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Traci R. Francis
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ASSESSING HARM REDUCTION: A QUALITATIVE INVESTIGATION ABOUT THE
IMPACT OF THERAPEUTIC JURISPRUDENCE ON NON-COMPLETING DRUG
COURT CLIENTS

by

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A dissertation submitted in partial fulfillment of the requirements
for the degree of Doctor of Philosophy in Public Affairs
in the College of Health & Public Affairs
at the University of Central Florida
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ABSTRACT

Currently, the drug court treatment outcome literature provides little guidance about examining clients that fail to complete drug court. Typically, only successful clients are tracked and measured for outcome success characteristics and not much is known about unsuccessful client outcomes. A large portion of individuals who begin drug court do not complete the program. With unsuccessful rates ranging from 34 to 73%, it seems reasonable to examine the outcome of these cases. Ignoring this phenomenon is problematic because various stakeholders remain uninformed about the drug court model's full effectiveness. The focus on successful clients may fail to fully capture and understand positive residual effects of the drug court program. Questions in this research include: Do unsuccessful drug court clients experience positive program results? Has self-awareness increased about the extent of their substance abuse problem? Are unsuccessful clients more confident in their ability to effect positive change? Is there an increased motivation to change? If non-completers are more aware of the potential for harm, are there reductions in risky behaviors?

This study is a qualitative investigation using a phenomenological design. The data source is a convenience sample of unsuccessful drug court clients that participated in a pre-trial intervention or post-plea adult drug court program in East Central, Florida. The unit of analysis is the individual, and the total number of participants interviewed is N=30. A grounded theory approach, a harm reduction paradigm from the psychotherapy arena, and a variation of an Intention-to-Treat design from the medical field were used to frame the research. This study found some reductions in both criminality and substance use. Several participants also reported improved familial relations and continued connections to the recovery community. Many participants demonstrated an increased self-awareness of a destructive lifestyle, an increased motivation to change destructive behaviors, and an increased self-efficacy in their ability to make substantive life changes. Incarceration was also found to be a motivator for positive change. Therefore, the inclusion of unsuccessful client outcomes was found to be critical to fully understanding the impact of the therapeutic jurisprudence model.

I wish to dedicate this dissertation to my family. In memory of my Great Aunt Pat and Uncle Charlie. To my mother, Lou Ray, who considered me her hero for which I never deserved. And to my sister, Toni, whom I truly love. I appreciate their understanding as I embarked on this sometimes onerous endeavor. To a few of my closest friends who were my champions throughout this process. To my dearest friend, Bill Van Poyck, for his continuous support and encouragement. Bill has helped me more than he will ever know. Thank you for acknowledging and understanding this difficult undertaking, and for always believing in me. To my dear friend, Kay McKee, who continually checked on me to make sure I was doing okay. Irrespective of her own life challenges, she put my struggles before her own. Kay has been such a wonderful friend and great supporter over the years. To my long-time, committed friend, JuJu, who shared one of my most stressful weekends working on this project. JuJu puts up with me when few people will. Most of all to my wonderful husband, Nick. He has been by my side through much angst and trepidation. He has helped me greatly with determining the best approach to take in several instances during this arduous endeavor. His unflagging patience, encouragement, and love I can never repay. Throughout my entire academic career, even though much time was taken away from him, he never once complained. He is the person I can always count on, and he often places my welfare ahead of his own. Finally, in memory of our boy, Willie McCool Francis. He brought so much joy into our lives. We know he can never be replaced. My dear friend told me, “we loved him and he loved us and that is a beautiful thing.” We will never forget his unconditional and unwavering love for us.

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CHAPTER 1: INTRODUCTION

A non-traditional response to the cycle of drug abuse and incarceration used over the past two decades is therapeutic drug treatment courts. The drug court venture transpired primarily as a reaction to the inability of traditional jurisprudence to effectively impact high volumes of drug cases in the courts (Fulton Hora, 2002; Goldkamp, 1994; Goldkamp, White, & Robinson, 2001; National Institute of Justice Special Report, 2006). Combining substance abuse therapeutic treatment and the court has been considered a movement across the nation (Franco, 2010; Goldkamp, White, & Robinson, 2002; Longshore et al., 2001). Drug court as a strategy for addressing drug abuse and crime collectively was first implemented in Miami, Florida in 1989. Based upon current research, after more than 20 years of drug court, it appears to be a promising solution to slowing the revolving door of drug abuse and crime, increased incarceration, and recidivism (Belenko, 1998, 2001; Goldkamp et al., 2001; National Institute of Justice Special Report, 2006). Offenders with admitted substance abuse problems who are also involved in the criminal justice system are offered drug treatment and judicial monitoring in lieu of incarceration or traditional probation (Franco, 2010; Goldkamp, 1994; Office of Justice Programs, 1997).

The drug court philosophy is based on therapeutic jurisprudence. This ideology centers on the effects of legal procedures and rules. The actual impact of legislation on offenders in terms of psychological and physical welfare is considered compared to the legislation's original intent (Fulton Hora, 2002; Hora, Schma, & Rosenthal, 1999; Senjo, 2001). Drug court programs overall show positive results in the primary goals of the drug court model: reductions in reoffending and drug use (Belenko, 1998, 2001; Cissner & Rempel, 2005; Government Accountability Office, 2005; King & Pasuarella, 2009; Podkopacz, Eckberg, & Zehm, 2004; Sechrest & Shichor, 1999; Turner et al., 2002; Vito & Tewksbury, 1999; Wilson, Mitchell, &

Mackenzie, 2006). Positive outcomes of drug use appear to be more elusive, especially with post-program completion measures (Belenko, 2001; Government Accountability Office, 2005). The synergy of the key components that comprise drug courts are shown to be effective in reducing recidivism (Hiller et al., 2010), as well as other quality of life outcomes.

Currently, the drug court treatment outcome literature provides little guidance about examining clients that fail to complete drug court. Typically, only successful clients are tracked and measured for outcome success characteristics and not much is known about unsuccessful client outcomes. This phenomenon, however, is widely discussed and understood in the fields of psychology and medicine. For instance, it has been well established in the psychotherapy literature that all therapy is considered successful to some degree (Bugental, 1988; Pekarik, 1983). This is currently not the belief in the drug court philosophy. It is noteworthy that psychotherapy research acknowledges that there is a distinction between dropouts in general and the length of time patients actually receive therapy (Cahill et al., 2003). For example, there is a substantial difference between a patient that drops out of psychotherapy early and one that drops out later in treatment (Pekarik, 1992). However, both groups are technically dropouts. Comparatively, in terms of beneficial therapeutic outcomes, there is little difference between late dropouts and those who fully complete treatment (Cahill et al., 2003; Pekarik, 1992).

The main thesis of this research relies on a harm reduction paradigm. This philosophy's premise is to meet clients where they are in their lives at the time treatment is sought (Little & Franskoviak, 2010; Logan & Marlatt, 2010; Tatarsky, 2003; Tatarsky & Kellogg, 2010). Particularly, the therapy is based on the problem that brought the client to treatment in the first place (Tatarsky, 2003; Tatarsky & Marlatt, 2010), and abandons a requirement of abstinence. This liberal approach to treatment allows individuals to make mistakes. The drug court

philosophy incorporates a harm reduction style. For example, although clients must work towards abstinence and be ready to remove drugs from their lives (Fischer, Geiger, & Hughes, 2007; Roberts & Wolfer, 2011), drug court is designed to make accommodations for relapse by addressing the issue with sanctions (Butzin, Saum, & Scarpitti, 2002; Fulton Hora, 2002; Goldkamp, 1994; King & Pasuarella, 2009; Marlowe & Kirby, 1999; Turner et al., 2002). In part, the harm reduction philosophy suggests that individuals improve in treatment as they establish a therapeutic alliance (rapport) with a counselor and work towards accomplishing goals that reduce involvement in harmful activities (Logan & Marlatt, 2010; Redko, Rapp, Elms, Snyder, & Carlson, 2007; Tatarsky & Kellogg, 2010; Thomas, 2005). This research proposes that if unsuccessful drug court clients have changed attitudes and modified behaviors, reductions in harmful actions are likely taking place. It seems appropriate to consider improvement in both successful and unsuccessful clients to determine if harm has been reduced and, if so, which behaviors and to what degree reduction has occurred.

Background of the Problem

During the 1980s, the United States experienced a large increase in the amount of drug use and drug-related crime (CIUS Drugs in America 1980-1995, 2008; Franco, 2010). The demand for illicit drugs also increased during this time (Franco, 2010; National Drug Threat Assessment, 2010). The response was a focus on enforcement of drug control policies and stricter penalties for drug offenses (Boyum & Reuter, 2005; Franco, 2010). The legal approach to this social problem has primarily been incarceration. What followed was large numbers of offenders passing through the doors of the criminal justice system. Traditional legal drug control strategies have failed to yield positive results (Boyum & Reuter, 2005). For example, from 1980-1989 the number of individuals incarcerated for drug offenses in state prisons nationwide

increased by 532% (Franco, 2010). More recently, data from 2006 show that drug offenses consisted of 20% of the total number incarcerated in state prisons in the U.S. (Sabol, West, & Cooper, 2009). In 1980, they represented only 6% (Franco, 2010). In addition, in 2007 53% of the offenders in the federal system were convicted of drug offenses (Sabol et al., 2009). Florida, in particular, fares worse in this area. According to 2008-2009 agency statistics, the Florida Department of Corrections reported out of 39,354 new primary offenses, 10,612 (about 27%) were drug offenses—new offenses included sale and purchase, manufacturing, trafficking, and possession (Florida Department of Corrections, 2008-2009).

After reviewing these statistics, it may appear that America's drug control policies are working because drug offenders are detected and incarcerated. When examining the data further, however, conclusions may be somewhat different. In 2004, for instance, 53% of the individuals incarcerated in state prisons met the criteria for drug abuse or drug dependence, regardless of the offense that brought them to prison (Mumola & Karberg, 2006). Only 15% of these offenders had received professional substance abuse treatment in the past. Similarly, the federal system reports that 45% have a drug problem with 17% receiving treatment (Mumola & Karberg, 2006). Within the prison population in 2007, the state of Florida reported about 65% of all offenders met the need for substance abuse treatment (Drug Policy Information Clearinghouse, 2008). There is a trend of large disparities in drug possession offenses compared to drug sales or manufacturing. For example, for offenders under state supervision, from 1997-2009, the percentage range for possession charges was 79 to 82% and the range for drug sales or manufacturing was 18 to 21% (Sourcebook of Criminal Justice Statistics, 2009). Florida is following this same trend. In 2007, a reported 76% of the drug offenses were possession charges and 24% of the drug offenses were sales, manufacturing, and trafficking (Drug Policy

Information Clearinghouse, 2008). One of the main drug control policy strategies is to focus on the violence associated with drug behavior and not on low-level dealers or consumers (Boyum & Reuter, 2005). With the percentage of those incarcerated for drug offenses at a minimum of 20%, it appears this particular strategy has failed. Despite enhanced drug control policies and the trillions of dollars spent to fight the war on drugs since the 1980s, the U.S. still has the worst drug problem in the western world (Boyum & Reuter, 2005).

Although in recent years the overall number of offenders incarcerated nationwide has decreased, many states have increased. This is the case in Florida. The federal system also reported increases (West, 2010). Conversely, recidivism rates have remained consistently high. The most recent study of inmates released in 1994 reports that in 15 states (Florida included) the recidivism rate is 68% (Langan & Levin, 2002), which is a 5% increase since 1983. In this measure of recidivism, the individual was rearrested within a three-year period post release.

The ability for therapeutic jurisprudence to affect the high prevalence of drug use within an offender population has provided a meaningful opportunity to address a long-standing societal problem.

Problem Statement

Evaluations of drug court programs mainly focus on examining recidivism, drug use, and program completion. Extensive research has also been conducted on characteristics that predict program success (Belenko, 1998, 2001; Butzin et al., 2002; Cissner & Rempel, 2005; Government Accountability Office, 2005; Listwan, Sundt, Holsinger, & Latessa, 2003; Peters, Hass, & Murrin, 1999; Wilson et al., 2006). Many drug court studies have found higher retention rates compared to traditional community-based substance abuse treatment. This is reportedly due to the legal coercion inherent in the drug court model (Butzin et al., 2002; Cissner & Rempel,

2005; Farole & Cissner, 2005; Government Accountability Office, 2005; King & Pasuarella, 2009; Marlowe & Kirby, 1999). Nevertheless, a large number of individuals who begin drug court do not complete the program. A meta-analysis of several drug court programs found success rates ranging from 27 to 66% (Government Accountability Office, 2005). Therefore, there is a large portion of unsuccessful drug court clients who are ignored in the overall research. With unsuccessful rates ranging from 34 to 73% (Government Accountability Office, 2005), it seems reasonable to study the outcome of these cases.

An example of the practice of discounting participants that drop out has previously taken place in the medical research community. Researchers recognized a problem with analyzing primary outcomes and failing to take into account the impact of participant dropouts. New stringent standards were established to protect the integrity of medical research where all participants in a study are included in the final analysis (Begg et al., 1996). The medical research community also realized that patients involved in randomized trials that dropped out should not be completely ignored. Medical researchers started looking at whether participants actually gained anything by being in a study and receiving the treatment intervention. From this came another design that enabled researchers to determine the amount of treatment received and subsequent treatment effects (Walter, Guyatt, Montori, Cook, & Prasad, 2006; Wright & Sim, 2003). With this in mind, it is probable that the therapeutic jurisprudence model is missing important information. Specifically, a population of drug court participants who do not receive all of the drug court treatment is likely affected because of their involvement in the program. This approach will be discussed further in Chapter 3.

Disregarding this phenomenon is problematic because various stakeholders remain uninformed about the drug court model's overall effectiveness. This imperfect information is due

to classification based upon program completion status. The focus on successful clients may fail to fully capture and understand positive program effects. Therefore, it is important to examine unsuccessful cases to determine the full impact of the drug court model. Drug court funders, communities where program participants reside, and participants themselves are unaware of any positive effects if completion is not reached. Therefore, the full added benefit and overall impact from the treatment experience is perhaps underestimated.

If residual program benefits of non-completers are in fact being overlooked, it is safe to assume that such benefits are not being measured. The traditional focus on recidivism and abstinence as primary outcome success measures may fail to detect additional individual improvement (Gastfriend, Garbutt, Pettinati, & Forman, 2007; Romo et al., 2009). This approach categorizes participants as successful if they achieve such benefits throughout their involvement in the program and for a short post-treatment period (Belenko, 1998; Cissner & Rempel, 2005; Government Accountability Office, 2005; King & Pasuarella, 2009; Peters et al., 1999; Sechrest & Shichor, 1999; Vito & Tewksbury, 1999; Wilson et al., 2006).

Positive program results that are intrinsic in nature, such as self-awareness, confidence in one's ability to effect change, and motivation to change, are difficult to measure in those who do not complete drug court. The primary reason for the difficulty is because those who fail to complete the program are often difficult to locate and not easily studied. The transient nature of substance abusers in general makes them hard to find when they are not actively receiving treatment (Nordfjaern, Rundmo, & Hole, 2010). This appears to be the major reason potential intrinsic benefits are going unnoticed in non-completers. Harm reduction effects may be easier to ascertain when the outcome measure pertains to recidivism. However, there are other positive

outcome variables that determine success in a drug court program that could be considered (McCoy, 2010; Roberts & Wolfer, 2011).

Contributions, Goals and Potential Impact

The main contribution of this research is twofold. The first goal is to determine if there is positive development in unsuccessful drug court clients. Currently, potential program benefits that help individuals overcome substance abuse and other anti-social behaviors are not measured within this group. Intrinsic benefits of interest in this study may appear to be exclusively advantageous to the individual. However, they can also translate to more extrinsic, macro benefits at the community level long term. One way to determine this, and to expand the knowledge base, is to interview unsuccessful clients about their personal experiences in drug court. It is anticipated the data will reveal a decrease in criminality, as well as other risky behaviors. Additionally, individuals should have a heightened awareness about their destructive lifestyles.

If a positive effect is found, this could indicate the therapeutic jurisprudence model has more benefits than previously known. The suggestion is that the drug court model's effectiveness, irrespective of jurisdictional nuances, is much greater than the literature currently reports. The realization of increased benefits and overall effectiveness of drug court will provide a better understanding about the extent of the program's impact. This could be directly related to an increase in funding levels and program expansion. At the micro level, the study results have the potential to benefit individuals seeking public assistance for treatment due to implications for future funding. Self-report data that capture participant perspectives are meaningful because it explains why drug courts may be effective (Turner et al., 2002). Gathering information in this

manner is important because it provides in-depth knowledge about the reasons therapeutic jurisprudence is successful.

The second potential contribution is to inform policymakers and practitioners about these possible positive outcomes. This information could have substantial policy impacts by providing more insight about drug court's full impact. This research posits that substantial harm reduction effects are taking place such as decreases in substance use, decreases in criminality, and behavior modification related to anti-social attitudes and conduct. Even if such effects are not found in the data, the drug court program may be priming unsuccessful clients to choose a positive path when challenges arise again. The drug court experience may provide both successful and unsuccessful clients with future positive alternatives.

At the macro level, the social costs to local communities due to substance abuse alone are vast. The U.S. Department of Justice, the Substance Abuse and Mental Health Services Administration (SAMHSA), the Department of Children and Families, the Department of Corrections, and other state and local agencies should be very interested to know the total value of the drug court model.

Summary

This research is based on a qualitative, phenomenological design with the purpose of examining potential drug court program benefits unsuccessful clients acquire. In particular, this study will investigate residual treatment effects if the client is exposed to a drug court program for a minimum of 30 days. The unit of analysis is the individual and the total number of participants sought is N=30.

Currently, it is unknown whether unsuccessful drug court clients improve after participating in the program. One of the primary assumptions in this research is that participating

in a drug court program and failing is better than not attempting drug court at all. It should be intuitive that some positive effects are achieved if clients are involved in a portion of a drug court program. If not for the individual's involvement in the program, therapeutic counseling, judicial monitoring, drug testing, and personal accountability would not otherwise occur. It is illogical to presume, and disingenuous to convey to stakeholders, that absolutely no benefit is gained due to failing to fully complete all requirements. Some unsuccessful clients may benefit and some may not. It is also likely that any benefits gained will fall on a continuum. The substance abuse treatment literature reports a positive impact on individuals in community-based treatment (Darbro, 2005; Nelson-Zlupko, Dore, Kauffman, & Kaltenbach, 1996; Simpson, 2004). For instance, with participation in therapeutic treatment, individuals gain awareness and understanding about the advantages of living healthy and productive lives. This, along with the inter-disciplinary evidence that dropouts in therapeutic treatment often improve (Arias & Kranzler, 2008; Cahill et al., 2003; Nordfjaern et al., 2010; O'Toole, Pollini, Ford, & Bigelow, 2006; Tate et al., 2008) should logically generalize to individuals in a therapeutic drug court setting.

It is possible that drug court clients exhibit improvement in one or several treatment dimensions. This viewpoint supports the general argument of this research. Specifically, it is questionable whether unsuccessful drug court clients should be categorized as complete failures.

CHAPTER 2: LITERATURE REVIEW

There is a body of knowledge, primarily from the psychology literature about dropouts, or individuals, who do not complete therapy (Bugental, 1988; Mintz, Luborsky, & Christoph, 1979; Pekarik, 1992; Wierzbicki & Pekarik, 1993), along with various reasons why people do not complete psychotherapy (Pekarik, 1983; Tatarsky & Kellogg, 2010). There are also several studies that have investigated why individuals drop out of substance abuse treatment (The Brown University Digest of Addiction Theory & Application, 2006; Nordfjaern et al., 2010; O'Toole et al., 2006). Results include employment status at the time a participant enters a program, intravenous drug use status at the time of entry, family and social support, as well as differences in demographic variables (Stark, 1992). However, the body of literature lacks information related to the benefits of non-completers in the drug court model.

For a person with a substance abuse problem, denial and resistance to treatment (Linton, 2005), and ultimately change, are noted as some of the biggest challenges in working with this population. According to Linton, as well as the disease model of addiction (Allamani, 2007; Nolan, 2002), denial that a problem exists is a critical barrier that must be overcome before healing can begin. Continued use of substances at a detrimental level, presumably unknown to the individual, is believed to contribute to a destructive lifestyle. It is clear in the literature that individuals improve in treatment. What remains unclear is to what extent this change is specifically due to treatment (Simpson, 2004).

How is Success Defined?

In a pure, *therapeutic approach*, success is measured by individual improvement. For instance, a psychotherapist's view of success never requires full completion of all therapy

sessions initially set forth in a client's plan of treatment. In fact, some therapists believe that almost all psychotherapy is both a failure and a success (Bugental, 1988; Pekarik, 1983). This concept of success is widely used in psychotherapy and should be considered when determining success in the drug court model.

Traditionally, in the substance abuse field, the determination of whether treatment is successful is based upon the client's ability to achieve total abstinence (Gastfriend et al., 2007; Logan & Marlatt, 2010; Thomas, 2005). Conversely with a therapeutic view, success is measured in terms of individual improvement in the purest sense (Mintz et al., 1979; Pekarik, 1992). Although completion of all therapy sessions provides for a better chance of sustained improvement and renouncing past negative behaviors, failing to complete all sessions does not classify an individual as a failure (Bugental, 1988; Cahill et al., 2003; Pekarik, 1992). The inference is that additional program effects individuals receive at the micro level, as well as communities at the macro level, are currently undetected in the drug court model.

When one considers the *legal response* to substance abuse within the drug court program, as well as community supervision and other diversion-type programs, success is partially determined by conditions provided by the court. Individual success is currently defined by program outcome measures (McCoy, 2010; Office of Justice Programs, 1997). These success measures are primarily abstinence from drugs and crime, and complying with all program requirements (Cissner & Rempel, 2005; Government Accountability Office, 2005; McCoy, 2010; Office of Justice Programs, 1997). As a result, additional potential benefits are likely overlooked.

Other modalities of community-based treatment outcomes are fairly homogenous in terms of how each program establishes success. The treatment provider typically has its own pre-

determined program goals and outcomes established at the start of the program design. Outcomes for community-based substance abuse treatment regarding success have primarily focused on large, macro-level evaluations (Simpson, 2004). Research on participants' perceptions about substance abuse treatment experiences in particular and recovery in general have been reported in the literature (Nordfjaern et al., 2010).

