities in outcomes, and advocating for policies that promote equal access to drug court programs. The further integration of social work practice in drug courts may improve the effectiveness that these courts already have demonstrated.

REFERENCES

- Abramsky, S. (2007). *American furies: Crime, punishment, and vengeance in the age of mass imprisonment*. Boston, MA: Beacon Press.
- Banks, D., & Gottfredson, D.C. (2003). The effects of drug treatment and supervision on time to rearrest among drug treatment court participants. *Journal of Drug Issues, 33*(2), 385-412.
- Bavon, A. (2001). The effect of the Tarrant County drug court project on recidivism. *Evaluation and Program Planning, 24*(1), 13-22.
- Beckerman, A., & Fontana, L. (2002). Issues of race and gender in court-ordered substance abuse treatment. *Journal of Offender Rehabilitation, 33*(4), 45-61.
- Bouffard, J., & Taxman, F. (2004). Looking inside the "black box" of drug court treatment services using direct observations. *Journal of Drug Issues, 34*(1), 195-218.
- Bouffard, J.A., & Richardson, K.A. (2007). The effectiveness of drug court programming for specific kinds of offenders: Methamphetamine and DWI offenders versus other drug-involved offenders. *Criminal Justice Policy Review, 18*(3), 274-293.
- Brewster, M.P. (2001). An evaluation of the Chester County (PA) drug court program. *Journal of Drug Issues, 31*(1), 177-206.
- Brocato, J., & Wagner, E.F. (2008). Predictors of retention in an alternative-to-prison substance abuse treatment program. *Criminal Justice and Behavior, 35*(1), 99-119.
- Bureau of Justice Statistics. (n.d.). Key Facts at a Glance: Estimated Arrests for Drug Abuse Violations by Age Group, 1970-2007. Retrieved from <http://bjs.ojp.usdoj.gov/content/glance/tables/drugtab.cfm>
- Butters, R.P., & Vaughan-Eden, V. (2011). The ethics of practicing forensic social work. *Journal of Forensic Social Work, 1*(1), 61-72.
- Center for Substance Abuse Treatment. (1999). *Enhancing motivation for change in substance abuse treatment, treatment improvement protocol (TIP) series, number 35*. Rockville, MD: Substance Abuse and Mental Health Services Administration.
- Cresswell, L.S., & Deschenes, E.P. (2001). Minority and non-minority perceptions of drug court program severity and effectiveness. *Journal of Drug Issues, 31*(1), 259-292.
- Dannerbeck, A., Harris, G., Sundet, P., & Lloyd, K. (2006). Understanding and responding to racial differences in drug court outcomes. *Journal of Ethnicity in Substance Abuse, 5*(2), 1-22.