In federally funded programs, performance is measured via the Government Performance Results Act (GPRA) of 1993. The GPRA was enacted primarily for accountability of government-funded programs to emphasize and enforce focus on program results and not just the provision of services (SAMHSA, 2010). Although the GPRA requires government-funded programs to report results obtained by the services they provide, it falls short. Capturing individual client benefits with the GPRA is problematic because many participants decline to provide programs with follow-up outcome data.

Information about individual benefits received from participants' experience in a therapeutic environment after they drop out is lacking. Specifically, there are few micro-level evaluations that consider benefits from the unsuccessful client's perspective. Stark (1992) claimed that dropouts in community-based substance abuse treatment are similar to individuals receiving no treatment. Contrary to Stark's research, Nordfjaern et al. (2010) found that both completers and dropouts benefited from treatment in terms of improved coping mechanisms. Perspectives about therapy were also primarily positive within this group. Non-completers in the drug court model have also showed improvement. Most of these evaluations considered either recidivism (Finigan, 1998; Sechrest & Shichor, 1999) or perceptions of clients' experiences in the program (Saum et al., 2002).

The Substance Abuse and Mental Health Services Administration has its own success measure with treatment providers that receive public funding. For instance, clients who are clean and sober 30 days prior to discharge are considered successful (K. Collins, personal communication, November 12, 2010). Using abstinence as a dichotomous variable exclusively to measure sobriety and success can be misleading (Reisinger, Bush, Colom, Agar, & Battjes, 2003). This approach fails to recognize individual improvement in other meaningful areas in both traditional substance abuse treatment and the drug court model (McCoy, 2010). This limitation has been recognized, mainly in alcohol dependent individuals (Gastfriend et al., 2007; Romo et al., 2009) where total number of days of abstinence is a preferred continuous variable measure. Aggregating data for program reporting may create a misunderstanding about the effectiveness of treatment. For instance, with alcohol abuse, a reduction in consumption will decrease the chances of morbidity and mortality (Gastfriend et al., 2007) even without complete abstinence.

There are other outcomes besides abstinence that determine success. For example, gainful employment and increased income, decreases in hospitalizations, family reunification, and lesser quantity and frequency of drug use are all valuable outcome measures; however, they are rarely studied (Arndt, Black, Schmucker, & Zwick, 2004). This same trend is taking place in the drug court treatment model (McCoy, 2010; Roberts & Wolfer, 2011). Success measure outcomes such as lower incarceration rates, longer periods between re-arrest time, recidivism, and abstinence from drugs are generally the focus of most drug court research (Government Accountability Office, 2005; King & Pasuarella, 2009; Listwan et al., 2003; Wilson et al., 2006). In the rare instances where other quality of life outcomes are measured as post-treatment effects, they are not considered in unsuccessful program completers.

Benefit

Benefit, in the broadest sense, refers to an individual's quality of life. Specifically, the quality is better than before some action or intervention (Sindelar, Jofre-Bonet, French, & McLellan, 2004). Individuals who participate in treatment for substance abuse generally get better (Simpson, 2004). For instance, they should have more self-awareness and acceptance about the negative effects of using substances. This provides the foundation for further improvement. Individuals who present with self-confidence and ability to effect change are believed to possess intrinsic benefit to some degree. Self-efficacy has been associated with longer periods between substance abuse relapses (Romo et al., 2009; Tate et al., 2008), as well as an overall decrease in substance usage.

Using cognitive behavioral therapy in treatment for depression, non-completers gained the same beneficial outcomes as completers when the same number of sessions was considered (Cahill et al., 2003). Attention to the assignment of all therapy sessions strengthens the validity of assessment for overall benefit. This approach ignores any requirement of full completion. Benefit in a group of individuals with substance use disorders appears to be cumulative. It is not gained all at once but instead over time with each encounter with a service provider. For example, needle exchange programs typically come in contact with individuals that have chronic substance dependence issues (Little & Franskoviak, 2010; Strathdee et al., 2006). Through this easy access program, case management has been used as an intervention for retention in opiate maintenance programs. In these programs, individuals with more previous treatment attempts are reportedly retained significantly longer in treatment (Havens et al., 2009). It may be that past treatment experiences provided some degree of individual benefit even though relapse was an issue since needle exchange programs work with repeat clients.

Drug Court Model

Drug courts were initially established to help with courts' heavy caseloads of drug offenses (Fulton Hora, 2002; Goldkamp, 1994; Goldkamp et al., 2001; National Institute of Justice Special Report, 2006). The main focus is on offender success (Goldkamp et al., 2001; Senjo, 2001), and the court individualizes each case to achieve this outcome. The philosophy of therapeutic jurisprudence, and drug courts in particular, has been coined a movement or phenomenon (Franco, 2010; Goldkamp et al., 2002; Longshore et al., 2001). As of 2009, there were 2,264 drug court programs operating, or planned, in every state in the U.S. (as well as the District of Columbia, Guam, and Puerto Rico) (Drug Court Clearinghouse, 2009). More than one-half are adult programs.

There are variations in drug courts due to local jurisdictional policies, different target populations, local resources, frequency of status hearings, as well as differences in sanctions and rewards (King & Pasuarella, 2009; Longshore et al., 2001). The key components are guidelines within which drug courts operate (Office of Justice Programs, 1997). Drug court program dimensions in terms of overall structure and process have been established in the literature (Longshore et al., 2001; Wilson et al., 2006). The structural dimensions are population severity and leverage. The process dimensions are program intensity, predictability, and an emphasis on rehabilitation (Longshore et al., 2001). Population severity refers to the severity of drug use and criminal history. Leverage considers the consequences individuals face if they fail in drug court. Frequency of drug testing and court appearances covers program intensity, and the predictability dimension is the consistency of sanctions and rewards (Longshore et al., 2001; Turner et al., 2002). Variations in these dimensions are believed to have an impact on the effectiveness of drug

courts (Wilson et al., 2006). Although drug courts use the key components as guidelines (Office of Justice Programs, 1997), many likely deviate in some of these features.

Research related to drug courts has increased partly due to a requirement of program evaluations for federally funded drug court programs. Much of the research has been conducted about drug court efficiency and effectiveness. The general consensus is that drug courts successfully reduce criminality while individuals are in the program (Belenko, 1998; Cissner & Rempel, 2005; Government Accountability Office, 2005; King & Pasuarella, 2009; Vito & Tewksbury, 1999; Wilson et al., 2006). Substance use as an outcome is more ambiguous with a range of mixed results (Government Accountability Office, 2005). Which drug court components are most likely to affect recidivism and other positive outcomes is unclear (Belenko, 1998).

There is a plethora of research about recidivism in the drug court literature (Cissner & Rempel, 2005; Government Accountability Office, 2005; Listwan et al., 2003; Roman, Chalfin, Reid, & Reid, 2008; Wilson et al., 2006). However, there is a paucity of research evaluating the outcome of drug use and relapse (McCoy, 2010). When drug use is examined, it pertains to individuals who are still in the program (Sechrest & Shichor, 1999). The results of these studies are also mixed (Cissner & Rempel, 2005; Government Accountability Office, 2005; King & Pasuarella, 2009; Podkopcak et al., 2004). Post-program measures of substance use relapse are even more difficult to measure. However, several studies have found some reductions in drug use post-treatment (Peters et al., 1999; Turner, Greenwood, Fain, & Deschenes, 1999). In addition to recidivism, substance use, and cost savings, it is believed that there are other positive outcomes to consider (Fischer et al., 2007; Goldkamp et al., 2001; McCoy, 2010; Roberts & Wolfer, 2011). For example, quality of life outcomes such as gainful employment, education attainment, cohesive family units, and having drug-free babies are very beneficial (McCoy, 2010). However,

these outcomes are rarely studied. Even though various drug court programs include these outcomes as goals (Cooper, 1997; Fischer et al., 2007), such quality of life variables remain obscure.

Drug court participants have expressed positive supportive comments about the importance of the judge's role in the program (Farole & Cissner, 2005; Goldkamp et al., 2002; Senjo, 2001). Although this component is believed to be a salient feature in the drug court model (Hiller et al., 2010), it is seldom analyzed when considering recidivism (Government Accountability Office, 2005). However, the judge's demeanor and attitude were found not to affect whether a client succeeds in drug court (King & Pasuarella, 2009). Continuity of the judge was determined to have a positive impact on high-risk drug court clients (Cissner & Rempel, 2005). Participants have also found the judge to be fair (Podkopacz et al., 2004). Influence from the court has been deemed more helpful than the substance abuse treatment component (Turner et al., 1999).

What remains unknown is whether the judge is the only influential force from status hearings in the courtroom setting (Government Accountability Office, 2005). Nevertheless, supportive judicial oversight from the judge at status hearings (Goldkamp, 1994; Senjo, 2001), combined with "smart sentencing" instead of punishment, provides continuity and a supportive-type environment. Overall, the drug court team working together (treatment staff, lawyers, and the judge) in a non-adversarial approach reportedly facilitates positive outcomes (Cissner & Rempel, 2005; Office of Justice Programs, 1997).

Research has found that more intensive monitoring and supervision are present in the drug court model compared to traditional forms of community supervision (Belenko, 1998; Farole & Cissner, 2005; Lindquist, Krebs, Warner, & Lattimore, 2009; Longshore et al., 2001).

Overall, increased supervision is primarily viewed as positive. However, researchers state concerns about potential net-widening. For example, sanctions for non-compliance in drug court may increase the length of time spent in jail compared to conventional probation (King & Pasuarella, 2009).

Non-completers have been examined in the drug court model to some extent; however, there are only a few cursory studies. The most common outcome studied in non-completers is incidence of reoffending (Cissner & Rempel, 2005; Finigan, 1998; Government Accountability Office, 2005; Peters et al., 1999; Roman et al., 2008; Sechrest & Shichor, 1999; Turner et al., 1999). The findings generally reveal that recidivism for graduates is lower than recidivism for non-graduates.

Recidivism has been compared amongst program graduates, non-graduates, and a comparison group of like offenders in Riverside County, California and Multnomah County, Oregon drug court programs (Finigan, 1998; Sechrest & Shichor, 1999). In both of these evaluations, results showed that although graduates fared the best, non-graduates reoffended less than those in the comparison groups. In a systematic review of several drug court programs, lower recidivism rates were found in both graduates and failures (Cissner & Rempel, 2005). Conversely, when Cissner and Rempel examined six drug courts in New York, non-graduates and comparison groups reoffended at the same rate. This finding indicates that graduation is important to success.

A cost-benefit analysis that focused on recidivism was conducted with the drug court program in Alaska (Roman et al., 2008). Recidivism outcomes were measured at 24, 30, 36, and 48 months. This study is interesting because it considered offenders that received full treatment and partial treatment. Specifically, there are clients that are referred to the drug court program

but in the end chose not to officially enroll and participate in the program. Nevertheless, these clients receive some services. The researchers recognized that there are differences between these two groups in terms of readiness to change. Therefore, success outcomes of the program are likely overstated (Roman et al., 2008). Roman et al. found that the individuals that received full-treatment services reoffended less than those that received some treatment services. The researchers also discovered that the group that chose not to participate in the program had worse outcomes than the comparison group used in the study.

New arrests were evaluated in the Santa Barbara County, California drug court between graduates and non-graduates. Again, graduates performed better than non-graduates 12 months post-treatment (Cosden, Peerson, & Crothers, 1999). In addition, 24% of non-graduates had no new arrests one year post-program completion.

The findings in the Multnomah County program are worth discussion. These results found that non-graduates had fewer new drug-related arrests, new property crime arrests, serious personal crime felony arrests, as well as overall convictions when compared to a comparison group (Finigan, 1998). Finigan also uncovered that new arrests for violation of probation or parole were the same for both graduates and non-graduates. Most of the differences between non-completers and the comparison group were substantial, which seems to indicate that even some participation in the program is better than none at all. Conversely, the Alaska study found that the comparison group had better outcomes than the group that received partial services (Roman et al., 2008). Roman et al. also discovered that clients that received full-treatment services and clients that received partial-treatment services regressed to the mean in terms of positive outcomes and negative outcomes, respectively. This means that the full-treatment

group's positive outcomes lessened and the partial-treatment group's negative outcomes also lessened.

Researchers conducted a 12 and 36-month follow-up study of Maricopa County, Arizona's drug court. Participants and a comparison group of conventional probationers with three different drug-testing frequencies were analyzed (Turner et al., 1999). At 12 months, with most individuals still in the program, drug court participants were less likely than probationers to incur a drug-related technical violation. However, Turner et al. found that when considering any type of violation, participants and probationers were not statistically different. The same was true for arrests, with about one-third of both drug court participants and probationers being rearrested. The 36-month follow-up provided a better picture of long-term success outcomes. For example, after 36 months, researchers found that drug court program participants were less likely than probationers to receive any type of violation, especially drug-related. Drug court participants were also significantly less likely to be rearrested compared to probationers (Turner et al., 1999).

The research that considers non-completers and recidivism reveals that graduates have better success than non-graduates (Belenko, 1998, 2001; Government Accountability Office, 2005; King & Pasuarella, 2009), as well as other positive long-term outcomes (Cissner & Rempel, 2005). The same research shows that even though individuals do not complete drug court, they nevertheless improve compared to traditional probation.

A comparison of graduates' and non-graduates' experiences and level of satisfaction of a drug court program in Delaware were examined (Saum et al., 2002). This study found that most of the participants were satisfied with their drug court experience. Marital status, frequency of drug use, and treatment history all had an impact on satisfaction levels. The study also found statistically significant differences between graduates and non-graduates on several factors. For

example, Saum et al. determined that graduates were more likely to enter drug court to avoid criminal sanctions. Graduates also believed the treatment staff and the judge were more supportive than non-graduates and that the program would help them refrain from reoffending and relapse in the future (Saum et al., 2002).

In the Multnomah County evaluation, Finigan (1998) addresses dosage pertaining to non-completers by differentiating between less than one-third and a minimum of two-thirds program completion. However, the typical recidivism outcome variables were the only ones considered. The literature in both traditional community-based treatment and drug court reveals that a minimum of 90 days is needed for treatment to be effective (Bhati & Roman, 2010; Havens et al., 2009; Johnson, Hubbard, & Latessa, 2000; King & Pasuarella, 2009; Simpson, 2004). Other than Finigan's (1998) attention to the level of treatment exposure in the Multnomah County study, to date, dose response related to program outcomes has not been found in the drug court literature.

Participant perceptions have been the topic of drug court research in several qualitative studies (Cooper & Bartlett, 1996; Farole & Cissner, 2005; Fischer et al., 2007; Goldkamp et al., 2002; McCoy, 2010; Podkopacz et al., 2004; Roberts & Wolfer, 2011; Saum et al., 2002; Turner et al., 1999). For example, in the Minnesota study, Podkopacz et al. (2004) asked drug court participants what they thought about fairness of the judge and other court program staff. Goldkamp et al. (2002) conducted several focus groups in six select cities in order to gain direct client input about drug court experiences. Perceived effectiveness of participants' respective drug court programs was the primary question of interest (Goldkamp et al., 2002). Female participant perspectives were obtained about drug court in both Pennsylvania (Roberts & Wolfer, 2011) and Northern California (Fischer et al., 2007).

In the women that Roberts and Wolfer studied, they found that the women were mainly in the program to avoid punishment. This fear kept them in the program and was the primary reason for their success. They also discovered that the women had increased self-images and better coping mechanisms, were physically and mentally healthier, and had improved interpersonal relationships (Roberts & Wolfer, 2011). Fisher et al. (2007) determined that the women in Northern California's drug court emphasized treatment staff and the respect the program displayed for them as people. The individualized attention the women received is reportedly the main reason they succeeded in the program. The women also expressed gratitude towards the program for acquiring skills to get jobs and getting custody of their children back. These quality of life outcomes helped these women with self-confidence and perceived self-efficacy. The drug court program provided them with the belief that they are capable of turning their lives around and living drug free (Fischer et al., 2007).

Perceptions of strengths and weaknesses of the Maricopa County drug court program and ease of completion were also examined (Turner et al., 1999). Turner et al. found that all drug court participants were highly satisfied with the program overall. Gauging participant perspectives about drug court, along with incorporating suggestions for improvement, have also been a topic of discussion (Farole & Cissner, 2005). In addition, reasons for entering drug court, past treatment experiences, and components participants believe helped them succeed in the program and in their recovery (Cooper & Bartlett, 1996) have also been considered. However, other quality of life program outcomes related to individual improvement have not been explored in program non-completers. In fact, in the Pennsylvania study, Roberts and Wolfer (2011) recommend the further investigation of unsuccessful drug court participants. In addition to this

gap, more insight is needed about participant perceptions because research remains sparse in this area.

There are many studies that analyze treatment success in drug court clients in terms of individual characteristics (Butzin et al., 2002; Cissner & Rempel, 2005; Government Accountability Office, 2005; Listwan et al., 2003; Peters et al., 1999). In general, older individuals with no prior criminal histories, higher socioeconomic status, and where drug use severity is low (Cissner & Rempel, 2005) are more likely to succeed in drug court. Individuals with these characteristics are also likely to succeed in other treatment programs. Cissner and Rempel recommend that treatment may need to be increased with participants that do not have these characteristics.

It has been reported that Caucasians are more likely to succeed in drug court. However, there are probably other factors such as socioeconomic status and living in disadvantaged neighborhoods that likely explain this finding (Butzin et al., 2002). Researchers examined factors participants believed facilitated their success. This study reviewed characteristics in individuals expected to fail and those unexpected to fail. Patra et al. (2010) found higher success rates in participants that were more disadvantaged. For example, those expected to fail due to housing issues and family problems were actually more motivated to succeed than individuals that did not have these issues. Participants that were unexpected to fail, those that did not have these problems, acquired new criminal charges early in the program (Patra et al., 2010). This finding seems to indicate that disadvantaged people may be tired of a destructive lifestyle and the resulting consequences where individuals with more resources are able to continue on a destructive path more comfortably.

In traditional community-based substance abuse treatment, longer retention has been consistently attributed to positive outcomes (Belenko, 1998; Cissner & Rempel, 2005; Simpson, 2004; Taxman, 1999). Generally, a longer time period and increased treatment intensity are needed for those with severe substance dependence problems (Simpson, 2004). Therefore, in traditional community-based substance abuse treatment, severity of drug use is often used to determine the appropriate level of care.

The drug court literature has addressed severity of drug use to some degree. Inclusion criteria are typically defined in the program's target population (this will be elaborated further in Chapter 3). Discussions have occurred about retention and severity in terms of criminal histories and drug histories. Severity of a population and the intensity of a drug court program are believed to be related. For instance, if a population has more severe problems, intensity of the program should correspond to address associated problems (Longshore et al., 2001). Belenko (1998) argues that serving individuals with more chronic problems will provide the most cost savings. Researchers suggest drug courts may be more successful if programs focused on matching specific offender shortcomings with needed services (Listwan et al., 2003; Taxman, 1999).

It has been believed that drug courts primarily target first-time offenders with less severe drug problems (Belenko, 1998). However, this has not been the case across the board (Belenko, 1998; Turner et al., 2002). Butzin et al. (2002) reported that those with more severe drug use histories, frequency of use, length of time using, and drug type are predictors of successful completion. The modality of substance abuse treatment that works best for different offenders and drug users remains unclear (Cissner & Rempel, 2005; Patra et al., 2010).

Summary

Primary outcomes of the drug court model overall have shown positive results. Recidivism and drug use have decreased among participants while they are in the program. Decreases in recidivism have also been found in some studies for short periods of time post-program completion. There are other potential positive outcomes that little are known about because they are rarely studied. This is probably true because other quality of life outcomes are typically difficult to measure. Most drug court evaluations focus on outcomes in program graduates. Research mainly examines differences between graduates and a comparison group of similar offenders that do not participate in drug court. To date, only a few studies have been located that consider non-graduates in the research design. In the studies that do consider non-graduates, findings reveal that the non-graduates reoffend less than those in the comparison groups of like offenders. To a large degree, drug court evaluations consist of examining programmatic outcome success measures. Seldom is research conducted where the individual is the unit of analysis. When individuals are studied, questions are primarily raised about client satisfaction and client perspectives, or strengths and weaknesses of a drug court program. There are recent discussions in the literature about the need to investigate the effectiveness of other drug court dimensions' positive outcomes.

The Conceptualization of Therapeutic Treatment

Traditional substance abuse treatment focuses on the disease-concept model (Linton, 2005), primarily using Cognitive Behavioral Therapy (CBT). Connected to this philosophy is the idea that the disease never goes away and can only be treated on a daily basis. Most counselors use a collaborative effort that includes the individual. This approach is considered client-centered where the client is involved in establishing his or her personal treatment goals (Forsberg,

Forsberg, Lindqvist, & Helgason, 2010). Motivational Interviewing (MI) is a technique used to engage the client. Motivational Enhancement Therapy (MET) is another treatment method that incorporates motivational skills with goal setting. This method helps bring awareness to strategies about how the client can reach the goals established in his or her treatment plan (Crits-Christoph et al., 2009). Forsberg et al. (2010) found that when MI is used in conjunction with other counseling techniques, an individual's change and growth were sustained longer. Partly for this reason, most counselors utilize this method in conjunction with CBT. Motivation to change is one of the primary outcomes sought in substance abuse treatment and has also been considered in the drug court model (Williams, 2009).

Along with the clinical aspect of substance abuse counseling, there is typically some form of 12-step, self-help program included in the client's treatment plan (Taxman, 1999). This is either used as a component of the treatment protocol, or individuals are recommended to attend a 12-step group upon treatment completion as part of their aftercare plan. There are alternative views that do not support self-help programs in labeling the client as an "alcoholic" or "drug addict" (Prentiss, 2007). Similar to the harm reduction paradigm, this model posits that the underlying problem must be addressed first. More importantly, the individual has the ability to make substantive life changes through self-determination (Fletcher, 2001; Prentiss, 2007).

The idea of power is where counseling and 12-step programs diverge (Le, Ingvarson, & Page, 1995) and where contradictions exist. The presence of human power follows the foundation of counseling where individual willpower is the focus with little regard for the spiritual aspect that a 12-step program includes. A 12-step program is not counseling. It is a fellowship program of peers with the same problems. Any plan to continue along a path of sobriety supports the maintenance phase of the stages of change model (DiClemente, Schlundt,

& Gemmell, 2004; Prochaska, DiClemente, & Norcross, 1992). Regardless of the method of how a person arrives at the healing stage, the goal is to maintain abstinence. The final stage of change typically takes place in the aftercare portion of treatment. Additional stages that precede the maintenance stage include pre-contemplation, contemplation, and action stages (DiClemente, 2005). Attending 12-step group meetings is not the same as formal substance abuse treatment. It is exclusively considered maintenance after a person has completed treatment. The main purpose of integrating this component is the need for clients to establish outside support systems after treatment is complete.

An individual's connection to a fellowship of continued peer-to-peer outside support is known to be critical to preserving improvement. Research on the effectiveness of 12-step programs is laden with methodological flaws due to the inherent anonymity element in programs such as Alcoholics Anonymous (Le et al., 1995). However, 12-step programs have provided fellowship and support for thousands of alcoholics and drug addicts. Outside support after treatment is deemed to be very important to prevent relapse. Individuals can alternate between stages of change with internal, psychological shifts as well as challenges with environmental circumstances (DiClemente, 2005). A 12-step program that is based on fellowship interactions with an outside group of peers with similar problems is the foundation for the maintenance stage.

It is clear that traditional substance abuse treatment affects change in clients. What is unclear is the degree that people change overall as a result of treatment (Bhati & Roman, 2010; Simpson, 2004). In the drug court model, the question has been raised whether substance abuse treatment alone, without judicial monitoring, would be as effective with an offender population (Bhati & Roman, 2010). In fact, in a New Jersey drug court, McCoy (2010) found that traditional community-based treatment followed by two years of probation was just as effective as drug

court. The New Jersey study considered life outcomes such as employment, educational involvement, and family reunification. However, due to the small sample, generalizing these results should be interpreted with caution. Judicial monitoring alone, without substance abuse treatment, has also been discussed (Cissner & Rempel, 2005; Goldkamp et al., 2001).

The severity of substance use is a salient factor. The American Psychiatric Association differentiates between levels of substance use disorders in the *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR)*. For instance, there is a different diagnosis for substance abuse and substance dependence (American Psychiatric Association, 2000). Dependence has a distinct presence of tolerance, withdrawal, and compulsive use over specified periods of time. Researchers in the field also acknowledge that the distinction of the two disorders in terms of severity is important (Allamani, 2007; Romo et al., 2009; Simpson, 2004). In substance abuse treatment programs, the frequency and magnitude of an individual's drug history, and current use at the time of entry, determine the initial level of care and plan for treatment. The new DSM-5, currently under construction (American Psychiatric Association, 2010) also recognizes that:

... 'dependence' as a label for compulsive, out-of-control drug use has been problematic... It has been confusing to physicians and has resulted in patients with normal tolerance and withdrawal being labeled as 'addicts.' This has also resulted in patients suffering from severe pain having adequate doses of opioids withheld because of fear of producing "addiction." (p. 4)

Levels of severity and the line separating "abuse" and "dependence" are blurred (American Psychiatric Association, 2010). Confusion in diagnoses for appropriate levels of care can affect a client's chance at achieving success (American Psychiatric Association, 2010; Cahill et al., 2003). From the individual's perspective, the severity of both substance use and criminality can affect the decision to accept the drug court opportunity. In traditional

community-based substance abuse treatment, clinical assessment and the categorizing of individuals erroneously affects the modality of treatment offered. Aside from influence of the legal component in completing a drug court program (Cissner & Rempel, 2005; Farole & Cissner, 2005), there are likely differences in terms of the reasons why individuals decide to participate in the program.

Summary

Therapeutic techniques used to treat people with substance abuse issues are fairly homogenous. A working relationship between therapist and client facilitates treatment planning and goal setting. Resources and behaviors necessary to accomplish goals is usually the primary focus in therapy. The ultimate goal in substance abuse treatment is traditionally total abstinence from drugs and alcohol. To help prevent relapse back to substance use, clients are directed to establish an outside support system in a 12-step program. Disparities in drug history and severity of drug use appear to affect success in treatment. The line between diagnoses of drug abuse and drug dependence is obscure and has caused confusion in the addiction field. This is important because a client's diagnosis typically determines level of treatment and placement. Although there are similarities in therapeutic approaches to treating clients with substance use disorders, individuals have different wants and needs pertaining to their overall personal goals. The factors mentioned here likely impact motivation and willingness to change. In addition, these factors probably influence an individual's decision to participate in a drug court program or choose formal prosecution.

Theoretical Framework

Grounded Theory Approach

Grounded theory is an approach used when conducting qualitative research where little is known about a phenomenon. This method lends itself to qualitative inquiry particularly when there is no other established theory to frame the research. Approaching a qualitative study with a clean slate allows the researcher to examine all the information uncovered and not just the information that fits into a pre-determined theory. Grounded theory is especially useful when addressing groundbreaking research questions (Burck, 2005). The ultimate goal is to generate theory conceptualized from the data. The information selected to examine is relevant to patterns of behaviors or occurrences taking place in the phenomenon (Glaser & Holton, 2007). Patterns and themes are continuously identified as the facts are uncovered (Glaser, 2007). Conceptualizing the data and making sense of it as it emerges is the cornerstone of grounded theory. This is because not much is known about the research topic ahead of time. Grounded theory helps to explain and understand the information and not simply describe it (Burck, 2005).

In grounded theory, analysis starts with coding sentence by sentence of the narrative content (Burck, 2005). Incidents are compared to incidents and conceptualized where creation of categories is established. Then concepts are compared to more incidents to further reveal components of the emerging theory (Glaser & Holton, 2007). The quality of category choices depends on the experience, creativity, and sensitivity of the researcher (Boeije, 2002). As new data are discovered it is then compared to the previous data. Information is continually conceptualized, re-conceptualized, and revised. This allows conceptual meanings to remain dynamic and open to modification and refinement as new data are uncovered. This process is called the constant comparative method. Comparing and contrasting categories allows the

researcher to explore new areas (Boeije, 2002; Burck, 2005), while often merging categories with like concepts. This continues until the categories are exhausted, no new information is revealed, and the themes become repetitive (Boeije, 2002; Burck, 2005; Glaser & Holton, 2007). Experienced grounded theorists understand the importance of working methodically and purposefully through the data. Rushing the analysis can be a detriment to the researcher and may compromise the conceptualization of the information (Glaser & Holton, 2007). Grounded theory facilitates finding out what is going on in the data and provides the researcher with a comprehensive understanding of the phenomenon. What is going on is whatever emerges from the data (Glaser, 2007). Using grounded theory in this research will help to identify patterns that are unexpected. With the lack of information in the drug court literature about non-completing clients, a grounded theory approach is necessary and appropriate.

Psychotherapy's Harm Reduction Paradigm

Harm reduction is a type of therapy paradigm that is primarily used in the psychotherapy arena. The harm reduction philosophy has been around since the 1970s in Amsterdam and England, but did not reach the United States until 1990 (Tatarsky & Marlatt, 2010). The ideology was not fully embraced in the substance abuse treatment field of addictions; however, this approach is currently attracting more interest.

Conventional methods of community-based substance abuse treatment are attracting a very small portion of the population of substance users (Tatarsky & Marlatt, 2010; Wilson et al., 2006). Additionally, community-based substance abuse treatment programs reportedly have a 65% dropout rate (Wilson et al., 2006). Oftentimes, the abuse of substances is a symptom of other disorders. This was found in the case example provided by Tatarsky and Kellogg (2010) of a woman with childhood trauma and suicidal ideation. This woman was unable to view her

alcohol use as damaging until she addressed the trauma that led her to medicate herself over the years. Another example is a woman who presented with schizophrenia and an active crack addiction. Even though the woman remained sick with both a mental health disorder and continued drug use (Little & Franskoviak, 2010), she was welcome in therapy. As the client went in and out of jail, the harm reduction program provided her with counseling and support services. Therapy and unconditional contact with program staff enabled the woman to incrementally get better with each episode.

Therapy is often needed for co-occurring mental health issues before an individual is willing to discontinue the use of all substances (Linton, 2005). A harm reduction approach provides an accepting environment for the person to receive professional help without requiring abstinence at the outset of treatment. This method may seem challenging in congregate programs. However, this philosophy is currently working in several community settings treating chronic addicts (Little & Franskoviak, 2010). Harm reduction has the capability to deal with extreme, hard-to-reach drug addicts and other substance use populations (Logan & Marlatt, 2010) that otherwise would not seek help.

In addition, harm reduction interventions have been used in college settings to determine levels of alcohol consumption (Whiteside, Cronce, Pedersen, & Larimer, 2010). Alcohol dependent individuals were also evaluated to determine incremental improvement as a result of reductions in heavy drinking (Gastfriend et al., 2007). One of the most common harm reduction approaches is the needle exchange program (Logan & Marlatt, 2010; Strathdee et al., 2006; Tatarsky & Marlatt, 2010; Thomas, 2005). Along with the obvious positive benefits of reducing the spread of HIV, hepatitis, and other blood-borne diseases, needle exchange programs have been a catalyst for initiating additional treatment services (Havens et al., 2009; Strathdee et al.,

2006). Needle exchange programs also facilitate continual contact with case managers in the field (Strathdee et al., 2006), which assists with appropriate placement for people with severe substance use disorders.

A harm reduction ideology, with the focus on dealing with the initial problem that brings the client to treatment, also emphasizes clients' strengths (Tatarsky & Marlatt, 2010). A strength's based perspective has been used with substance abuse populations and case management (Redko et al., 2007). A focus on clients' assets rather than their liabilities is used in the substance abuse and mental health fields. This approach is deemed solution-focused, and the focus on strengths and solutions has been effective with these populations (Linton, 2005; Redko et al., 2007). A harm reduction paradigm also centers on supplying clients what they need rather than what the agency can provide (Little & Franskoviak, 2010).

This research partially relies on a harm reduction approach. It is considered pertinent to examining self-awareness, self-efficacy, and motivation to change. For example, abilities that facilitate change include curiosity about one's condition, which seemingly facilitates self-awareness. Increased self-awareness can help a person understand that not all events, thoughts, and feelings are real (Tatarsky & Kellogg, 2010). In time, individuals experience their ability to deal with emotions more effectively and with greater tolerance. Tatarsky and Kellogg refer to these collectively as self-management skills. If individuals gain these intrinsic benefits due to their participation in drug court, harmful activities are likely to be less than before entering a drug court program.

The Medical Field's Approach to Participant Dropouts and Intention to Treat (ITT) Design

About 15 years ago, the medical research community acknowledged a problem with reporting outcomes in research studies that failed to recognize the impact of participant dropouts.

This resulted in the Consolidated Standards of Reporting Trials (CONSORT) statement (Begg et al., 1996; Schulz, Altman, & Moher, 2010). These guidelines delineate how medical research studies should be reported in terms of both structure and inclusivity of participants.

An intention-to-treat design is a method primarily used in the medical field when conducting research on the efficacy or effectiveness of treatment (Wright & Sim, 2003). The ITT design is applied to randomized controlled trials (RCT) in the strictest sense. The ITT concept has been around since about 1961; however, it was primarily used incorrectly (Hollis & Campbell, 1999; Wright & Sim, 2003). This method considers all participants in a particular study after they have been randomly assigned to a treatment or control group. They are included in the final analysis even if they drop out or do not adhere to the treatment protocol (Hollis & Campbell, 1999; Schulz et al., 2010). In an ITT design, the researcher is expected to report at what stage individuals stop receiving treatment and explain the reasons for dropout (Arias & Kranzler, 2008). It is believed that after participant randomization, the integrity of research is compromised if dropouts or non-completers are not handled within the confines of an ITT design (Atkins, 2009; Begg et al., 1996; Hollis & Campbell, 1999; Sainani, 2010). To the extent possible, an ITT analysis protects systematic differences between groups and each participant's equal chance to receive the treatment (Hollis & Campbell, 1999; Wright & Sim, 2003).

Figure 1 below is the CONSORT flow diagram illustrating the detail of reporting that is completed for each phase of a study that utilizes a full ITT design. It is worth noting that there is space for the number of participants excluded at the end of the analysis portion in this diagram. It is presented this way to illustrate that the number excluded and an explanation is necessary in the final analysis. In a full ITT design, the final N should always equal the beginning N.

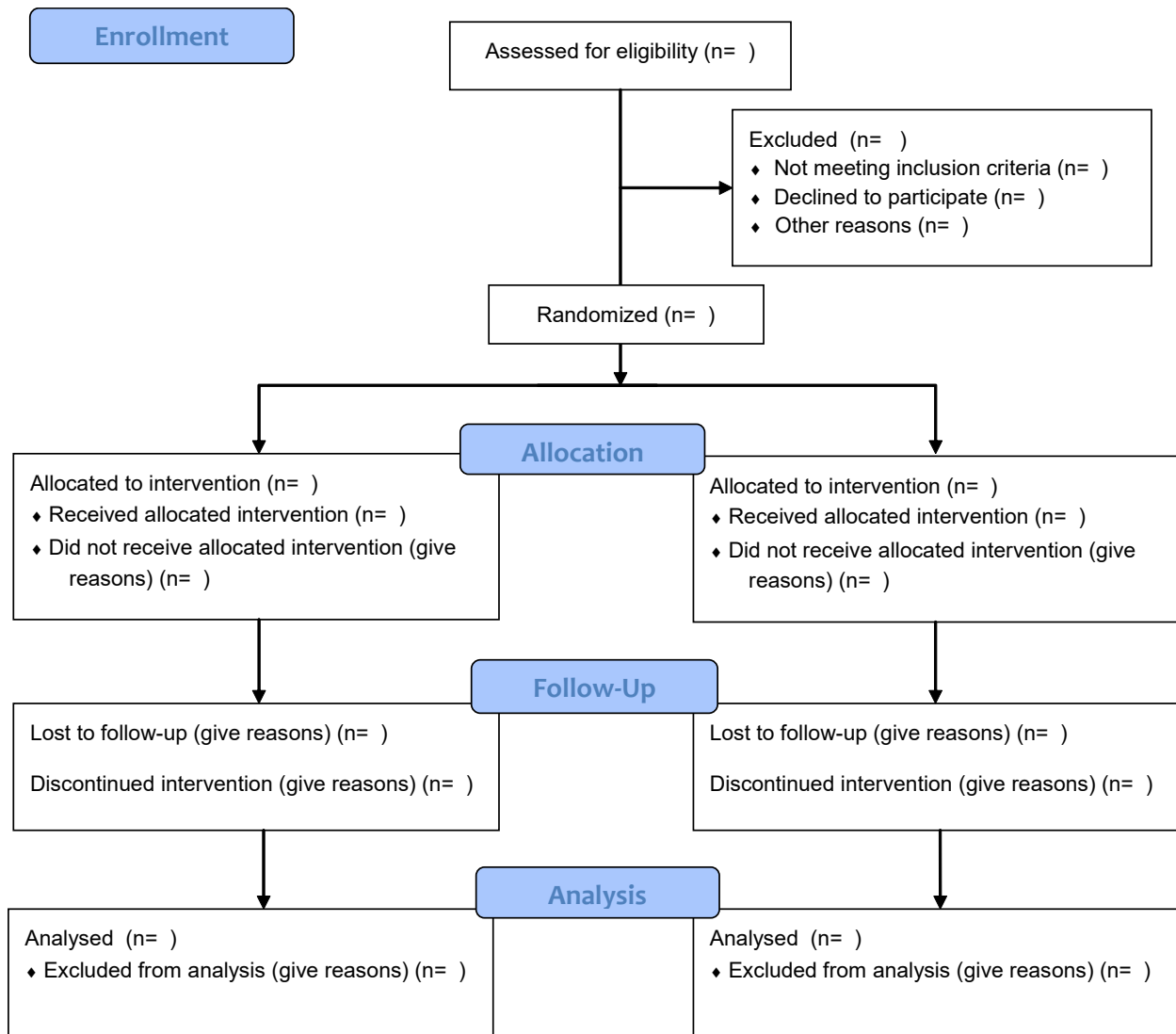


Figure 1: CONSORT 2010 Flow Diagram for Intention-to-Treat Analysis Design

Intention to Treat design flow borrowed with permission from Schulz, K. F., Altman, D. G., & Moher, D. (2010) for the CONSORT Group.

There are variations of intention-to-treat designs. Because study goals often differ, modified ITT designs are also used (Walter et al., 2006; Wright & Sim, 2003). Alternative designs include “per-protocol” analysis and “as-treated” analysis. A per-protocol design excludes participants in the final analysis that do not adhere to the treatment or intervention.

An as-treated design considers participants that drop out or do not follow the study's protocol. In this design, the actual amount of treatment is taken into account (Sainani, 2010; Strathdee et al., 2006; Walter et al., 2006). Feasibility and the ability to study those that drop out or deviate from the research are benefits of an as-treated design.

A study's primary goal may be for explanatory purposes. With this goal, a full ITT analysis is typically used because this approach is needed to test the efficacy of a drug or treatment in a strict clinical setting (Wright & Sim, 2003). An ITT design is also beneficial to test for effectiveness. The design accommodates realistic issues within a clinical study related to the practicality that in real-life situations, not everyone will receive the intended treatment (Arias & Kranzler, 2008; Atkins, 2009; Sainani, 2010; Wright & Sim, 2003).

When a researcher wants to study the effects of an amount of treatment, an as-treated analysis is more appropriate (Walter et al., 2006). A pure ITT design is the most stringent with the highest validity when considering primary outcomes of a study (Armijo-Olivo, Warren, & Magee, 2009). However, an ITT analysis does not take into account the amount of treatment each participant receives.

As Sainani (2010) explains, as-treated analysis and per-protocol analysis only consider individuals who receive the intended treatment. Although these designs compromise randomization and introduce selection bias, a full ITT analysis is not always possible. Per-protocol and as-treated designs work well with observational and exploratory studies (Armijo-Olivo et al., 2009; Sainani, 2010).

Due to the dynamic nature of the therapeutic alliance, it is believed that using a clinical trial model may be unsuitable for psychological settings (Simpson, 2004). However, such designs have been used in randomized trials that study populations likely to have co-occurring

mental health and substance use disorders. For instance, an ITT design was used to determine the effect case management has on a housing program and the number of hospital visits with a homeless population (Sadowski, Kee, VanderWeele, & Buchanan, 2009). An ITT approach was also used to analyze adults with generalized anxiety disorder to determine the effects of cognitive behavioral therapy (Stanley et al., 2009).

An ITT analysis can provide misinformation about expected results for those that would adhere to the treatment protocol. In this regard, ITT can underestimate the full effect of a drug or intervention (Walter et al., 2006). On the other hand, if all participants in a study are not included in the final analysis, any positive results can be overestimated (Sainani, 2010). This point has also been recognized in the drug court literature (Belenko, 1998; Goldkamp et al., 2001; Roman et al., 2008) but is rarely discussed. The drug court research evaluates programs by primarily comparing graduates of drug court to a comparison group of similar offenders. Typically, the treatment group only includes participants that successfully complete the program. This likely overestimates the drug court intervention because studies are comparing successes to failures instead of all participants to a comparison group (Belenko, 1998; Cissner & Rempel, 2005; Goldkamp et al., 2001).

When participants initially randomized to a treatment group do not actually receive the treatment or are believed to be exposed to the treatment for an insufficient amount of time, as-treated analysis can be valuable. Instead of excluding subjects that drop out, they are examined for the actual treatment they received while in the study (Sainani, 2010; Walter et al., 2006; Wright & Sim, 2003). This also allows the researcher to consider the dosage amount received in various time-series designs.

As an illustration, an as-treated design was used in a study to test the effectiveness of case management and substance abuse treatment placement at a needle exchange program in Baltimore, Maryland (Strathdee et al., 2006). Analyzing participants with an as-treated design allowed Strathdee et al. to determine if the case management intervention was an independent factor for individuals who entered treatment. An as-treated approach also enabled the researchers to examine graduated amounts of case management time with each participant. In using this approach, it was found that, in fact, “participants who received 30 mins or more of case management within 7 days of the baseline visit were 33% more likely to enter treatment” (Strathdee et al. p. 230). If an as-treated analysis was not conducted in this study, this outcome would have likely gone unnoticed.

Below in Figure 2 is a diagram of an as-treated design used when all participants do not remain in a study.

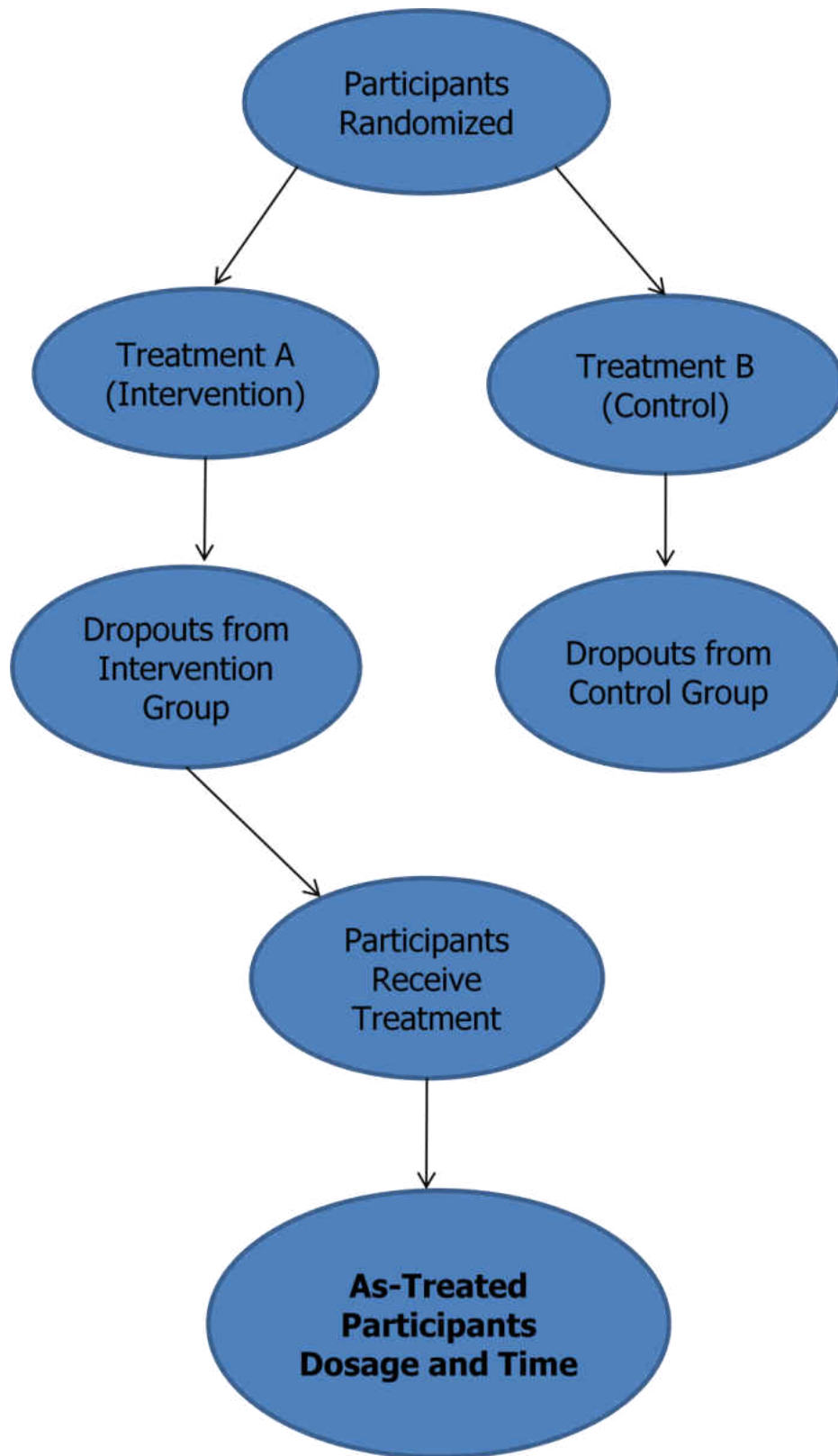


Figure 2: As-Treated Analysis Design to Consider Dosage and Time in Treatment

A comparison can be made with the ITT philosophy that participants may not receive intended benefits in real-world settings. In the drug court model, individuals may gain unintended benefits from their involvement in the program. Conversely, they may not receive the treatment that was intended. Positive results are likely missed due to disregarding all unsuccessful cases. It is believed that participants have different reasons for dropping out of treatment. It does not necessarily mean individuals have gotten worse. They might drop out because they have gotten better (Atkins, 2009). This study suggests that generalizing an as-treated design to the drug court model will provide an opportunity to determine if any benefits are gained by a group of as-treated participants that drop out of the program. This approach could consider the progression and levels of benefits received for each participant and ostensibly capture the full drug court program treatment effects. It could also provide an increase in sound methodological drug court research.