- DeSchweinitz, E., & DeSchweinitz, K. (1946). The place of authority in the protective function of the public welfare agency. *Child Welfare League of America, Inc. Bulletin*, 25(7), 1-6.
- Duvall, J.L., Oser, C.B., & Leukefeld, C.G. (2008). Readiness to change as a predictor of drug-related behaviors in a sample of rural felony probationers. *The American Journal of Drug and Alcohol Abuse*, 34(6), 741-748.
- Fielding, J.E., Tye, G., Ogawa, P.L., Imam, I.J., & Long, A.M. (2002). Los Angeles County drug court programs: Initial results. *Journal of Substance Abuse Treatment*, 23(3), 217-224.
- Finigan, M.W. (2009). Understanding racial disparities in drug courts. *Drug Court Review*, VI(2), 135-142.
- Gallagher, J.R. (in press). A policy analysis framework for drug courts. *Southwest Journal of Criminal Justice*.
- Goldberg, R. (2003). *Drugs across the spectrum* (4thed.). Belmont, CA: Wadsworth/Thomson Learning.
- Goldkamp, J.S. (1994). Miami's treatment drug court for felony defendants: Some implications of assessment findings. *The Prison Journal*, 74(2), 110-166.
- Gottfredson, D.C., & Exum, M.L. (2002). The Baltimore City drug treatment court: One-year results from a randomized study. *Journal of Research in Crime and Delinquency*, 39(3), 337-356.
- Gottfredson, D.C., Najaka, S.S., & Kearley, B. (2003). Effectiveness of drug treatment courts: Evidence from a randomized trial. *Criminology & Public Policy*, 2(2), 171-196.
- Gray, A.R., & Saum, C.A. (2005). Mental health, gender, and drug court completion. *American Journal of Criminal Justice*, 30(1), 55-71.
- Handler, J.F. (1973). *The coercive social worker: British lessons from American social services*. Chicago, IL: Rand McNally College Publishing Company.
- Hartley, R.E., & Phillips, R.C. (2001). Who graduates from drug courts? Correlates of client success. *American Journal of Criminal Justice*, 26(1), 107-119.
- Heck, C., & Roussell, A. (2007). State administration of drug courts: Exploring issues of authority, funding, and legitimacy. *Criminal Justice Policy Review*, 18(4), 418-433.
- Henggeler, S.W., Halliday-Boykins, C.A., Cunningham, P.B., Randall, J., Shapiro, S.B., & Chapman, J.E. (2006). Juvenile drug court: Enhancing outcomes by integrating evidence-based treatments. *Journal of Consulting and Clinical Psychology*, 74(1), 42-54.

- Hickert, A.O., Boyle, S.W., & Tollefson, D.R. (2009). Factors that predict drug court completion and drop out: Findings from an evaluation of Salt Lake County's adult felony drug court. *Journal of Social Service Research, 35*(2), 149-162.
- Hirschi, T. (1969). *Causes of delinquency*. Berkeley, CA: University of California Press.
- Hoefler, R., & Woody, D. (2009). Evaluation of the Tarrant County DIRECT program. Unpublished manuscript, University of Texas at Arlington, Arlington, Texas.
- Hohman, M.M. (2000). Predictors of successful completion of a postincarceration drug treatment program. *Journal of Addictions & Offender Counseling, 21*(1), 12-22.
- Huddleston, W., & Marlowe, D.B. (2011). *Painting the current picture: A national report on drug courts and other problem-solving court programs in the United States*. Alexandria, VA: National Drug Court Institute.
- Hutchison, E.D. (1987). Use of authority in direct social work practice with mandated clients. *Social Service Review, 61*(4), 581-598.
- Kappeler, V.E., & Potter, G.W. (2005). *The mythology of crime and criminal justice* (4th ed.). Long Grove, IL: Waveland Press.
- Krebs, C.P., Lindquist, C.H., Koetse, W., & Lattimore, P.K. (2007). Assessing the long-term impact of drug court participation on recidivism with generalized estimating equations. *Drug and Alcohol Dependence, 91*(1), 57-68.
- Kredens, J. (Interviewer), Wexler, D. (Interviewee), & Dickie, I. (Interviewee). (2010). *Therapeutic Jurisprudence* [Interview audio file]. Retrieved from WFPL News 89.3 FM Web site: <http://www.wfpl.org/2010/04/01/therapeutic-jurisprudence/>
- Lindquist, C.H., Krebs, C.P., & Lattimore, P. K. (2006). Sanctions and rewards in drug court programs: Implementation, perceived efficacy, and decision making. *Journal of Drug Issues, 36*(1), 119-146.
- Listwan, S.J., Shaffer, D.K., & Hartman, J.L. (2009). Combating methamphetamine use in the community: The efficacy of the drug court model. *Crime & Delinquency, 55*(4), 627-644.
- Listwan, S.J., Sundt, J.L., Holsinger, A.M., & Latessa, E.J. (2003). The effect of drug court programming on recidivism: The Cincinnati experience. *Crime & Delinquency, 49*(3), 389-411.
- Logan, T.K., Williams, K., Leukefeld, C., & Minton, L. (2000). A drug court process evaluation: Methodology and findings. *International Journal of Offender Therapy and Comparative Criminology, 44*(3), 369-394.
- Lurigio, A.J. (2008). The first 20 years of drug treatment courts: A brief description of their history and impact. *Federal Probation, 72*(1), 13-17.