Summary

The medical research community determined that discounting dropouts in randomized controlled trials likely causes spurious results. An ITT design was established and used as a means to consider dropouts. The issue of dropouts in research is not a new problem. In real-world settings, it is common for patients not to follow treatment regimens exactly. Patients often will not take treatment as scheduled or will cease taking assigned treatment altogether. An ITT design helps mirror these natural settings. A less stringent as-treated design is another method used that also deals with dropouts. With this approach, dropouts are analyzed taking length of time and dosage levels of treatment into account. Both designs serve different purposes and have diverse goals. As previously noted, each design also has strengths and weaknesses. An ITT design protects the integrity of randomization. However, an ITT design disregards the effects of

treatment on those that drop out. As-treated designs allow researchers to examine dropouts and those that deviate from treatment. However, an as-treated design does not have the benefit of randomization. Research goals and feasibility issues often determine which approach is taken.

Research Questions and Propositions

The primary question in this research relates to the extent of benefit(s) realized by individuals who participate in drug court but do not successfully complete the program. For example, programs are established and structured with specific requirements to achieve successful completion. If participants do not meet the program criteria and consequently are expelled, they are classified as unsuccessful or non-completers. It is anticipated the failure to measure the possible benefits received by unsuccessful clients is underestimating the efficacy of the drug court program. It is improbable that drug court clients receive no benefit whatsoever simply because they fail to complete the typical six-month or year-long program.

Main Research Questions

Do unsuccessful drug court clients experience positive results?

When individuals do not complete all the program requirements, are they attaining self-awareness about the extent of their problem?

Have they gained more confidence in their ability to effect change in their lives?

Are these intrinsic benefits facilitating an increased motivation to change behaviors associated with a destructive lifestyle.

Do unsuccessful drug court clients receive harm reduction effects?

In relation to self-awareness, individuals should become more aware of the potential for harm when they engage in risky behavior(s). If non-completers have increased self-awareness of a destructive lifestyle, are there reductions in harm?

Study Propositions

1. Unsuccessful drug court clients are gaining positive program benefits such as increased self-awareness, increased self-efficacy, or an increased motivation to change.
2. Unsuccessful drug court clients are reducing harmful behaviors such as criminality and substance use.
3. Unsuccessful drug court clients are gaining more access to positive social networks.

This study examined the potential benefits drug court clients received when classified as unsuccessful. The significance of this research is to develop more knowledge related to the clients that fail to complete a drug court program. The medical literature has found evidence of improvements in participant dropouts. There is compelling research that drug court clients may also receive positive benefits by participating in a drug court program regardless of the outcome. A major goal of this study is to develop the knowledge base related to non-completes and the associated potential positive value often categorized as harm reduction.

The central proposition is that clients classified as unsuccessful may acquire some benefit due to their program involvement. Using a grounded theory approach in this research allowed for consideration of all the data collected from client interviews. The as-treated design frames the research using the amount of treatment clients received, and determined if any benefit was gained. The harm reduction paradigm was used to explain and validate the purpose for this research.

CHAPTER 3: RESEARCH DESIGN AND METHODOLOGY

Design Overview

This study is a qualitative, phenomenological design with the purpose of investigating drug court program effects on unsuccessful clients. This qualitative design relies on prior developed theories of harm reduction and as-treated designs. Using Yin's (1989) analytic generalization technique, the results from this study are examined within the structure of these paradigms. A grounded theory approach is also used to help uncover unexpected occurrences and behaviors.

A qualitative approach is beneficial when breaking new ground where a phenomenon is unknown, exploratory, and difficult to measure quantitatively. Understanding the perceptions of others helps to explore how people construct and give meaning to their everyday lives (Berg, 1998). When dealing with difficult-to-reach populations where individual perspectives are needed to address unanswered questions, a flexible qualitative design is the best way to uncover the information.

The goal is to understand drug court clients' personal experiences and present them in a logical and meaningful way. There is a better chance of capturing this information through individual inquiry. Where marginalized groups are directly affected with little or no voice, individual interviewing (Nelson-Zlupko et al., 1996; Wendt & Boylan, 2008) and personalized focus groups (Reynolds, Ruefle, Jenkins, & Seydlitz, 1999) are the most effective ways to gain knowledge of a phenomenon. This is especially true when the topic is rarely discussed in the literature. Qualitative inquiry includes methods that enable researchers to elicit responses in rich detail. This provides a better understanding of the breadth and depth of a subject and has been helpful when examining unsuccessful drug court clients. Studying people in real-life settings can

provide valuable insight and knowledge about complex phenomena (Yin, 1989). Important data can also be lost when using pre-established, validated screening tools with quantitative methods. Determining how unsuccessful clients may potentially benefit from a drug court program sheds light on something we know little about.

A decrease in qualitative work both in scholarly articles and dissertations has been a long-standing trend (Tewksbury, Dabney, & Copes, 2010). Qualitative designs are essential to discovering new, emerging concepts and theory, which is the case in this research. Beenstock (2010) explains how partial identification when studying a population of substance abusers in treatment is better than not studying them at all. Beenstock uses a method when it is difficult or impossible to determine if treatment is effective and evaluates whether treatment is not helpful or even harmful. This research seeks to understand unsuccessful drug court clients' perceptions of what they gained from their experience. Qualitative inquiry with this population is necessary to meet the research goals.

In this section, descriptions of the drug court programs and the sample are discussed. Conceptualization of the variables and operational definitions follow. The qualitative methodology and analytical techniques used to examine the research questions are also explained. Due to the qualitative design, numerous patterns were expected to emerge, and additional questions arose during interviewing. The design was meant to be fluid and flexible.

Variables were investigated by conducting individual, semi-structured interviews with program non-completers from two drug court programs by phone and in person. The drug court program manager and department of corrections probation officers were also interviewed. Triangulation methods were used whenever possible. Interviewing drug court professionals about clients' actions and attitudes just before leaving the drug court program helped to

corroborate reports given by participants. Cross-referencing criminal justice public records assisted with further corroboration in the criminality dimension. Using complex, multifaceted reasoning in an iterative manner helped to identify and uncover consistent patterns and themes that existed throughout the data (Marshall & Rossman, 2010). Three coders were used to conduct contextual content analysis. This assists with strengthening the validity of the final conclusions. Qualitative Structured Research (QSR) NVivo 8.0 software was used to store, organize, and analyze the data. QSR is an analysis tool that helps examine and evaluate qualitative research. QSR also has analytical tools to facilitate viewing and illustrating the study results.

Several pilot interviews were initially conducted. This provided exploratory discovery of the various phenomena in the study and identified thematic categories and dimensions. Changes were made to the interview form before additional interviews took place. The pilot interviews provided reiterative information that shaped the final interview structure.

A layout of the research design is illustrated below in Table 1.

Table 1: Study Design

| Design | Participants | Program Variables | Harm Reduction Outcome Variables | Inclusion/Exclusion Criteria | Methods | Analytic Techniques |
|-------------------------------------|--|--|--|--|---|---|
| Qualitative <i>Phenomenology</i> | 1) Non-completing clients in Brevard County Adult Drug Court PTI Program 2) Non-completing clients in Brevard County EESAT Drug Court Program 3) Drug court direct client support staff in drug court programs | 1) Therapeutic Treatment 2) Judicial/Program Compliance 3) Incarceration | <u>Harm Reduction Effects</u> 1) Substance Use 2) Criminality 3) Positive Social Support Network 4) Employ/Education 5) Family Reunification <u>Intrinsic Harm Reduction</u> 6) Self-awareness 7) Motivation to change 8) Self-efficacy | Non-completing clients enrolled in Brevard County Adult Drug Court PTI Program a min 30 days from 1/1/09 – 12/31/10 Non-completing clients enrolled in Brevard County Adult Drug Court EESAT Program a min 30 days from 1/1/09 – 12/31/10 | 1)Semi-structured client interviews 2) Semi-structured drug court program staff interviews | 1) Descriptive statistics 2) Content analysis (identifying emerging patterns and themes) |

Source of Data and Drug Court Program Descriptions

The sample is a convenience sample of clients that participated in one of two Adult Drug Court programs in Brevard County, Florida. The clients have participated in the Brevard County Adult Drug Court Pre-Trial Intervention (PTI) Program or the Brevard County Adult Drug Court Expanded and Enhanced Substance Abuse Treatment (EESAT) Program. Both programs are in the Eighteenth Judicial Circuit of Florida and both are felony diversion programs. All drug court clients are supervised by Florida Department of Corrections probation officers while they are in the program. Participation in the drug court programs is strictly voluntary, and individuals must be 18 years old to participate.

One of the Brevard County drug court programs specifically serves as an intervention at the pre-trial level. The other Brevard County program is post-adjudicatory. This means the individual has pled guilty to the offense. In the PTI program, participants are primarily first-time drug offenders with less extensive criminal histories. Adjudication is withheld while the offender participates in the drug court program. Upon successful completion of the program, the charge is dismissed. Individuals in the EESAT program (post-plea) have violated the conditions of probation and/or have more extensive criminal histories. In this program, the offender has to enter a guilty plea and is then transferred to the drug court judge to initiate a program contract. Completion of the EESAT program is a special condition of the plea agreement. In this program, dismissal of the charges is considered but not a certainty. Some offenders in the EESAT program may be on community control, also known as house arrest. Offenders in post-plea drug court are subject to direct incarceration for program non-compliance. Probation is not an option for this group as it is for the PTI group. The post-plea program also gives priority to veterans of the armed forces. The pre-plea and post-plea drug court programs target different populations.

Both drug court programs include three phases and an aftercare component. Clients graduate through the various program phases as they show positive improvement. Both drug court programs considered in this study are a minimum of one-year long.

Clients classified as unsuccessful completers, in either drug court program, between January 1, 2009 and December 31, 2010 were included in the research. A minimum program treatment dosage period of 30 days was required for inclusion in the study. The study also determined if any benefits were gained among clients that were in the program less than 60 days.

The modality of substance abuse treatment in the drug court programs is primarily outpatient. However, residential treatment is available for individuals unable to remain clean and sober while participating in outpatient treatment. Specialized Treatment, Education and Prevention Services, Inc. (STEPS) is the private, local, non-profit organization that currently provides therapeutic program services for both drug court programs in Brevard County. STEPS also provides additional community-based substance abuse treatment services in a four-county area in East Central, Florida.

Drug Court Clients

Each individual selected to participate in one of the drug court programs was arrested for a non-violent drug offense in conjunction with a self-reported substance abuse problem. Offenders are primarily identified by a public defender or the state attorney. In all instances, the state attorney must approve the offender to go through drug court in lieu of prosecution in traditional court. Offenses such as drug sales, drug trafficking, or manufacturing are statutorily ineligible offenses that prohibit participation in a drug court program. In addition, individuals arrested for drug-related offenses such as burglary are typically ineligible. However, the state attorney may allow access into the program if the victim agrees. Because the PTI drug court

program mainly includes first-time offenders, it is considered a true intervention. The EESAT drug court program allows for past convictions and probation violations. It often consists of individuals with more severe substance abuse issues and lengthy criminal histories. Individuals in this category are usually more disconnected with family and positive social networks. In both drug court programs, if the individual declines to accept the drug court option, the case is formally prosecuted in criminal court.

It should be noted that there are likely individual differences in terms of a person's decision to choose drug court instead of prosecution in traditional court. Factors that may affect these decisions are readiness to change a destructive lifestyle, the consequences one may face with formal prosecution (Cissner & Rempel, 2005; Farole & Cissner, 2005; Government Accountability Office, 2005), or the severity of substance abuse histories.

Informed Consent

Most individuals were contacted by phone and provided information about the research. When the interview took place on the phone, verbal informed consent was obtained at that time (*see Appendix C for Verbal Consent Form*). Interviews that took place in person were conducted in a secured facility. For in-person interviews, an additional informed consent was provided (*see Appendix B for Individual Interview Informed Consent*). The purpose of the study and what individuals could expect were discussed and questions about the study were addressed. The researcher's phone number was given to each participant at the beginning of the discussion. Participants were also asked to call the researcher in January 2012 if they were interested in the study results. The study would subsequently be mailed to them. If participants had questions about the study at a later time they were encouraged to call the researcher. Voluntary informed consent was obtained from each participant before interviewing began. All of the data collected

were confidential. Participant names and any other identifying information were stored separate from the data obtained during the interviews. To address emergency crisis situations, a crisis protocol was developed to use when contacting drug court clients. If individuals were in need of emergency services or community-based substance abuse treatment services, the protocol provided this information (*see Appendix G for Crisis Protocol*).

Drug Court Components

The key drug court components comprise the framework of the drug court model. These components serve as the foundation for all drug courts' operational functions. Due to jurisdictional boundaries and policy variations, there are some differences between drug court programs. Some differences consist of pre-plea and post-plea structures, eligibility of offenders, frequency of status hearings, sanctions for non-compliance, and rewards utilized when clients display positive improvement. However, they all operate under the same basic structure (Belenko, 1998; King & Pasuarella, 2009; Longshore et al., 2001), and there are more similarities than differences.

The 10 components are delineated below in Table 2: Drug Court Key Components. These components are believed to work together to positively affect offenders' lives that have considerable substance abuse problems and criminal justice involvement.

Table 2: Drug Court Key Components

| Key Component | Description |
|---------------|---|
| Component #1 | Integration of treatment for Alcohol and Other Drugs (AOD) combined with justice system case processing. |
| Component #2 | Non-adversarial approach. Prosecution and defense counsel promote public safety while protecting participants' due process rights. |
| Component #3 | Eligible participants identified early and promptly placed in a drug court program. |
| Component #4 | Provide access to a continuum of AOD and additional related treatment and rehab services. |
| Component #5 | Abstinence is monitored by frequent AOD testing. |
| Component #6 | A coordinated strategy governs drug court responses to participants' compliance. |
| Component #7 | Ongoing judicial interaction with each drug court participant is essential. |
| Component #8 | Monitoring and evaluation measure achievement of program goals and gauge effectiveness. |
| Component #9 | Continuing inter-disciplinary education promotes effective drug court planning, implementation, and operations. |
| Component #10 | Forging partnerships among drug courts, public agencies, and community-based organizations generates local support and enhances drug court program effectiveness. |

(Office of Justice Programs, 1997)

Key component number one includes the requirement for participants to live drug and alcohol free. Living crime free is also a requirement in the drug court model. These primary outcomes are continuously monitored by the drug court program staff and subsequently sanctioned by the drug court judge.

The main characteristics of drug court, which are the focus of this research, are: substance abuse treatment, a non-adversarial court setting, judicial monitoring, random urinalysis drug testing, and rewards and sanctions (Wilson et al., 2006). A brief discussion of these features follows in the next section.

Conceptualization of Program Variables

The variables in this study were selected to determine if clients improved enough to produce harm reduction effects as a result of their involvement in drug court. Based upon the literature, these variables are known to affect changes in attitudes and behaviors. This has helped us to determine if we are moving closer to the drug court model's overall goals.

Substance Abuse Treatment

The drug court model's substance abuse treatment component is the biggest shift in the role of addressing drug offenses in the criminal justice system. It is the foundation of therapeutic jurisprudence with the main focus on the success of the offender to complete the drug court program (Goldkamp et al., 2001; Hora et al., 1999; Senjo, 2001). This primary goal has taken the place of prosecution of the criminal offense that brought the person to the court. Substance abuse treatment services are usually performed by local treatment agencies through a sub-contract agreement. Traditional substance abuse treatment programs are similar in their therapeutic structure, and this is true in the substance abuse treatment component of the drug court program.

The provision of services in terms of counseling techniques and strategies in substance abuse treatment tend to be homogenous regardless of the treatment modality. For example, the Center for Substance Abuse Treatment, a component of the Substance Abuse and Mental Health Services Administration (SAMHSA), provides extensive information on various consensus-based guidelines deemed effective for substance use disorders. These guidelines are referred to as Treatment Improvement Protocols (TIPs). TIPs have been developed by clinical, research, and administrative experts in the field of substance abuse (Center for Substance Abuse Treatment. SAMHSA, 2010). Providers of substance abuse treatment in the state of Florida use many of the same counseling methods supplied by SAMHSA.

The therapeutic alliance is an important component in every modality of treatment. It is well known that there are positive effects from the working relationship between client and therapist (Redko et al., 2007; Simpson, 2004). Propositions in this study, to a substantial degree, depend on the presence of this relationship with someone in the drug court program. An established rapport or bond between client and counselor, or drug court professional staff, is the foundation for positive change.

Non-Adversarial Court Setting

The traditional adversarial approach to processing offenders is non-existent in a drug court setting. Drug court is structured with a team approach. The judge is in the forefront and has ultimate authority. Prosecution and defense lawyers, substance abuse treatment counselors, and typically a drug court manager are all decision makers as part of the drug court team. This non-adversarial method, and working together as a team, is believed to have positive outcomes (Cissner & Rempel, 2005; Office of Justice Programs, 1997). Presence of defense lawyers in

drug courts is said to be waning in recent years (Marlowe, 2009), and that appears to be the case with the drug courts in this study.

Judicial Monitoring

A judge is assigned to monitor drug court participants in both programs. Monitoring drug court clients is commonly referred to as “status hearings.” Although random drug testing is conducted by the drug court program or substance abuse treatment staff, urinalysis results are monitored by the drug court judge. Status hearings are conducted at contract signing, bi-weekly for post-plea drug court, and monthly for pre-trial intervention drug court. Clients are monitored by the drug court team on an ongoing basis between status hearings. If the drug court program staff has any issues or concerns about a client’s behavior, e.g. drug or alcohol use or a new arrest, the client is placed on the docket and required to face the judge for appropriate sanctioning.

Sanctions and Rewards System

Drug court programs follow the theory of behaviorism, where both positive and negative reinforcement are used to change unwanted behaviors. Participants typically move through several graduated phases of the program where milestones of incremental achievement are recognized by the court. The drug court programs in this study use both sanctions and rewards. However, sanctions appear to have more leverage and facilitate compliance of program rules. Research supports the importance of providing explicit sanctions where participants are clear about what is expected of them (Marlowe & Kirby, 1999). Sanctions are applied in a graduated structure (Government Accountability Office, 2005) and may include: writing an essay about specific unwanted behavior, spending time on the Sheriff’s Work Farm, having increased therapy sessions, facing jail time (typically a weekend stint), and facing more stringent treatment

regiments such as residential treatment. Rewards most frequently used are praise from the judge, a decrease in judicial monitoring, and decreases in required drug tests and substance abuse treatment sessions.

Program Variable Measurements

In the substance abuse treatment component, time in treatment and study participants' perceived impact of group and individual counseling were measured. To determine if there was a positive shift in affiliations with the recovery or faith-based communities, individuals' continued involvement was also examined. This dimension was investigated because if positive associations have increased, risky behaviors have likely decreased. Indicators of judicial monitoring are program compliance, sanctions, and number of incarcerations from the time the participant entered drug court until the time the interview was conducted.

Harm Reduction Outcome Variables Overview

Measuring success at the individual level for non-completers is the primary focus of this study. Therefore, the unit of analysis is the individual. It is posited that drug court programs have an impact, both at the individual and community levels, if a client has been involved in a drug court program a minimum of 30 days.

Harm reduction means the presence of any of the following dimensions: decreased substance use or criminality, an increased self-awareness of a destructive lifestyle, an increased motivation to change, or increased self-efficacy. Additional quality of life variables such as gaining employment or pursuing education, family reunification, and connections to the recovery or faith-based communities were also included in the inquiry.

Substance use and criminality are considered in non-completers because these variables are the primary outcomes of interest in the drug court model. Even if there are small decreases in substance use or crime, this result should have a substantial impact on harm reduction. The harm reduction ideology suggests that a reduction in substance use is a worthy outcome without acquiring complete abstinence. With a harm reduction approach, abstinence is never a requirement of treatment. Involvement in positive social support networks was also measured. In this study, positive recovery or faith-based connections were considered to reduce harm if they have been sustained since leaving the drug court program.

A person's increased self-awareness of bad behavior can presumably facilitate motivation to change. Once a person possesses awareness of a problem, then motivation or a general belief in the ability to effect change may follow. Self-efficacy is believed to have positive effects with the opportunity and ability to reinforce more self-efficacy as it strengthens (Romo et al., 2009). It is assumed that gaining self-awareness, motivation, and self-efficacy are cyclical in nature with each variable building on the other. This process is not necessarily linear. In this regard, micro-level drug court program effects are analogous to the stages of change presented by Prochaska et al. (1992) and DiClemente et al. (2004). During this process, individuals' cycle through different phases based upon where they are in the life stage and the change process. Similarly, clients classified as unsuccessful in a drug court program present with the same cycle, and it may be that they improve in these areas even though they fail to fully complete the program.

If unsuccessful drug court clients did benefit from the program, they may have reduced their involvement in harmful behaviors. This would be supported if an individual has a decrease in substance use or criminality compared to before entering the program. If substance use or criminality has decreased, it is also likely that connections to positive social networks have taken

place. The assumption is that with participation in a structured drug court program, and involvement in a structured therapeutic environment, individuals should gain some benefit that ultimately has an impact on harm reduction. It is expected that a stronger relationship between the client and therapist (or other drug court program staff), specifically a therapeutic alliance, is associated with greater positive outcomes. Therefore the individuals' perceptions of treatment climate were also examined.

Self-Awareness

Self-awareness of one's current state is presumed to be directly related to denial (Linton, 2005), which is one of the main issues that seemingly must be addressed in traditional substance abuse treatment. Drug court clients that participate in the minimum treatment dosage used in this study may have an increased awareness that substance use has created problems in their lives. In this research, self-awareness is considered a foundation variable in which motivation to change and self-efficacy build. More specifically, if individuals recognize that a substance abuse problem exists, they are more likely to gain additional benefit from the drug court program.

Motivation to Change

In the field of addictions, a client's position in the stage of change process has been associated with readiness to change and motivation (DiClemente, 2005; DiClemente et al., 2004; Prochaska et al., 1992). In this study, a participant's motivation to change past behavior is an indication of improvement compared to before entering drug court. Substance abusers' motivation and readiness to change has been measured with the Stages of Change and Readiness Treatment Eagerness Scale (SOCRATES). This tool includes steps taken towards change, recognition that change should occur, and ambivalence towards change (Natarajan, 2010).

Motivation to change was recently used as one of the primary outcome measures evaluating an Engaging Mom's Program intervention compared to traditional family drug court in Miami, Florida (Dakof et al., 2010). Motivation to participate in a drug court program and motivation to change have been considered important assets to drug court participants (Williams, 2009).

Self-Efficacy

An increase in self-efficacy in the context of traditional substance abuse treatment provides for individual confidence that one can make necessary, substantive life changes. Self-efficacy has been associated with longer periods between relapse back to using substances (Romo et al., 2009; Tate et al., 2008), as well as overall decreases in substance use. Self-efficacy perceived by individuals with substance abuse problems has been measured extensively utilizing the Drug Taking Confidence Questionnaire (DTCQ). Components of self-efficacy include various high-risk situational coping and success at resisting a relapse episode when coming in contact with other substance users (Sklar & Turner, 1999). The DTCQ has also been used in a drug court setting to measure how clients cope during different phases of a drug court program (Williams, 2009). A variation of the DTCQ has been validated to specifically gauge confidence levels with individuals while they are engaged in treatment (DTCQ-8) (Sklar & Turner, 1999). It seems appropriate to consider this outcome with unsuccessful drug court clients. Determining levels of self-efficacy provides information about clients' abilities to thwart off drug using situations when reverting back to old behavior is typically the normal response.

Substance Use

Substance use was determined by the amount or frequency of drugs or alcohol participants self-reported between the time they entered the respective drug court program and the interview date for this study.

Substance use is operationalized as the frequency or amount of consumption of drugs or alcohol from the time the person entered the drug court program to the date of the interview. Consumption of substance use was compared to the participants' consumption before entering the program. If there was a decrease in frequency or magnitude, harmful effects of such use were probably reduced.

Criminality

Criminality is defined as the number of new arrests clients, received from the time they entered drug court until the interview date of this research. If unsuccessful clients' number of arrests was less compared to before entering drug court then criminality decreased. If criminality decreased, overall harm reduction may have been achieved.

Positive Social Support Network

For the purpose of this research, a positive social support network excludes the family unit. Social support derived from positive connections to a 12-step program or faith-based setting is deemed valuable to drug court clients. This involvement is beneficial while clients are in the drug court program. Sustained recovery or faith-based connections after clients leave the program helps to maintain any improvement gained. Likewise, this may happen for clients that do not complete the program. As clients' positive social networks increase, they have alternatives to continued substance use and criminality. This research suggests that an

established support system with other recovering individuals, self-help groups, or connections with faith-based organizations decreases the likelihood of participation in harmful activities.

A positive social network is built on relationships with other individuals addressing similar challenges. In the context of this research, a social support network is a secondary positive outcome variable. In order to be effective at reducing harm, it depends on reductions in substance use or criminality. In particular, if the client does not reduce substance use or criminal activity, this variable will be excluded from the final harm reduction analysis respective to each participant.

Table 3 below lists the outcome variables and program variables used to determine if there is enough individual improvement in non-completers for harm reduction to occur.

Table 3: Harm Reduction Effects and Program Variables

| Outcome Variables | Program Variables |
|---------------------------------|--|
| <i>Harm Reduction Effects</i> | <i>Substance Abuse Treatment</i> |
| Substance Use | Time in Treatment |
| Criminality | Group and Individual Counseling |
| Positive Social Support | 12-Step Program Support |
| Employment/Education | <i>Criminal Justice System</i> |
| Family Reunification | Sanctions and Rewards/Incarceration |
| <i>Intrinsic Harm Reduction</i> | Judicial Monitoring/Program Compliance |
| Self-Awareness | |
| Motivation | |
| Self-Efficacy | |

Interview Forms

Measurement instruments used in this research were designed to collect qualitative data. *Residual Effects for Unsuccessful Clients Semi-Structured Interview Format* was used to conduct semi-structured interviews with unsuccessful drug court clients. The *Program Staff Semi-*

Structured Interview Format captured drug court staff and department of corrections probation officers' perspectives of drug court clients' behaviors and actions before leaving the program. The instruments were designed with an open-ended format for flexibility and to partially direct the discussion (*see Appendices D and E for interview forms*).

Selection of Methods and Analysis

Qualitative methods used in this study include: descriptive statistics and in-depth semi-structured interviews with drug court clients and drug court program staff. Some of the interviews were conducted in person and some were conducted by telephone. Contextual content analysis was performed to uncover thematic occurrences within the data. In addition to collecting and analyzing data about individual benefits gained from the drug court program, information was also gathered to help create a contextual picture and tell a story about each non-completer's drug court experiences. Demographics such as age, gender, and race were collected. Severity of substance use problem, criminal history, drug of choice, mental health history, employment status, and living situation were also collected. Prior treatment attempts, and perceived benefits from those attempts, involvement with the recovery or faith-based communities, expectations clients had for the drug court program, and specific services that may have helped clients while in the program were examined as well.

Triangulation methods were used during the analysis portion of data interpretation (Marshall & Rossman, 2010). Opinions are mixed regarding the importance of reliability and validity in qualitative work. According to Bryer (2010), using a minimum of two different coders is meaningful and strengthens both reliability and validity of qualitative research. In following this recommendation, this researcher along with two other coders performed the content analysis. One of the coders is a technical writer for Lockheed Martin Corporation's Fleet Ballistic Missiles

(FBM) program. He has worked for Lockheed Martin for over 30 years and is currently the Project Manager for the FBM program. The second additional coder has a master’s degree in special education. She has worked with both troubled youth and the substance abuse population for over 15 years. I provided a detailed account of the research goals, research questions, and propositions. The coders were trained in analytic techniques of content analysis. Table 4 below delineates the analytical steps used in the content analysis process.

Table 4: Qualitative Content Analytic Coding Development and Techniques

| Analytic Step | Explanation and Purpose |
|-----------------------------|--|
| Multiple Coders | Inter-coder agreement strengthens validity of final conclusions |
| Separate Individual Coding | At the outset, coders in separate areas provides for independent thought when interpreting content |
| Compare Coding | Coders come together and discuss differences and similarities; comparing codes gauges agreement |
| Return to Individual Coding | Continuation of content analysis by individual, separate coding |
| Comparison of Coding | Results of axial coding incorporated into remaining analysis |

Recommendations for analytic coding were provided by Dr. Thomas Bryer from the Summer Research Institute at the University of Central Florida (Bryer, 2010). Due to his extensive knowledge in qualitative study design, Dr. Bryer provides his expertise to several qualitative journals.

Using both inductive and deductive reasoning, the content analysis steps provided in Table 4 include axial coding of the data. This coding technique uses consensus of concepts among coders and combines like words and phrases of substantive meaning. Descriptions of how the coders made their interpretations are provided in the results section.

Methods Summary

The main proposition in this research is that enough benefit may be received by unsuccessful drug court clients to make a positive difference. Therefore, the individual should be better than before entering drug court. The propositions presented in this research posit that unsuccessful clients acquire self-awareness that a destructive lifestyle exists, have a greater belief in their ability to effect change, or have increased motivation to make necessary changes to ameliorate problems associated with substance use.

In the traditional measurement of quality of life, Quality Adjusted Life Years is a burden of disease measure that incorporates both the quantity and quality of years lived based upon individuals' actions or other interventions (Sindelar et al., 2004). Although this research does not formally measure quality of life, the overall position is that positive effects from the program variables may impact drug court clients' quality of life. Recognition of a substance abuse problem, along with gaining intrinsic benefits such as motivation to change and self-efficacy may assist individuals in making positive behavioral changes that should ultimately result in an increased quality of life.

Investigating whether these micro-level residual program effects are present in non-completers is appropriate for several reasons. First, it provides information about whether clients are gaining awareness of their substance abuse problem, which is the first step in facing the issue (Linton, 2005). Second, if a group of drug court non-completers report that they acquired motivation to change or increased self-efficacy, it may be meaningful to obtain a baseline from all drug court clients at the time of intake. This would allow drug court programs to capture and measure these positive program effects. As previously stated, although the Government Performance Results Act screening tool attempts to collect data from non-completers, more

clients decline follow-up than accept it and, therefore, the data is lacking. Further, only successful drug court clients are counseled and provided an exit interview. Determining the degree of confidence in drug court non-completers' ability to continue along a path of improvement is important to know. These recommendations are valuable because they will give us a more accurate picture of the overall effectiveness of the drug court model. Currently, we do not know this information.

Because this phenomenon appears to be taking place to some degree, it is safe to conclude that some unsuccessful clients improve compared to before they entered drug court. Therefore, it follows that attempting drug court and failing is better than not participating in drug court at all. This information should be very helpful in informing policy, as well as enlightening various stakeholders at the federal, state, and local levels.

CHAPTER 4: ANALYSIS AND PRESENTATION OF THE DATA

Overview

This chapter presents results from the analysis of the data collected in this study. The sample is described, along with characteristics and histories of participants. Interpretation of the variables and how they were coded, along with the content analysis process follows. Harm reduction effects and the negative effects and perceptions expressed by participants are explained. The results from the as-treated analysis based upon the time individuals spent in the drug court program are also discussed. An as-treated analysis was performed both across groups and within groups and the results are presented here. Overall positive and negative perceptions about the treatment component are also included. How long participants were in drug court and length of time away from the program until the interview date follows. The net benefit of harm reduction effects is provided as well. Insight from drug court professional staff is reported, and grounded theory results with thematic patterns are presented. Prior traditional substance abuse treatment attempts, and potential benefit gained, were of interest to this research. Therefore, participants were asked about past treatment experiences. These responses were analyzed and the results are explained in this section.

Sample

This study includes a convenience sample (N=30) of non-completers from the Pre-Trial Intervention and the Expanded and Enhanced Substance Abuse Treatment adult drug court programs in Brevard County, Florida. All cases that were discharged from January 1, 2009 to December 31, 2010 were examined. When reviewing the drug court client charts, any data that appeared useful in locating the clients were obtained. Identifying information was also collected.

Gender, race, date of birth, length of time in the drug court program, the criminal charge(s) that brought the person to drug court, and the reason for leaving the program were captured. A total of 420 cases were examined. Non-completing drug court clients that were in the program for a minimum of 30 days during the study timeframe were included in the research. The number of cases that met the inclusion criteria is 101 (24%).

This researcher attempted to contact a total of 101 clients by telephone. At the time of this study, the post-plea program (EESAT) was recently implemented. This program was in operation for about nine months of the study period. Therefore, few clients exited the EESAT program during the research timeframe. Twenty-seven participants from the PTI program (90%) and three participants from the EESAT program (10%) were located and interviewed, for a total of N=30. The overall response rate is 29.7%. Two of the individuals interviewed had exposure to both the PTI and EESAT programs. One of the participants is a non-completer of the PTI program. At the date of the interview, this individual was participating in the EESAT program. He was interviewed based upon his experiences in PTI. The other participant is a non-completer of the EESAT program and was interviewed about her experiences in that program.

Data Analysis

The study participants were examined as a whole to determine overall harm reduction effects. All the interviews were conducted by the researcher. The interviews were audio taped using a digital recorder whenever possible. If recording was not possible, the interview was conducted in writing with a hard copy interview form. Twenty-two of the interviews were audio taped (73%). The interviews that were audio taped were transcribed with Express Scribe 5.01 software. All audio data are confidential and were stored in a locked location. Audio files were erased or destroyed immediately after participant interviews were transcribed into NVivo QSR

software for content analysis. Demographic information was stored in NVivo. The Statistical Package for the Social Sciences 16.0 (SPSS) software was used to calculate descriptive statistics. Harm reduction and negative effects were categorized in the QSR software. There was also a grounded theory section where data from thematic patterns were stored. After the data were entered into NVivo, queries were run to provide answers about harm reduction and negative perceptions of drug court.

The analysis from the as-treated design is based upon length of time in the drug court program. Participants were aggregated into the following categories: (1) less than 60 days, (2) 60-90 days, (3) 91-180 days, (4) 181 days to one year, and (5) more than one year. Data analysis was performed based upon these treatment dosages. There was particular interest in program benefits acquired when participants are in drug court less than 60 days. Therefore, additional information was gathered for these individuals. Number of drug tests, number of group and individual counseling sessions, and number of 12-step meetings attended were collected for this group.

The variables were grouped into three main categories: (1) harm reduction effects, (2) negative effects and perceptions, and (3) no change. Additional harm reduction effects and negative drug court perceptions that were unexpected were also identified by each coder. Any neutral statements or statements that uncovered no change in any dimension were coded as “no change” (N/C). These statements were not investigated further. I conducted all the client interviews; therefore, I have in-depth knowledge related to the data that were collected. Therefore, a grounded theory approach to determine if additional patterns or themes existed in the data was employed by the researcher. The other two coders made note of any information

believed to be meaningful to the study. This information was considered when grounded theory was conducted.

Coding

Content analysis was performed using three coders. Before coding all the interviews, each coder examined and coded the same three interviews, which were randomly selected. Afterwards, the individuals came together and reviewed the content coded, the variables identified, and what the results meant to each person. The coders discussed the conceptual meaning of the pre-determined variables that were found throughout the interviews. These included: self-awareness, motivation to change, self-efficacy, substance use, criminality, employment or pursuing education, family reunification, and recovery or faith-based connections. Axial coding uncovered some confusion about identifying self-awareness and motivation. Examples of participant reports of these variables were discussed to help discriminate between the two indicators. Axial coding also resulted in re-coding some statements to other variables, and a few statements were combined to include coding of one variable instead of two. Afterwards, the remaining 27 interviews were randomly selected, and the coders completed the content analysis exclusively on their own.

Results

Participants

Historical information was gathered to provide an understanding of each participant's life circumstances. Table 5 provides demographics and quality of life indicators. The table breaks down participants' race, marital status, current housing status, level of education, and employment status.

Table 5: Participant Demographics and Quality of Life Indicators

| Demo/QOL Status | N | Percent |
|----------------------------|----|---------|
| Race | | |
| <i>Caucasian</i> | 24 | 80.0 |
| <i>African American</i> | 3 | 10.0 |
| <i>Hispanic</i> | 2 | 6.7 |
| <i>Other</i> | 1 | 3.3 |
| Total N | 30 | 100 |
| Marital Status | | |
| <i>Single</i> | 18 | 60.0 |
| <i>Married</i> | 9 | 30.0 |
| <i>Divorced/Widowed</i> | 3 | 10.0 |
| Total N | 30 | 100 |
| Housing Status | | |
| <i>Independently</i> | 15 | 50.0 |
| <i>Family or Friends</i> | 9 | 30.0 |
| <i>County Supervision</i> | 6 | 20.0 |
| Total N | 30 | 100 |
| Education Level | | |
| <i>HS Diploma or GED</i> | 12 | 40.0 |
| <i>Some College</i> | 13 | 43.3 |
| <i>Did not Complete HS</i> | 5 | 16.7 |
| Total N | 30 | 100 |
| Employment Status | | |
| <i>Full-Time</i> | 11 | 36.7 |
| <i>Part-Time</i> | 2 | 6.7 |
| <i>Unemployed</i> | 12 | 40.0 |
| <i>Collecting SSI/SSDI</i> | 3 | 10.0 |
| <i>Student</i> | 3 | 6.7 |
| Total N | 30 | 100 |

As expected, most participants are Caucasian (80%) and male (70%). This is what the drug court literature also reports. Most individuals are single (60%), and 30% reported they are living with family or friends. About 37% are working full-time, and 7% are pursuing higher education. Forty percent have completed high school or obtained a GED. It is somewhat surprising that 43% have attended at least some college.

Demographics and Descriptive Statistics

Gender, age, and incarceration histories were collected for all participants and are presented below in Table 6. Number of arrests pertains to the number of times individuals were arrested in their adult life. This provided insight into individual's experiences with the criminal justice system. Number of incarcerations of more than 30 days was captured to help determine the extent substance use or a destructive lifestyle has caused problems in participants' lives. Table 6 provides these results.

Table 6: Descriptive Statistics, Adult Arrests, and Incarcerations Greater than 30 Days

| Gender, Age, and Criminal Justice Involvement | N | Min | Max | Mean | Std. Deviation | Percent |
|---|----|------|------|--------|----------------|---------|
| Male | 21 | N/A | N/A | N/A | N/A | 70.0 |
| Female | 9 | N/A | N/A | N/A | N/A | 30.0 |
| Age | 30 | 19.0 | 62.0 | 30.10 | 11.636 | N/A |
| Number Arrests | 30 | 1.0 | 20.0 | 4.1333 | 4.2809 | N/A |
| Incarcerations >30 Days | 30 | 0.0 | 3.0 | .6333 | 1.06620 | N/A |
| Total N | 30 | | | | | |

Due to an individual reporting 100 arrests, this participant's number of arrests and number of incarcerations were treated as missing values and excluded from the overall calculation. This was considered an outlier that caused an inflated mean and range. A large majority of participants were in the PTI program. Because PTI is designed to serve first-time offenders, mean arrests of 4.1 seems high. The mean for incarcerations over 30 days is .63.

Examining incarceration further revealed that 30% of the sample reported being incarcerated more than 30 days at least once. Four of these individuals (13%) have been incarcerated more than 30 days three separate times. Several individuals reported that being incarcerated was the main motivator for them and the reason they made positive changes in their

lives. These participants have experienced several jail stints. A large portion of the sample reported their reason for going to drug court was solely to get their charges expunged (93%). Only 7% of the sample chose the drug court program because they wanted to change their lives. A couple individuals said they thought they had to take the drug court option or they would go to prison.

Table 7 presents the type of drug court program in which individuals participated, type of substances individuals used most, if individuals perceive themselves as addicts, and whether participants were ever diagnosed with a mental health disorder. For a mental health disorder, participants reported if they were previously diagnosed with a mental health condition by a physician and prescribed psychotropic medication.

Table 7: Drug Court Type, Mental Health Status, and Drug of Choice

| Program Type/Mental Health & Drug Use Status | N | Percent |
|--|----|---------|
| PTI (pre-plea) | 27 | 90.0 |
| EESAT (post-plea) | 3 | 10.0 |
| Total | 30 | 100.0 |
| Mental Health Diagnosis | 11 | 36.7 |
| Self-Declared Addict | 14 | 46.7 |
| Primary Drug of Choice | | |
| Not Applicable ¹ | 2 | 6.7 |
| Alcohol | 1 | 3.3 |
| Benzodiazapines | 1 | 3.3 |
| Cocaine | 3 | 10.0 |
| Marijuana | 11 | 36.7 |
| Opiates | 12 | 40.0 |
| Total | 30 | 100 |
| Secondary Drug of Choice | | |
| Not Applicable | 17 | 56.7 |
| Alcohol | 2 | 6.7 |
| Benzodiazapines | 4 | 13.3 |
| Cocaine | 1 | 3.3 |
| Marijuana | 3 | 10.0 |
| Opiates | 3 | 10.0 |
| Total N | 30 | 100 |

About 37% have dealt with a mental health disorder at some point in their lives. More than one-half of the sample reported they do not perceive themselves as addicts. These individuals involved in a drug court program can be viewed two ways. Participants may believe they are not addicts and drugs have not caused problems in their lives. The drug court experience may help these individuals connect the reasons for their destruction. In this way, the drug court program has a positive impact. Conversely, individuals that are not addicts, and are inappropriately placed in drug court, can have a negative effect on participants that belong in

¹Not applicable in the primary drug of choice category was applied to two participants. One of the participants reported she does not use drugs and does not have a drug problem. Another participant reported she does not have a drug problem, but has a lifestyle problem, in particular selling large quantities of marijuana.

drug court. A few individuals in this study expressed that differences in drug court clients' readiness to change was a distraction for them.

The drug court program relies heavily on coercion for enrollment. The PIT program uses dismissal of criminal charges to coerce individuals to participate in drug court. The EESAT program uses threat of incarceration as leverage to influence people to go into the program. Coercion is viewed as positive because it is successful in getting offenders exposed to therapeutic services when normally they would not attempt treatment. Coercion is also considered problematic when it is used to compel offenders to choose an option when the alternative is unreasonable. A couple of participants in this study stated they felt they did not belong in drug court because they do not use drugs and do not have a substance abuse problem. They only went to the PTI program to have their charges expunged. When the drug court program rules became too difficult, dismissal of the charges was not important enough for these participants to remain in the program. The threat of incarceration with individuals in this study does not seem to have an impact until incarceration actually happens. All participants in this study were arrested and incarcerated before the date of their interview. The three participants that were in the EESAT program were incarcerated longer than those in the PTI program.

The high percentage of individuals that reported their primary drug of choice is marijuana or opiates is not surprising. The resurgence of marijuana and its frequency of use have been apparent in the addiction field for some time. Additionally, the plethora of prescription drugs provides unprecedented quantities of free-flowing opiates. These narcotics are increasingly ending up in the hands of substance abusers. Obtaining pills from one's neighbor or the parents of a friend's medicine cabinet is common. This new era brings a different environment for users to navigate. It is not like past years when a person had to go to a back alley or unsavory part of

town to purchase drugs on the street. This trend also makes it easier to obtain opiates by “doctor shopping.” Several participants reported that their doctors were their suppliers. The low percentage of those that reported having no secondary drug of choice (56.7%) was somewhat unexpected.