- Lutze, F.E., & van Wormer, J.G. (2007). The nexus between drug and alcohol treatment program integrity and drug court effectiveness: Policy recommendations for pursuing success. *Criminal Justice Policy Review*, 18(3), 226-245.
- McPhail, B.A. (2003). A feminist policy analysis framework: Through a gendered lens. *The Social Policy Journal*, 2(2/3), 39-61.
- Mullany, J.M., & Peat, B. (2008). Process evaluation of a county drug court: An analysis of descriptors, compliance and outcome-answering some questions while raising others. *Criminal Justice Policy Review*, 19(4), 491-508.
- National Association of Drug Court Professionals. (n.d.). About NADCP. Retrieved from <http://www.nadcp.org/learn/about-nadcp>
- National Association of Drug Court Professionals. (2004). Defining Drug Courts: The Key Components. Retrieved from <http://www.ojp.usdoj.gov/BJA/grant/DrugCourts/DefiningDC.pdf>
- National Association of Drug Court Professionals Board of Directors. (2010). The Equivalent Treatment of Minority Participants in Drug Courts. Retrieved from <http://www.nadcp.org/learn/positions-policy-statements-and-resolutions/board-resolutions>
- National Association of Social Workers. (2008). Code of Ethics of the National Association of Social Workers. Retrieved from <http://www.socialworkers.org/pubs/code/code.asp>
- Newton-Taylor, B., Patra, J., & Gliksman, L. (2009). Toronto drug treatment court: Participant intake characteristics as predictors of "successful" program completion. *Journal of Drug Issues*, 39(4), 965-987.
- Office of Court Administration. (2009). Problem Solving Courts. Retrieved from <http://www.courts.state.tx.us/courts/pscourts.asp>
- Office of National Drug Control Policy. (2010). Adam II 2009 Annual Report. Retrieved from <http://www.whitehousedrugpolicy.gov/publications/pdf/adam2009.pdf>
- Orme, J.G., & Combs-Orme, T. (2009). *Multiple regression with discrete dependent variables*. New York, NY: Oxford University Press.
- Padgett, D.K. (2008). *Qualitative methods in social work research* (2nd ed.). Thousand Oaks, CA: Sage Publications.
- Peters, R.H., & Murrin, M.R. (2000). Effectiveness of treatment-based drug courts in reducing criminal recidivism. *Criminal Justice and Behavior*, 27(1), 72-96.
- Reagan, R. (1986). Remarks on signing the Anti-Drug Abuse Act of 1986 [Transcript of speech]. Retrieved from <http://www.reagan.utexas.edu/archives/speeches/1986/102786c.htm>
- Reamer, F.G. (2002). *Ethical standards in social work: A review of the NASW code of ethics*. Washington, DC: NASW Press.