Participants in this study were categorized by the length of time they attended drug court. These times were analyzed in an as-treated design. Harm reduction and negative effects and perceptions were examined across as-treated groups and within as-treated groups. These results are reported later. Table 8 below provides a breakdown of the sample. Table 8 includes both PIT and EESAT programs.

Table 8: Length of Time in the Drug Court Program

| Treatment Dosage | N | Percent |
|-------------------|----|---------|
| Less than 60 Days | 10 | 33.33 |
| 60-90 Days | 3 | 10.00 |
| 91-180 Days | 8 | 26.7 |
| 181 Days-1 Year | 7 | 23.3 |
| More than 1 Year | 2 | 6.7 |
| Total N | 30 | |

One-third of the sample participated in one of the drug court programs for less than 60 days. About 27% spent 91-180 days in drug court. Twenty-three percent were in the program 181 days to one year. Ten percent of the participants stayed in the program 60-90 days, and two clients attended drug court for more than one year.

Aggregate Harm Reduction Effects

Harm reduction effects were investigated throughout the 30 interviews. Contextual content analysis was performed, the pre-determined variables were examined, and the results are

presented in Table 9. A calculation of total harm reduction, and the percentage of overall harm reduction gained by each participant, provides a clear picture of residual positive program results. The dimensions in Table 9 are the primary harm reduction variables examined in this study. Other positive and negative perceptions discovered are presented later. Table 9 answers the question: Is there harm reduction in a specific dimension for a specific individual? A one unit measure was assigned when harm reduction was determined to be present.

Table 9: Total Drug Court Harm Reduction Program Effects by Participant

| Part ID | Sub Use | Crime | Emp/Ed | Fam Reun | Rec/Faith | S. Aware | Motivate | S. Effic | TL HR | % HR | TL N/C | % N/C |
|---------|-----------|-----------|--------|----------|-----------|----------|----------|----------|-------|--------|--------|--------|
| 001 | N/C | HR | N/C | N/C | N/C | N/C | N/C | N/C | 1 | 12.5% | 7 | 87.5% |
| 002 | N/C | HR | N/C | N/C | N/C | N/C | N/C | N/C | 1 | 12.5% | 7 | 87.5% |
| 003 | HR | N/C | N/C | HR | N/C | HR | N/C | HR | 4 | 50.0% | 4 | 50.0% |
| 004 | HR | No | N/C | HR | N/C | HR | HR | N/C | 4 | 50.0% | 3 | 37.5% |
| 005 | HR | HR | N/C | N/C | N/C | HR | HR | HR | 5 | 62.5% | 3 | 37.5% |
| 006 | HR | HR | N/C | N/C | N/C | HR | HR | N/C | 4 | 50.0% | 4 | 50.0% |
| 007 | HR | HR | N/C | N/C | N/C | HR | HR | HR | 5 | 62.5% | 3 | 37.5% |
| 008 | N/C | N/C | N/C | N/C | N/C | N/C | HR | N/C | 1 | 12.5% | 7 | 87.5% |
| 009 | HR | N/C | N/C | N/C | N/C | N/C | N/C | HR | 2 | 25.0% | 6 | 75.0% |
| 010 | N/C | No | HR | N/C | N/C | HR | HR | HR | 4 | 50.0% | 3 | 37.5% |
| 011 | HR | HR | HR | N/C | N/C | HR | HR | HR | 6 | 75.0% | 2 | 25.0% |
| 012 | HR | No | HR | HR | N/C | HR | HR | HR | 6 | 75.0% | 1 | 12.5% |
| 013 | N/C | No | N/C | N/C | N/C | HR | HR | N/C | 2 | 25.0% | 5 | 62.5% |
| 014 | HR | No | HR | HR | N/C | HR | HR | HR | 6 | 75.0% | 1 | 12.5% |
| 015 | HR | No | N/C | N/C | HR | HR | N/C | N/C | 3 | 37.5% | 4 | 50.0% |
| 016 | HR | No | N/C | N/C | N/C | N/C | HR | HR | 3 | 37.5% | 4 | 50.0% |
| 017 | HR | HR | N/C | HR | HR | HR | HR | HR | 7 | 87.5% | 1 | 12.5% |
| 018 | HR | HR | N/C | HR | N/C | HR | HR | HR | 6 | 75.0% | 2 | 25.0% |
| 019 | HR | No | N/C | HR | N/C | HR | HR | HR | 5 | 62.5% | 2 | 25.0% |
| 020 | HR | No | N/C | N/C | HR | HR | HR | HR | 5 | 62.5% | 2 | 25.0% |
| 021 | N/C | N/C | N/C | N/C | N/C | N/C | N/C | N/C | 0 | 0 | 8 | 100.0% |
| 022 | N/C | N/C | N/C | N/C | N/C | N/C | N/C | N/C | 0 | 0 | 8 | 100.0% |
| 023 | N/C | N/C | N/C | N/C | N/C | N/C | N/C | N/C | 0 | 0 | 8 | 100.0% |
| 024 | HR | HR | N/C | HR | N/C | HR | HR | HR | 6 | 75.0% | 2 | 25.0% |
| 025 | N/C | N/C | N/C | N/C | N/C | N/C | N/C | N/C | 0 | 0 | 8 | 100.0% |
| 026 | HR | HR | HR | HR | HR | HR | HR | HR | 8 | 100.0% | 0 | 0 |
| 027 | N/C | N/C | HR | N/C | N/C | HR | HR | HR | 4 | 50.0% | 4 | 50.0% |
| 028 | N/C | No | N/C | N/C | N/C | N/C | HR | N/C | 1 | 12.5% | 6 | 75.0% |
| 029 | HR | HR | N/C | HR | N/C | HR | HR | HR | 6 | 75.0% | 2 | 25.0% |
| 030 | HR | N/C | HR | HR | N/C | HR | HR | HR | 6 | 75.0% | 2 | 25.0% |
| Total | 19 | 11 | 7 | 11 | 4 | 20 | 21 | 18 | 111 | 46.3% | 119 | 49.6% |

Table 9 Legend:

HR=Harm reduction reported

No=No harm reduction reported

N/C=No change in behavior or attitude reported

If individuals stated they experienced an increase in awareness, motivation to change, self-efficacy, employment or pursuing education, family reunification, or recovery or faith-based connections, they were assigned a “HR” unit. If individuals reported they had a decrease in substance use or crime, they are also assigned a “HR” unit. If participants reported “no change” in any dimension, a code of “N/C” was assigned. When conducting the interviews, it was found that if participants believe they do not have a substance abuse problem, awareness of other problems was unlikely. Further, motivation to change and self-efficacy were not applicable in these cases.

There are several anomalies in Table 9 that should be noted. Participants 012, 020, 026, and 030 reported decreases and increases in substance use. Participants 011 and 029 reported decreases and increases in criminality. These “HR” codes are bold and italicized in these cases. Participant 027 reported he was clean and sober before entering the drug court program. Therefore, no harm reduction was coded in the substance use dimension for this case. The same reasoning applies to the criminality dimension for participant 027. Participants 022 and 028 reported they are not drug users. Harm reduction was not applied to either of these cases even though the participants reported they were not using substances.

In Table 9 when a “no” is assigned to participants for the crime indicator, this means the individual had an increase in criminality. Specifically, participants have been arrested for a new crime or were arrested for violating the terms of their probation. Denoting “N/C” in these cases would be erroneous (negative effects are presented later in Table 13). The purpose of Table 9 is to capture harm reduction and “no change.” Therefore, these 10 occurrences (4.2%) are excluded from the total calculation.

When there is more than one outcome effect for substance use, this is because the participant stopped using substances and then relapsed back to using again. When this is the case, it does not mean the person was still using substances at the time the interview was conducted. When there is more than one outcome effect for crime, this means the participant reported involvement in criminal activity after leaving the drug court program but has been crime free since those incidents (these negative effects are reported in Table 13).

Results from this investigation resulted in a 46.3% reduction in total harm. It also reveals that out of the total possible harm reduction, 49.6% resulted in “no change.” It is important to understand that the “no change” category means that participants reported there is no change in either a positive or negative direction. For example, the individual may still be using substances, may have no awareness about destruction in their lives, or may not care to change their behavior.

Figure 3 provides a graphical illustration of the percentage of harm reduction variables discovered throughout the data.

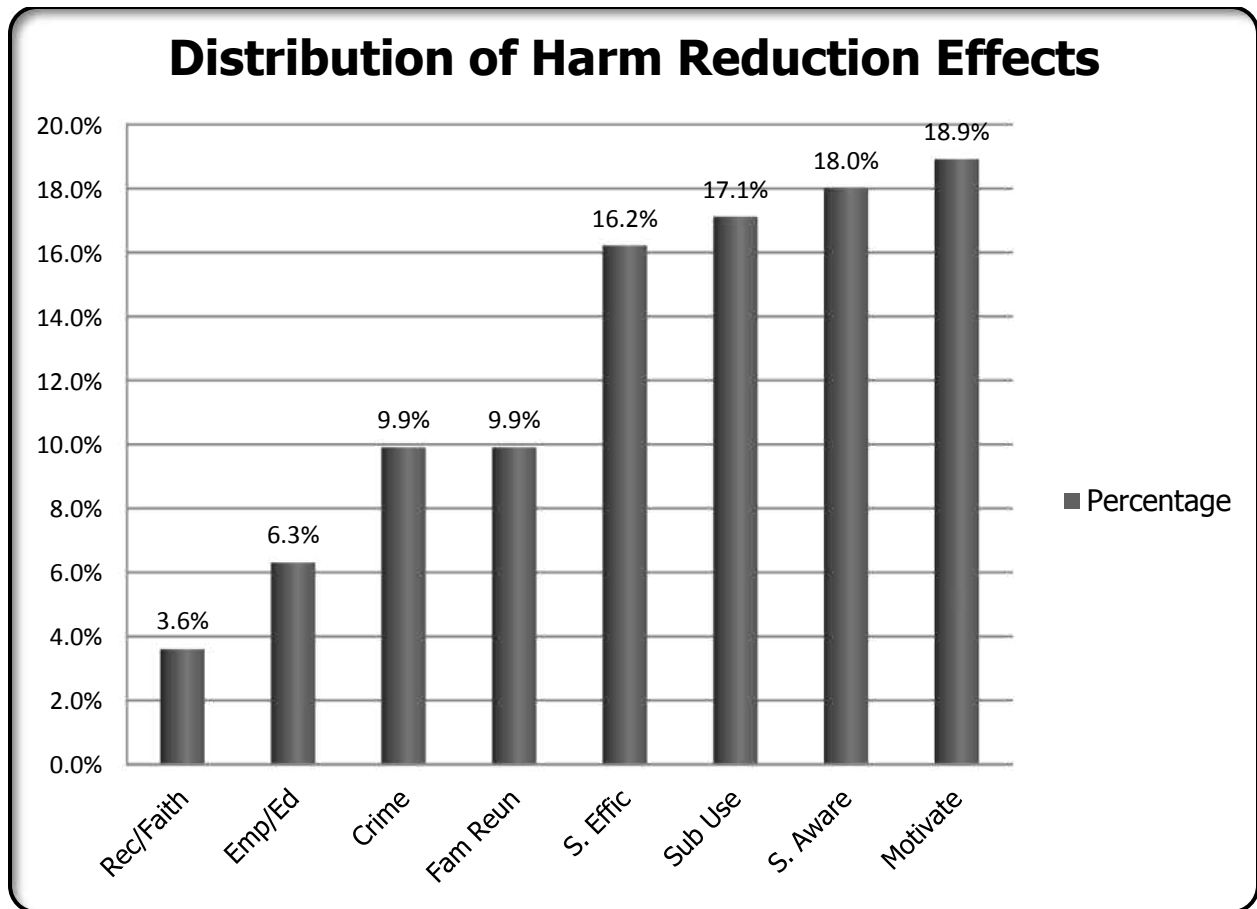


Figure 3: Distribution of Total Harm Reduction Effects Reported

The low percentage of harm reduction in the recovery/faith-based connections was somewhat unexpected. This dimension provides ongoing maintenance in the community for individuals after substance abuse treatment is complete. Establishing a support system within the recovery community helps to sustain improvement. The percentage of individuals that reported reductions in substance use and crime were expected. Drug testing and judicial monitoring probably influenced these positive results. The family reunification level of harm reduction was also expected. When a family member is struggling with substance abuse, and the lifestyle that follows, family often disassociate themselves with the problem. It is typical for the family to support their loved one after the person shows effort towards improvement.

Because intrinsic harm reduction is of primary interest to this research, self-awareness, motivation to change, and self-efficacy were analyzed separately. Table 10 shows the results of the intrinsic benefits that participants experienced since being in the drug court program.

Table 10: Intrinsic Harm Reduction Residual Program Effects

| Part ID | S. Aware | Motivate | S. Efficacy | HR Unit | % HR | N/C | % N/C |
|--------------|----------|----------|-------------|---------|--------|-----|--------|
| 001 | N/C | N/C | N/C | 0 | 0 | 3 | 100.0% |
| 002 | N/C | N/C | N/C | 0 | 0 | 3 | 100.0% |
| 003 | HR | N/C | HR | 2 | 66.7% | 1 | 33.3% |
| 004 | HR | HR | N/C | 2 | 66.7% | 1 | 33.3% |
| 005 | HR | HR | HR | 3 | 100.0% | 0 | 0 |
| 006 | HR | HR | N/C | 2 | 66.7% | 1 | 33.3% |
| 007 | HR | HR | HR | 3 | 100.0% | 0 | 0 |
| 008 | N/C | HR | N/C | 1 | 33.3% | 2 | 66.7% |
| 009 | N/C | N/C | HR | 1 | 33.3% | 2 | 66.7% |
| 010 | HR | HR | HR | 3 | 100.0% | 0 | 0 |
| 011 | HR | HR | HR | 3 | 100.0% | 0 | 0 |
| 012 | HR | HR | HR | 3 | 100.0% | 0 | 0 |
| 013 | HR | HR | N/C | 2 | 66.7% | 1 | 33.3% |
| 014 | HR | HR | HR | 3 | 100.0% | 0 | 0 |
| 015 | HR | N/C | N/C | 1 | 33.3% | 2 | 66.7% |
| 016 | N/C | HR | HR | 2 | 66.7% | 1 | 33.3% |
| 017 | HR | HR | HR | 3 | 100.0% | 0 | 0 |
| 018 | HR | HR | HR | 3 | 100.0% | 0 | 0 |
| 019 | HR | HR | HR | 3 | 100.0% | 0 | 0 |
| 020 | HR | HR | HR | 3 | 100.0% | 0 | 0 |
| 021 | N/C | N/C | N/C | 0 | 0 | 3 | 100.0% |
| 022 | N/C | N/C | N/C | 0 | 0 | 3 | 100.0% |
| 023 | N/C | N/C | N/C | 0 | 0 | 3 | 100.0% |
| 024 | HR | HR | HR | 3 | 100.0% | 0 | 0 |
| 025 | N/C | N/C | N/C | 0 | 0 | 3 | 100.0% |
| 026 | HR | HR | HR | 3 | 100.0% | 0 | 0 |
| 027 | HR | HR | HR | 3 | 100.0% | 0 | 0 |
| 028 | N/C | HR | N/C | 1 | 33.3% | 2 | 66.7% |
| 029 | HR | HR | HR | 3 | 100.0% | 0 | 0 |
| 030 | HR | HR | HR | 3 | 100.0% | 0 | 0 |
| Total | 20 | 21 | 18 | 59 | 65.6% | 31 | 34.4% |

Intrinsic Harm Reduction Effects

The same participant may be identified as gaining more than one intrinsic harm reduction effect. The same individual may also have multiple instances of experiencing the same intrinsic benefit. When this is the case, the participant reported a separate incident in which self awareness, motivation to change, or self efficacy was present (not reported in Table 10). When individuals did not experience any of these intrinsic benefits a “no change” code was assigned to every instance. Participants relayed whether they acquired any of these benefits from the beginning of drug court until the time of the interview.

Coding of intrinsic variables resulted in a 65.6% total reduction in harm. Individuals reported the largest positive change in motivation. Content analysis also revealed that 20% of the participants did not experience any change in all three harm reduction intrinsic dimensions. Some individuals seem to display motivation after a painful event took place, such as interaction with the criminal justice system and incarceration.

There appears to be a positive relationship between motivation and self-awareness. Coders found that when participants reported occurrences of motivation to change their destructive lifestyle, they also reported self-awareness of that lifestyle. This is not necessarily the case with self-awareness and motivation. For example, there are a few instances where self-awareness was found, but motivation to change was not. When this is the case, participants reported they were aware of the destruction in their lives, but they did not care to change it. Eighty percent of the total sample reported they gained at least one intrinsic harm reduction effect. One half of the sample reported they experienced 100% of all three intrinsic program benefits. Figure 4 below presents the total percentage of intrinsic harm reduction effects and instances of “no change” graphically.

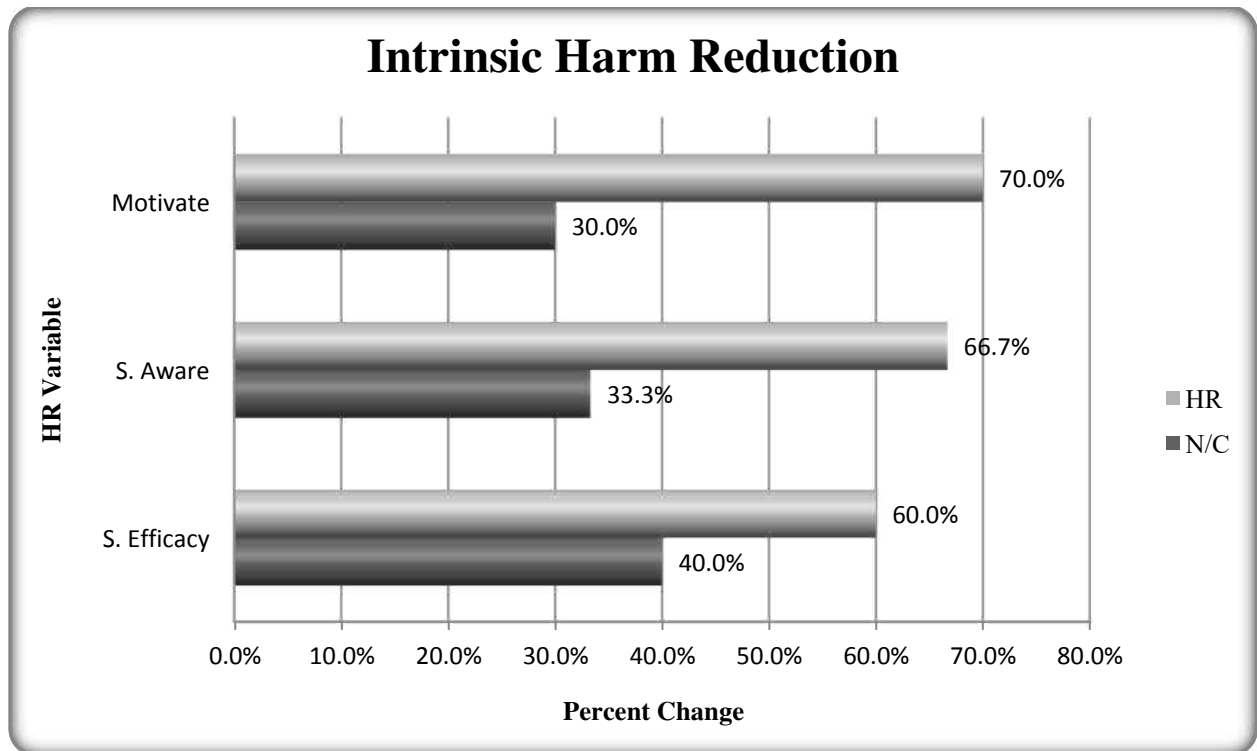


Figure 4: Intrinsic Dimensions and Harm Reduction

Out of the 30 individuals interviewed, 70% expressed feelings of motivation at some point after entering the drug court program. Self-awareness of destruction is reported as 66.7%. Self-efficacy, in feeling as if individuals could make necessary changes if they wanted to, is 60%. Although there seems to be a large percentage of harm reduction in each of the intrinsic dimensions, 30-40% reported not changing in one of these areas.

Positive and Negative Perceptions of Treatment

Participants also made several positive and negative statements about the substance abuse treatment component of drug court. The treatment climate where individuals received group and individual counseling is where these experiences took place. Table 11 below shows the number of participants that reported positive and negative experiences about the substance abuse

treatment they received. The number of positive and negative responses participants' reported is also presented in this table.

Table 11: Aggregate Positive and Negative Substance Abuse Treatment Perceptions

| Treatment Perceptions | Number Cases | Number Responses |
|------------------------------|---------------------|-------------------------|
| Positive | 12 | 23 |
| Negative | 9 | 25 |
| Difference | 3 | -2 |

It seems that when participants made positive statements about the treatment component, they relayed several positive experiences. Similarly, when participants made negative statements about the treatment component, they expressed several instances that they perceived as negative. Three out of the nine participants that perceived something negative about their substance abuse treatment experience also made positive statements about the same treatment.

Table 12 presents, substance use and criminality variables and the corresponding harm reduction and negative outcomes in these dimensions. Table 12 answers the same questions as the harm reduction effects in Table 9 (and the negative effects analysis in Table 13 in this section): Did substance use or crime decrease since going to drug court? And, did substance use or crime increase since starting drug court? Each case was analyzed and is included in the calculation. The results suggest that there are reductions in the primary variables of interest in the drug court model, at least to some degree, in this group of non-completers. Table 12 also provides the differences and the total net effect for substance use and criminality outcomes.

Table 12: Substance Use and Criminality Differences

| Harm Reduction Indicator | HR Units | Neg Units | Dif | % Dif |
|--------------------------|----------|-----------|-----|-------|
| Substance Use | 19 | 4 | 15 | 50.0% |
| Criminality | 11 | 12 | -1 | -3.3% |
| Total | 30 | 16 | 14 | 23.3% |

Note: Units in this table were taken from the units in the harm reduction analysis (Table 9) and the negative effects analysis (Table 13) where a one-unit measure was applied to each instance of harm reduction and negative effect coded.

Applying a one-unit measure for each increase and each decrease in substance use resulted in a 50% net harm reduction effect. With this same method, analysis of criminality revealed a -3.3% net negative effect. Considering both substance use and crime, there is a 23.3% overall net harm reduction. There is also a 36.7% no change in substance use and a 30% no change in criminal activity (not shown in Table 12). This means that 36.7% of the cases did not get better and they did not get worse in the substance use dimension. Likewise in the criminality dimension, 30% of the cases did not change. There is a positive relationship between substance use and criminality. When participants reported reductions in substance use, 30% also reported decreases in criminal activity. This seems logical since it is well established in the literature that a large portion of offenders incarcerated report having a substance abuse problem. It follows that when a person's substance abuse problem is addressed, crime would decrease. It is worth discussion that substance use and criminal activity are most likely to decrease while a person is in a drug court program. Judicial monitoring of program compliance by the drug court judge likely facilitated reductions in these areas.

Aggregate Negative Effects and Perceptions

As previously mentioned, several participants reported they had various negative experiences while in the drug court program. The parameters for determining negative responses are the same as the parameters used to examine harm reduction. The question Table 13 answers is: Did participants increase their substance use or criminal activity? Did participants report that other negative aspects of drug court affected them? If participants stated that drug court was a financial hardship or if employment or education decreased compared to before entering drug court, they were categorized as negative responses. If participants perceive program requirements as difficult or too strict, or if probation was considered just as beneficial as drug court, these perceptions were calculated as negative. These questions are denoted with a “yes” or “no” answer. If individuals reported that they relapsed back to using substances or stated there was an increase in criminal activity, each was coded as “yes.” If there was no increase in substance use or criminality, it was coded as “no.” If participants reported increases and decreases in substance use or crime, the answers are bold and italicized. Table 13 presents these results.

Table 13: Total Drug Court Negative Program Effects and Perceptions by Participant

| Part ID | Sub Use | Crime | Cost | Emp/Educ | Req Dif | Prob Eq | Sev Dif | TL Neg | % Neg | TL N/C | % N/C |
|---------|------------|------------|------|----------|---------|---------|---------|--------|-------|--------|-------|
| 001 | N/C | No | No | No | Yes | Yes | Yes | 3 | 42.9% | 1 | 14.3% |
| 002 | N/C | No | No | No | No | Yes | Yes | 2 | 28.6% | 1 | 14.3% |
| 003 | No | N/C | No | Yes | No | No | No | 1 | 14.3% | 1 | 14.3% |
| 004 | No | Yes | No | No | No | No | No | 1 | 0 | 0 | 0 |
| 005 | No | No | Yes | Yes | No | No | No | 2 | 28.6% | 0 | 0 |
| 006 | No | No | Yes | No | Yes | Yes | No | 3 | 42.9% | 0 | 0 |
| 007 | No | No | No | No | Yes | No | No | 1 | 14.3% | 0 | 0 |
| 008 | N/C | N/C | No | No | No | No | No | 0 | 0.0% | 2 | 28.6% |
| 009 | No | N/C | No | No | No | Yes | No | 1 | 14.3% | 1 | 14.3% |
| 010 | N/C | Yes | No | No | No | No | No | 1 | 14.3% | 1 | 14.3% |
| 011 | No | Yes | No | No | No | No | No | 1 | 0 | 0 | 0 |
| 012 | Yes | Yes | No | Yes | Yes | No | No | 4 | 57.1% | 0 | 0 |
| 013 | N/C | Yes | No | No | No | No | No | 1 | 14.3% | 1 | 14.3% |
| 014 | No | Yes | No | No | No | No | No | 1 | 14.3% | 0 | 0 |
| 015 | No | Yes | No | No | No | No | No | 1 | 0 | 0 | 0 |
| 016 | No | Yes | No | No | Yes | No | No | 2 | 28.6% | 0 | 0 |
| 017 | No | No | Yes | No | Yes | No | Yes | 3 | 42.9% | 0 | 0 |
| 018 | No | No | Yes | No | Yes | No | No | 2 | 28.6% | 0 | 0 |
| 019 | No | Yes | No | Yes | No | Yes | No | 3 | 42.9% | 0 | 0 |
| 020 | Yes | Yes | No | No | Yes | No | No | 3 | 42.9% | 0 | 0 |
| 021 | N/C | N/C | Yes | No | Yes | Yes | No | 3 | 42.9% | 2 | 28.6% |
| 022 | N/C | N/C | No | No | Yes | No | No | 1 | 14.3% | 2 | 28.6% |
| 023 | N/C | N/C | Yes | No | Yes | Yes | No | 3 | 42.9% | 2 | 28.6% |
| 024 | No | No | Yes | No | Yes | Yes | No | 3 | 42.9% | 0 | 0 |
| 025 | N/C | N/C | No | No | No | No | Yes | 1 | 14.3% | 2 | 28.6% |
| 026 | Yes | No | No | No | No | No | No | 1 | 14.3% | 0 | 0 |
| 027 | N/C | N/C | No | No | No | No | No | 0 | 0 | 2 | 28.6% |
| 028 | N/C | Yes | No | No | No | No | No | 1 | 14.3% | 1 | 14.3% |
| 029 | No | Yes | No | No | No | No | No | 1 | 0 | 0 | 0 |
| 030 | Yes | N/C | No | No | Yes | No | No | 2 | 28.6% | 1 | 14.3% |
| Total | 4 | 12 | 7 | 4 | 13 | 8 | 4 | 52 | 24.8% | 20 | 9.5% |

Table 13 Legend:

Yes=Negative effect reported

No=No negative effect reported

N/C=No change reported

Cost of the program was problematic for several clients. Even when clients stated a program grant helped to subsidize their treatment, they still had to pay for weekly drug testing. Sometimes this drug testing was required multiple times per week. If individuals did not have the money to pay for the drug tests, it would be considered a dirty test and a violation of probation would likely follow. A number of participants also reported that program requirements were difficult. A few individuals provided the following comments about program difficulties:

Quote #1: They want you to stay in the drug court, pay all the fees, because you got called for drug testing maybe two or three times a week sometimes. To me it wasn't a very doable program. They really put a lot on you.

Quote #2: Drug court required me to go to residential treatment at the Bridge. I was there for five months and had a medical problem so I had to be discharged. Drug court required me to start my time all over.

Quote #3: The drug court program should lessen their restrictions. I was five minutes late, and they hit me with the work farm and a 5,000-word essay. When I was one minute late for group, they locked me out.

A few participants stated they were employed before going to drug court and were unemployed at the time of the interview. A difference in the severity of substance users was reportedly a distraction for some clients. One participant reported that while she was in drug court to turn her life around, others in drug court patronized the program and openly made plans to meet up and get loaded together. Another participant expressed feelings of wanting to use drugs due to hearing "war stories" during group counseling sessions. It is somewhat unexpected that several individuals perceive traditional probation as equally beneficial as the drug court program. When this was the case, participants stated they are aware that the end result of probation would not be the same as drug court, specifically dismissal of their charges. Probation was perceived as equal in terms of the exchange of costs to clients and the benefits they receive.

For instance, grounded theory analysis found that permissibility of participants to maintain valid prescriptions while on probation was considered a negative perception of the drug court program (this is discussed later with other grounded theory results). Several individuals also reported that their time spent reporting and drug testing at the probation office was considerably less than the time spent while they were in the drug court program. They also stated that probation has less stringent overall expectations and requirements.

It is worth reiterating that the participants in this study are non-completers of drug court. Therefore, it is not surprising that individuals reported difficulty meeting program requirements, that program requirements were too strict, or that probation is a better alternative.

As-Treated Design Across Groups and Within Groups Data Analysis

In addition to the overall total harm reduction analysis, all participants are examined within an as-treated design. Participants were analyzed based upon the time they were involved in drug court. The as-treated categories of time are: less than 60 days, 60-90 days, 91-180 days, 181 days to one year, and more than one year. Harm reduction effects and negative effects and perceptions were analyzed for each as-treated dosage both across groups and within groups. The results are presented in this section.

Figure 5 provides a graph with the length of time participants spent in drug court.

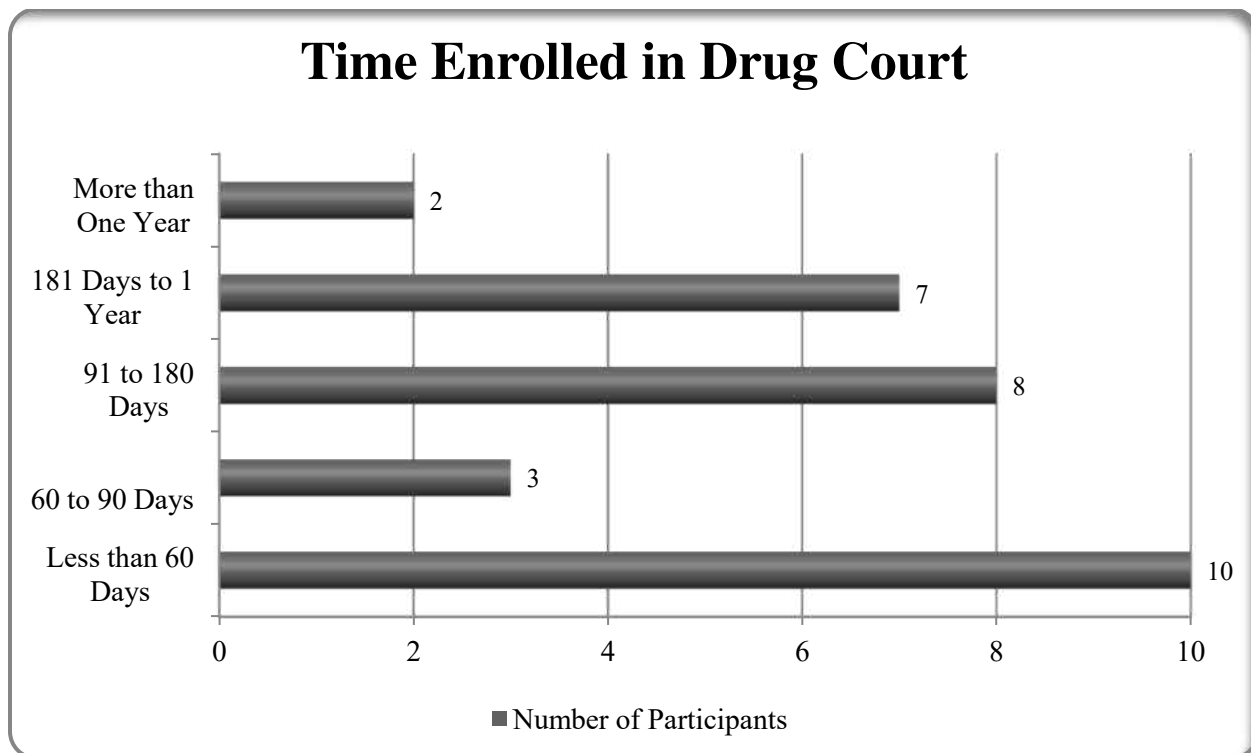


Figure 5: Length of Time Enrolled in Drug Court

Results from the as-treated analysis of harm reduction and negative effects are discussed in this section. The data analysis follows the same parameters as the total harm reduction for all participants previously presented in Table 9, *Total Drug Court Harm Reduction Program Effects by Participant* and Table 13, *Total Drug Court Negative Program Effects and Perceptions by Participant*. If it was determined that individuals experienced increases in self-awareness, motivation to change, self-efficacy, employment or pursuing education, family reunification, or recovery or faith-based connections, they were assigned a harm reduction unit. If participants reported they had a decrease in substance use or criminality, a harm reduction unit was also given. Total harm reduction effects and total negative effects and perceptions from the entire sample were included in the as-treated design. The “no change” category is excluded from the

analysis (refer to Tables 9 and 13 for no change calculations). Table 14 below includes an as-treated design with the overall harm reduction participants reported across groups.

Table 14: As-Treated Harm Reduction Effects Across Groups

| Harm Reduction Indicator | Less than 60 Days | 60-90 Days | 91-180 Days | 181 Days to 1 Yr | More than 1 Yr | Total HR | Percent HR |
|--------------------------|-------------------|------------|-------------|------------------|----------------|----------|------------|
| Substance Use | 8 | 1 | 4 | 4 | 2 | 19 | 63.3% |
| Criminality | 5 | 1 | 3 | 1 | 1 | 11 | 36.7% |
| Self-Awareness | 7 | 2 | 6 | 3 | 2 | 20 | 66.7% |
| Motivation to Change | 9 | 2 | 4 | 4 | 2 | 21 | 70.0% |
| Self-Efficacy | 6 | 1 | 5 | 4 | 2 | 18 | 60.0% |
| Employ/Pursing Educ | 2 | 0 | 2 | 2 | 1 | 6 | 20.0% |
| Family Reunification | 5 | 1 | 2 | 2 | 1 | 11 | 36.7% |
| Recovery/Faith Com | 1 | 0 | 1 | 2 | 0 | 4 | 13.3% |
| Total HR | 43 | 8 | 27 | 21 | 11 | 111 | 46.3% |
| As-Treated % HR | 17.9% | 3.3% | 11.3% | 9.2% | 4.6% | | |

Note: Units of harm reduction in each dimension were extrapolated from the total harm reduction effects by participant in Table 9. These units were distributed among the five as-treated groups. Percentages are based on the total number of harm reduction units and the total possible harm reduction that could be acquired by all participants.

Participants Less than 60 Days

Ten participants (33%) were in one of the drug court programs for less than 60 days. There is a qualifying phase in the PTI program. Offenders attend PTI drug court for the first 30 days and decide if they want to commit to the program. After the individual is successful in the qualifying phase, a drug court contract is signed. There is no qualifying phase in the EESAT program. To determine the amount of treatment received, additional information was collected for this group. The average therapeutic treatment in this as-treated group is seven group counseling sessions and one individual counseling session. The average number of 12-step meetings attended by this group is 3.75 and the average number of drug tests monitored by the court is 6.33. Out of the 6.33 total number of drug tests, on average two drug tests were clean.

The less-than-60-days as-treated group reported the largest amount of total harm reduction occurrences (43) compared to the other as-treated groups.

Because of the qualifying phase, judicial monitoring from the drug court judge for participants in the less-than-60-days group is nominal. Due to the frequency of status hearings, individuals in this group had a maximum of one court appearance. This suggests that judicial monitoring of participants' program compliance likely had little or no impact on individual improvement. Several participants reported that they were clean and sober at the time of their interview. However, a few of these individuals explicitly stated they do not believe the positive change in their lives is due to the drug court program. It may be that being arrested and incarcerated had a positive impact on these participants.

Participants 60 to 90 Days, 91 to 180 Days, 181 Days to One Year

These as-treated groups make up 60% of the sample. These groups experienced harm reduction effects in all dimensions except employment or pursuing education, and recovery or faith-based connections. The 60-to-90-days group did not report harm reduction in these dimensions. The 60-to-90-days group also reported the lowest harm reduction percentage out of all as-treated groups (3.3%).

Participants More than One Year

About seven percent of the total sample was in the drug court program for more than one year. It is somewhat surprising that this group has the second smallest percentage of overall benefit gained compared to the other as-treated groups (4.6%). Participants experienced all harm reduction variables except connections to the recovery or faith communities. One of these individuals was in drug court for over two years. The other participant was sent to residential

treatment for six months while in the drug court program. She successfully completed that program but faced several challenges in completing the remaining requirements of drug court. In the end, this participant opted to spend six months in jail rather than start her time over again in drug court.

As-Treated Negative Effects

The negative responses participants provided were also analyzed in an as-treated design. The negative dimensions are the themes that emerged during grounded theory analysis. Presenting the negative comments in an as-treated framework helps to understand the net harm reduction participants experienced in terms of length of time in drug court. Table 15 provides effects and perceptions about individuals' negative experiences with the drug court program. The total sample (N=30) is included and captures all negative responses. Negative reporting was collected and calculated the same way as harm reduction. A one-unit measure was assigned to every negative response expressed by participants. If an individual stated the same substantive negative perception multiple times, the comment was only coded once. When coders captured several negative responses, the negative experience had to be a separate incident from the initial negative response.

Table 15: As-Treated Negative Effects and Perceptions Across Groups

| Negative Effect | Less than 60 Days | 60-90 Days | 91-180 Days | 181 Days to 1 Yr | More than 1 Yr | Total Neg | Percent Neg |
|--------------------|----------------------|---------------|----------------|---------------------|-------------------|--------------|----------------|
| Substance Use | 0 | 0 | 0 | 3 | 1 | 4 | 13.3% |
| Criminality | 6 | 1 | 2 | 3 | 0 | 12 | 40.0% |
| Cost Hardship | 2 | 2 | 2 | 0 | 1 | 7 | 23.3% |
| Employ/Educ | 1 | 0 | 1 | 1 | 1 | 4 | 16.7% |
| Prob Eq Beneficial | 3 | 1 | 3 | 1 | 0 | 8 | 26.7% |
| Prog Req Difficult | 4 | 2 | 3 | 3 | 1 | 13 | 43.3% |
| Use Severity Dif | 2 | 0 | 1 | 1 | 0 | 4 | 13.3% |
| Total Neg | 18 | 6 | 12 | 12 | 4 | 52 | 24.8% |
| As-Treated % Neg | 8.6% | 2.9% | 5.7% | 5.7% | 1.9% | | |

Note: Units of negative effects and perceptions in each dimension were extrapolated from the total negative effects and perceptions by participant in Table 13. These units were distributed among the five as-treated groups. Percentages are based on the total number of negative effects units and the total possible negative effects that could be acquired by all participants.

Individuals expressed several negative aspects of drug court. The largest percentage of negative experiences took place in the less-than-60-days as-treated group. This seems logical because participants in this group were only in the program a short time after completing the qualifying phase. This result, at least in part, supports the reasonable conclusion that individuals were displeased with the program. The more than one year as-treated group reported the lowest percentage of negative responses compared to the other as-treated groups. Considering the time participants in this group invested in drug court without completing it, one would think negative perceptions of the program would be greater than 1.9%. Time away from drug court at the time of the interview may have ameliorated negative feelings about the program with this group.

Table 16 presents the differences in total harm reduction and negative effects across all as-treated groups. The differences provide a net harm reduction effect for each as-treated group.

Table 16: As-Treated Harm Reduction and Negative Perception Differences Across Groups

| Dimensions | Less than 60 Days | 60-90 Days | 91-180 Days | 181 Days to 1 Year | More than 1 Year |
|------------------|----------------------|---------------|----------------|-----------------------|---------------------|
| Harm Reduction | 17.9% | 3.3% | 11.3% | 9.2% | 4.6% |
| Negative Effects | 8.6% | 2.9% | 5.7% | 5.7% | 1.9% |
| Percent Dif | 9.3% | 0.4% | 5.6% | 3.5% | 2.7% |

Note: Percentages in this table are derived from harm reduction totals across groups (see Table 14) and negative effects and perceptions totals across groups (see Table 15).

The less-than-60-days as-treated group reported gaining the most net benefit compared to the other groups. The overall net harm reduction effect across groups in the less-than-60-days group is 9.3%. This result indicates that although participants have negative outcomes in drug court, they also experience positive benefits. Individuals exposed to the drug court program for even a short period of time reported positive program results. This is unexpected with the short amount of time participants were exposed to the drug court program. The 91-to-180-days group has the second largest net harm reduction effect (5.6%). The 60-to-90-days group has the lowest net harm reduction effect at 0.4%. It may be that participants in the 60-to-90-days group realized that the commitment to the drug court program and remaining drug free would take more effort than they were willing to give. The more-than-one-year net harm reduction percentage remains low compared to the other groups. This is not surprising being that the harm reduction reported across groups is also low. These results are displayed graphically below in Figure 6.

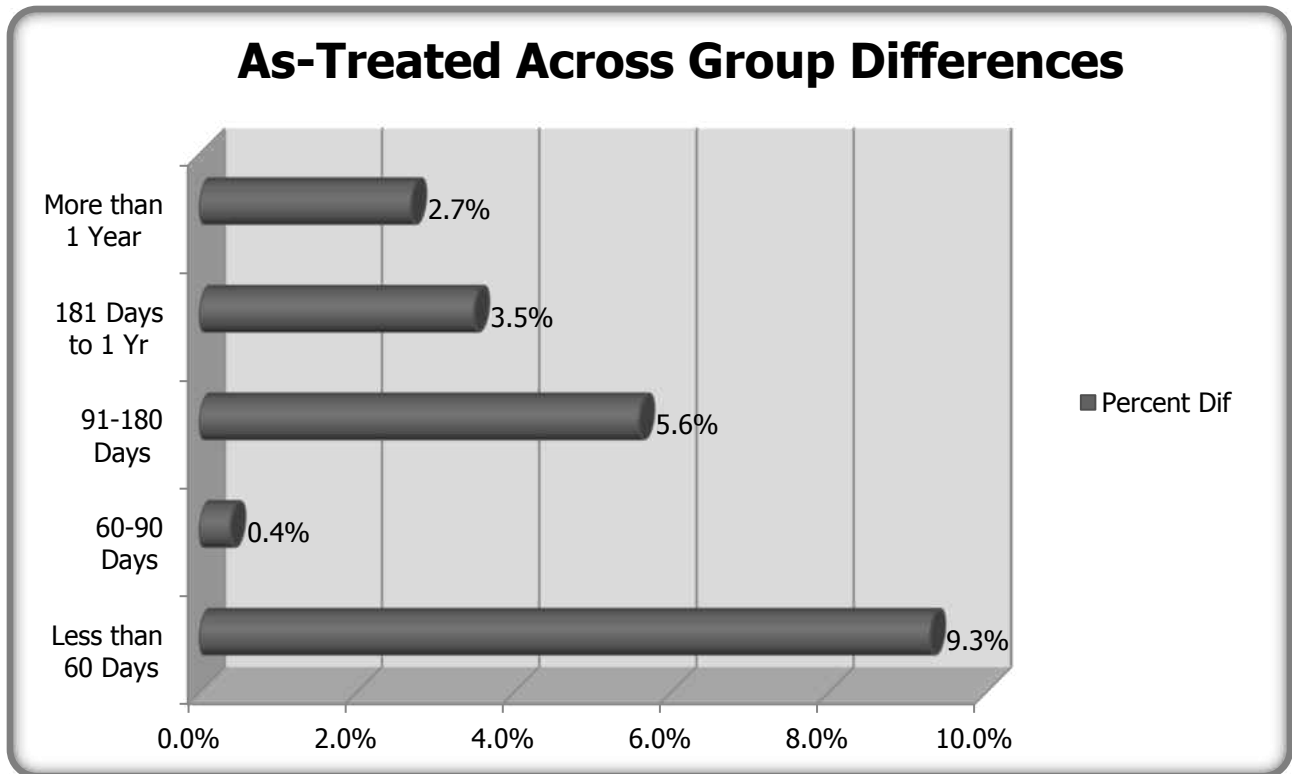


Figure 6: As-Treated Harm Reduction and Negative Response Differences Across Groups

As-Treated Design Within Group Data Analysis

The across groups as-treated analysis revealed the dispersion of harm reduction and negative effects and perceptions in terms of each group. Although these results are interesting, the within as-treated group analysis provides more information and gives us an understanding about the effects of dosage and time in treatment within each group. Reviewing harm reduction effects in the context of each as-treated group provides information about the benefit gained within each discrete category. The analysis of harm reduction and negative effects and perceptions within as-treated groups are presented in this section. Table 17 provides the results from this analysis.