- Reamer, F.G. (2004). Social work and criminal justice: The uneasy alliance. *Journal of Religion & Spirituality in Social Work: Social Thought*, 23(1/2), 213-231.
- Rottman, D., & Casey, P. (1999). Therapeutic Jurisprudence and the Emergence of Problem-solving Courts. Retrieved from http://www.ncsconline.org/WC/Publications/Res_ProSol_TJProbSolvCrtNIJPub.pdf
- Rowntree, M. (2010). 'Living life with grace is my revenge': Situating survivor knowledge about sexual violence. *Qualitative Social Work*, 9(4), 447-460.
- Rubin, A., & Babbie, E.R. (2008). *Research methods for social work* (6thed.). Belmont, CA: Thomson Brooks/Cole.
- Sallmann, J. (2010). Living with stigma: Women's experiences of prostitution and substance abuse. *Affilia: Journal of Women and Social Work*, 25(2), 146-159.
- Sechrest, D.K., & Shicor, D. (2001). Determinants of graduation from a day treatment drug court in California: A preliminary study. *Journal of Drug Issues*, 31(1), 129-147.
- Senjo, S., & Leip, L.A. (2001). Testing therapeutic jurisprudence theory: An empirical assessment of the drug court process. *Western Criminology Review*, 3(1). Retrieved from <http://wcr.sonoma.edu/v3n1/senjo.html>
- Substance Abuse and Mental Health Services Administration. (2010). Results from the 2009 National Survey on Drug Use and Health: Volume 1. Summary of National Findings. Retrieved from <http://www.oas.samhsa.gov/NSDUH/2k9NSDUH/2k9ResultsP.pdf>
- Tarrant County Challenge. (2010). Tarrant County Drug Impact Index 2010 (13thed.). Retrieved from http://tcchallenge.org/PDFs/Challenge_2010-3.pdf
- Taxman, F.S., & Bouffard, J.A. (2005). Treatment as part of drug court: The impact on graduation rates. *Journal of Offender Rehabilitation*, 42(1), 23-50.
- Texas Department of Criminal Justice. (2009). Statistical Report Fiscal Year 2009. Retrieved from http://www.tdcj.state.tx.us/publications/executive/Statistical_Report_FY09.pdf
- Texas State Legislature. (2001). H.B. No. 1287. Retrieved from <http://www.capitol.state.tx.us/tlodocs/77R/billtext/html/HB01287F.htm>
- Texas State Legislature. (2007). H.B. No. 530. Retrieved from <http://www.legis.state.tx.us/tlodocs/80R/billtext/html/HB00530F.HTM>
- The Sentencing Project. (2008). Reducing Racial Disparity in the Criminal Justice System. Retrieved from http://www.sentencingproject.org/doc/publications/rd_reducingracialdisparity.pdf
- Vito, G.F., & Tewksbury, R.A. (1998). The impact of treatment: The Jefferson County (Kentucky) drug court program. *Federal Probation*, 62(2), 46-52.

- Wexler, D.B., & Winick, B.J. (2008). Therapeutic Jurisprudence. Retrieved from <http://ssrn.com/abstract=1101507>
- Whitaker, T., & Arrington, P. (2008). *Social workers at work*. Washington, DC: National Association of Social Workers.
- Wolfe, E., Gydish, J., & Termond, J. (2002). A drug court outcome evaluation comparing arrests in a two year follow-up period. *Journal of Drug Issues*, 32(4), 1155-1171.
- Wolfer, L. (2006). Graduates speak: A qualitative exploration of drug court graduates' views of the strengths and weaknesses of the program. *Contemporary Drug Problems*, 33(2), 303-320.

BIOGRAPHICAL INFORMATION

John R. Gallagher earned an Associate of Arts degree in criminal justice from Harrisburg Area Community College (HACC), Bachelor of Arts degree in criminal justice (major) and psychology (minor) from Alvernia University, Master of Social Work degree from Marywood University, and Doctor of Philosophy degree in social work from the University of Texas at Arlington. Mr. Gallagher has 12 years of social work practice experience in the disciplines of substance abuse and mental health treatment. Mr. Gallagher is currently employed as a Case Manager for the Drug Impact Rehabilitation Enhanced Comprehensive Treatment (D.I.R.E.C.T.) program, which is an adult drug court located in Fort Worth, Texas. In the fall of 2012, Mr. Gallagher begins an academic appointment as an Assistant Professor at the Indiana University School of Social Work. As an Assistant Professor, Mr. Gallagher will continue working on his research agenda which is related to exploring the factors that may contribute to racial disparities in drug court outcomes and completing policy analyses related to the impact that drug court law has on outcomes.