Table 17: Harm Reduction Within As-Treated Groups

| HR Indicator | Less than 60 Days | 60-90 Days | 91-180 Days | 181 Days to 1 Yr | More than 1 Year |
|---------------------------------|----------------------|---------------|----------------|---------------------|---------------------|
| Substance Use | 80.0% | 33.3% | 50.0% | 57.1% | 100.0% |
| Criminality | 50.0% | 33.3% | 37.5% | 14.3% | 50.0% |
| Self-Awareness | 70.0% | 66.7% | 75.0% | 42.9% | 100.0% |
| Motivation to Change | 90.0% | 66.7% | 50.0% | 57.1% | 100.0% |
| Self-Efficacy | 60.0% | 33.3% | 62.5% | 57.1% | 100.0% |
| Employ/Pursing Educ | 20.0% | 0 | 25.0% | 28.6% | 50.0% |
| Family Reunification | 50.0% | 33.3% | 25.0% | 28.6% | 50.0% |
| Recovery/Faith Com | 10.0% | 0 | 12.5% | 28.6% | 0 |
| Total % HR per as-treated group | 53.8% | 33.3% | 42.2% | 39.3% | 68.8% |

Note: This table uses number of harm reduction units for each dimension in each as-treated group (see Table 14) and number of participants in each as-treated group to calculate percentage of harm reduction.

The more-than-one-year category reveals a 68.8% harm reduction gained. This group reported the largest percentage of harm reduction in self-awareness, motivation, self-efficacy, and substance use. The more-than-one-year as-treated group appears more aware that their behavior was destructive. They also seem more motivated to change that behavior. This group reported a 100% harm reduction in one half of the variables. These results make sense in view of the time participants in this group spent in the drug court program. It seems logical that if participants were in drug court for more than a year, they would leave the program with substantial benefit. As previously stated, one of the participants in this as-treated group attended the program for more than two years.

With the short amount of time individuals spent in drug court, it is surprising that the less-than-60-days as-treated group has a 53.8% harm reduction effect. Several participants in this group reported that their substance use and criminality decreased. In the less-than-60-days group participants' intrinsic harm reduction effects are over 50%. This group has the second highest percentage in motivation and decrease in substance use. The other as-treated groups resulted in

more than one-third total net harm reduction benefit within each group. Recovery or faith connections resulted in zero harm reduction in the 60-to-90-days group and the more-than-one-year group. Employment or pursuing education was also zero for the 60-90 days group. The percentage of intrinsic harm reduction effects is a big portion of benefit for all groups. Figure 7 below provides an illustration of these results.

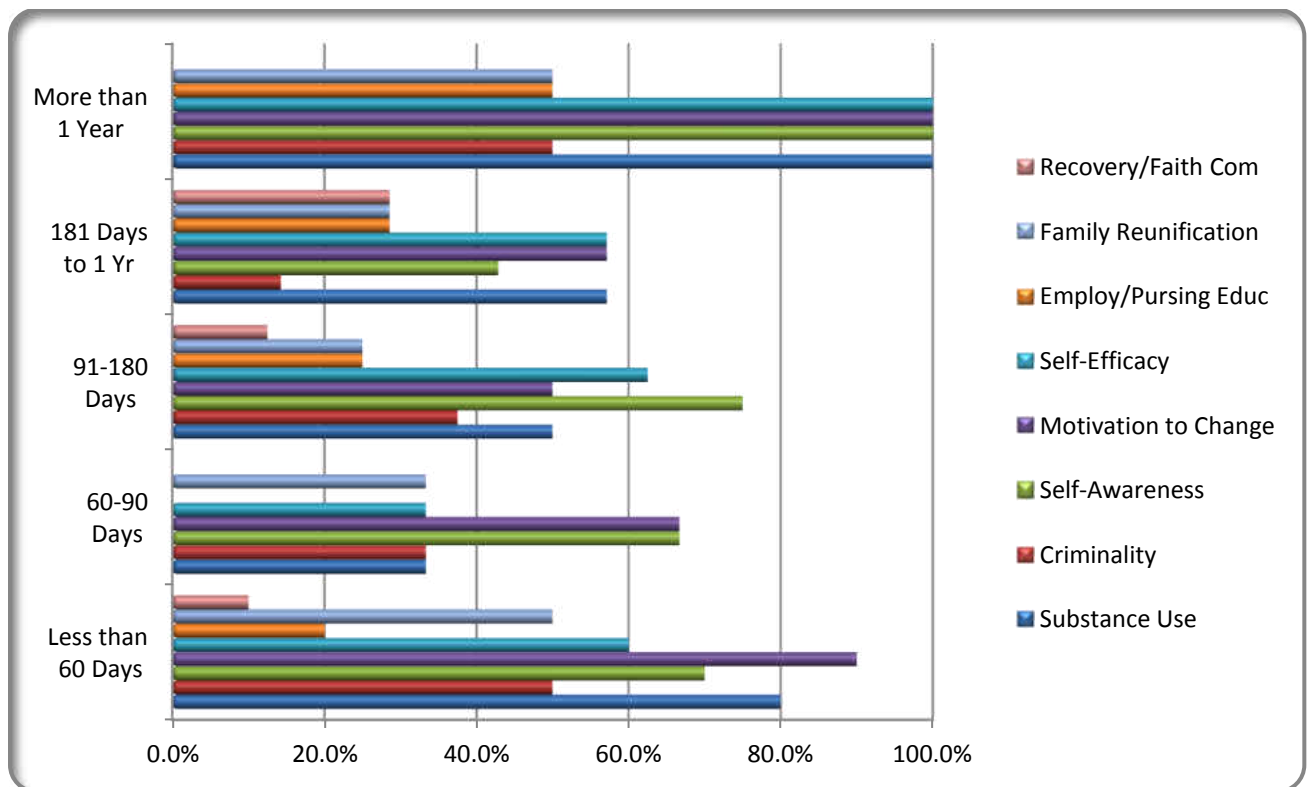


Figure 7: Harm Reduction Within As-Treated Groups

Table 18 delineates the negative effects and perceptions reported within each as-treated group. Failing in drug court may be an influential factor affecting the negative responses provided by some groups.

Table 18: Negative Perceptions Within As-Treated Groups

| Negative Responses | Less than 60 Days | 60-90 Days | 91-180 Days | 181 Days to 1 Yr | More than 1 Yr |
|----------------------------------|----------------------|---------------|----------------|---------------------|-------------------|
| Substance Use | 0 | 0 | 0 | 42.9% | 50.0% |
| Criminality | 60.0% | 33.3% | 25.0% | 42.9% | 0 |
| Cost Hardship | 20.0% | 66.7% | 25.0% | 0 | 50.0% |
| Employ/Educ | 10.0% | 0 | 12.5% | 14.3% | 50.0% |
| Prob Eq Beneficial | 30.0% | 33.3% | 37.5% | 14.3% | 0 |
| Prog Req Difficult | 40.0% | 66.7% | 37.5% | 42.9% | 50.0% |
| Use Severity Dif | 20.0% | 0 | 12.5% | 14.3% | 0 |
| Total % Neg per as-treated group | 25.7% | 28.6% | 21.4% | 24.5% | 28.6% |

Note: This table uses number of negative effects and perceptions units for each dimension in each as-treated group (see Table 15) and number of participants in each as-treated group to calculate percentage of negative effects.

The largest percentage of negative perceptions is in the more-than-one-year category. This could be because participants put a great deal of time and energy into the drug court program but still did not complete it. Several participants reported that their failure had a negative impact on their behaviors and attitude after leaving the program. Individuals stated being a failure made them feel as if they did not care if they improved their lives further. A few participants reported that the severity of their drug use increased after failing in drug court.

Below in Table 19 are the differences between harm reduction variables and negative effects and perceptions within each as-treated group. These net harm reduction results assist with understanding if time spent in the drug court program matters.

Table 19: As-Treated within Group Differences

| Dimensions | Less than 60 Days | 60-90 Days | 91-180 Days | 181 Days to 1 Year | More than 1 Year |
|----------------------|----------------------|---------------|----------------|-----------------------|---------------------|
| Harm Reduction | 53.8% | 33.3% | 42.2% | 37.5% | 68.8% |
| Negative Perceptions | 25.7% | 28.6% | 21.4% | 26.5% | 28.6% |
| Percent Dif | 28.1% | 4.7% | 20.8% | 11.0% | 40.2% |

Note: Percentages in this table are derived from harm reduction totals within groups (see Table 17) and negative effects and perceptions totals within groups (see Table 18).

It is expected that the more-than-one-year group would gain the most harm reduction benefit (40%). It is interesting, and somewhat unexpected, that the less-than-60-days as-treated group experienced more than 28% net harm reduction. Even though the negative effects are high in this as-treated group, the harm reduction effects are high enough to offset the negative. The 91 to 180-days group also shows a considerable harm reduction result (21%). The 181-days-to-one-year group reveals an 11% net harm reduction effect. When considering potential micro and macro benefits, this outcome is a respectable increase. Even though this result is a small harm reduction effect, the overall micro and macro impact is probably great. The 60-to-90-days group provides the lowest net benefit (4.7%). This result may be due to participants' realization that advancing in the drug court program was going to require more compromise than they were willing to give. Specifically, living drug free would be required of them to successfully complete the drug court program.

Figure 8 illustrates graphically the differences between the total harm reduction and negative responses within all as-treated groups.

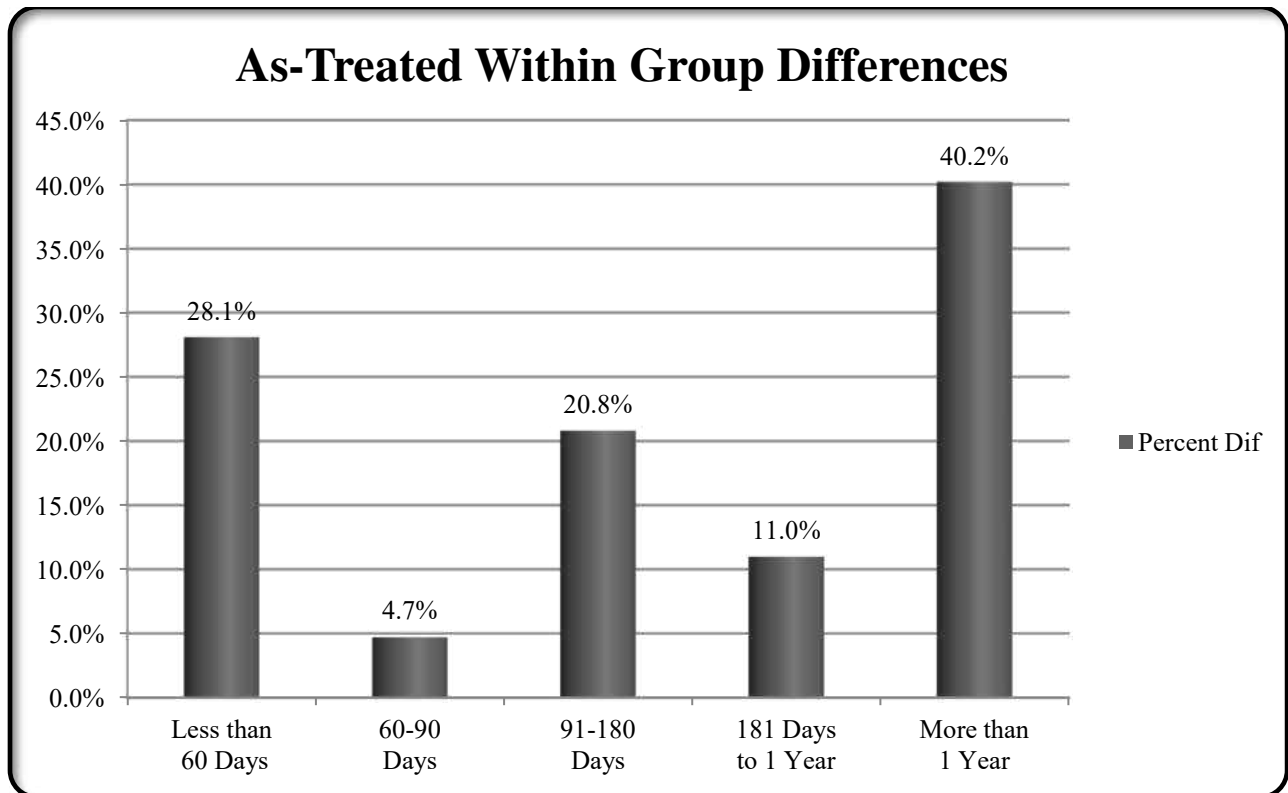


Figure 8: As-Treated Harm Reduction and Negative Responses Within Group Differences

Period of Time out of Drug Court at Time of Interview

Length of time away from the drug court program since the time of the interview is worth discussion. For individuals that reported they were clean and sober at the time of the interview, length of continuous sobriety is also an important outcome. During the interview, six participants stated they were clean and sober and reported the number of months they had been moving in a positive direction. Only individuals that expressly stated a continuous time of sobriety are included in this statistic. The remaining 24 participants were calculated with no sobriety only because a continuous time was not provided. Some individuals, however, may have reported that they were using less or not using at all. As previously reported, participants were asked whether they believe they are addicts. Sixteen individuals reported they are not addicts and 14 reported

they believe they are addicts. It is interesting that all individuals that reported continuous sobriety do not consider themselves addicts. Table 20 presents these results.

Table 20: Time out of Drug Court at Interview Date and Continuous Sobriety

| Community Reintegration/ Time Clean and Sober | N | Min | Max | Mean | Std. Deviation |
|--|----|------|-------|---------|-------------------|
| Time out of DC at Interview | 30 | 6.00 | 26.00 | 15.9333 | 6.21418 |
| Continuous Sobriety Time | 30 | 0.00 | 23.00 | 2.333 | 5.60378 |
| Total N | 30 | | | | |

The average time out of the drug court program at the time of the interview is 15.9 months. This means individuals were reintegrated back into their communities and back to living their normal lives for over a year after leaving drug court. Time away from experiences with the drug court program may be a factor in how participants responded to questions in their interview. The mean continuous sobriety is 2.3 months. At the time of the interview, one of the participants reported he had been clean and sober for 23 months. A single-case design was used for two of these participants. The single-case analysis illustrates amount of harm reduction effects and individual improvement in these participants (*see Appendix H, Single-Case Design with Harm Reduction Effects*).

Drug Court Professionals and Probation Officers Report

A round table discussion was conducted with the researcher, the Brevard County Adult Drug Court Program Manager, and two Department of Corrections (DOC) felony probation officers that supervise clients while they are in the drug court program. These professionals have been working with this type of population for a combined 31 years. Their average age is 53 years old. The drug court professionals reported that a large number of the clients included in this

study did not show positive change while in the drug court program. However, the DOC officers stated that they frequently see past clients in various places in the community. When this is the case, the officers reported they have discussions with these clients, and some appear to be doing well.

Report on Non-Completers in this Study

In the discussion about specific clients included in this research, the drug court staff provided negative comments about client awareness of a destructive lifestyle and motivation. With the exception of four individuals, the drug court program staff believes the remaining study participants gained little or no harm reduction effects. The few individuals in this study that the drug court program staff agreed are on a path of improvement are worth discussion. The drug court professionals provided the following details about these participants.

Participant 020F in this study is an example of a community encounter between probation officer and a past client. Participant 020F was discussed in a positive manner by the probation officer that had her case while she was in the drug court program. After seeing her in the community, the DOC officer stated, “It looks like she’s doing very well. She stopped to talk and had a clear and coherent conversation with me.” This corroborates the information this individual reported in her interview. Participant 020F stated she became involved in a positive relationship. This relationship is what helped her turn her life around. She said, “I found a relationship where I’m loved for being me and not what I can offer, and that helped me get clean. I’ve been clean for seven months now because of that.” Participant 020F is coded as acquiring a 19.6% net harm reduction (*see Single-Case Design in Appendix H*).

Participant 026M had problems complying with program rules, primarily due to associating with another drug court client that was unable to remain clean and sober. After he

was sent to residential treatment in drug court, he was removed from that facility for failing to comply with program rules. Subsequent to a relapse back to using drugs, and removal from the drug court program, this participant returned to the same residential treatment program and successfully completed all requirements of that program. The drug court professionals reported that participant 026M did not show improvement while in the drug court program. This individual reported he is currently involved in the recovery community and is drug free. He stated it took him awhile to “get it.” He wanted to do well in drug court, but it took another relapse to get him back on a path of improvement. This participant expressed regret for his inability to successfully complete the drug court program. The staff reported they were aware this client returned to the residential treatment facility in which he failed while in drug court. The drug court program staff corroborated the information 026M reported in his interview. This participant is on a path of continued improvement despite not completing drug court. His harm reduction net benefit is calculated at 85.7% (*see Single-Case Design in Appendix H*).

Drug court staff reported that participant 027M supplied all clean urinalysis tests. This is supported by the drug court client chart that includes this information. Staff also reported that this client was contentious and did not want to follow program rules. He pointed out flaws in the drug court program and found reasons why he should not be there. In this individual’s interview, he reported being clean and sober for the past 18 months. He is involved in the recovery community and is attending the community college. He also stated the drug court program caused him a great deal of stress due, in part, to punitive rules. Participant 027M was determined to have a 50% net harm reduction effect. This individual is actually doing better than this harm reduction percentage reflects. Specifically, he was clean and sober before entering the drug court

program and was already on a path of improvement. Therefore, the coder interpreted several dimensions as “no change.”

The drug court program staff reported that participant 028F had little awareness of her destructive lifestyle. She was in both the PTI program (for about two months) and then in the EESAT program due to a violation while in PTI. She was in the EESAT program for eight months, which is the source of her interview. This individual received additional criminal charges while in EESAT and was subsequently terminated from the program. The drug court professionals reported that after participant 028F’s probation was revoked while in EESAT and she was facing prison time, she appeared willing to change. During her interview, participant 028F reported that she was currently attending the community college while on Community Control (also known as house arrest). This individual also reported she does not have a drug problem. Her self-professed problem is due to lifestyle choices, specifically selling illegal drugs. This participant’s harm reduction net effect is -1.8%.

The drug court professionals reported that clients in the PTI program appear to be less motivated to change their lives than clients in the EESAT program. The drug court manager reported that most successful completers in the PTI program are older. This suggests that maturation may be a factor in readiness to change in some cases. Perhaps the EESAT program clients are more willing to commit to change because they are tired of living a drug-using lifestyle and subsequent consequences. Several individuals reported that incarceration was a key motivator and impetus behind their positive change. Drug court staff also explained that easy access and availability of prescription drugs makes it difficult for drug court clients to remain drug free. The drug court manager said:

These pills are everywhere. Years ago when cocaine was the primary drug of choice clients had to seek out the drug... it's not like that anymore. The pills are everywhere. They don't have to go far to get loaded these days.

Drug court program staff also reported that the judge assigned to the drug court programs in Brevard is thoroughly committed to the therapeutic jurisprudence model. Although other judges were accomplished judges, they did not engage the clients in mutual discussion like the current drug court judge. This drug court judge provides praise to clients when they do well. If clients miss treatment sessions but remain drug free, the judge commends them for staying clean and sober. This judge's philosophy is if clients do not perform in a way the judge knows they are capable, he reprimands or sanctions them more severely than if the issue is a habit the client is striving to break. The drug court judge also offers meaningful rewards when clients reach milestones in the program. For example, drug court clients on Community Control cannot participate in extra-curricular activities. The drug court judge allows clients to have additional visitation with their children, gives permission to join a gym, or authorizes attending a child's soccer game. This researcher was present during several status hearings. The drug court judge's delivery is attentive and respectful towards clients. This judge is firm but fair and continuously demonstrates he is committed to the drug court philosophy.

Prior Traditional Substance Abuse Treatment Attempts

The primary purpose of this research was to determine if there are harm reduction program effects individuals acquire even if they do not fully complete drug court. Therapeutic treatment is a salient component of the drug court model. Examining whether there is benefit from prior traditional substance abuse treatment attempts was of interest to this research. Therefore, participants were asked about these past experiences. In the inquiry, detoxification

services and methadone maintenance treatment were excluded. Outpatient treatment where a participant was compelled to attend and did not complete was also excluded. There are typically negligible therapeutic services under these circumstances.

Several participants (23%) reported they received prior community-based substance abuse treatment. Most of the experiences were intensive residential therapeutic treatment. It is interesting that for the 16 participants that do not perceive themselves as addicts, all of them reported they have never attempted substance abuse treatment in the past. The drug court experience was their first exposure to therapeutic treatment. Out of the 14 participants that perceive themselves as addicts, 57% reported they had a prior substance abuse treatment experience. In most cases, individuals in this category attempted treatment multiple times. Treatment stays ranged from two months to ten months. Several of these participants stated they got clean and sober, gained awareness about their problem, and generally benefited from their experiences. It is noteworthy that a large number of these past treatment attempts were unsuccessful completions.

Grounded Theory Results and Consistent Themes Identified

Several findings arose from the grounded theory analysis. Grounded theory is also how negative perceptions of drug court were discovered. Withdrawal from opiates was reportedly a factor in decreasing and increasing substance use. Several individuals expressed that incarceration was a strong motivator for them in redirecting their lives towards positive change. Some participants reported they believe an outside factor or family support influenced their improvement. The ability to maintain legal prescriptions for narcotics while on probation was considered an important difference between traditional probation and the drug court program

within this group. Several individuals also expressed displeasure about their own personal behavior.

Withdrawal Symptoms Influential Towards Change

Withdrawal from opiates was found to be a factor that influenced change in using behavior for some participants. A few individuals that reported opiates as their primary drug of choice expressed reluctance to get clean because of the sickness brought on when the drug is removed from their system. Conversely, some opiate users stated after taking opiates for long periods of time, detoxification was so painful they would not start abusing opiates again.

Incarceration Motivation for Change

The experience of being incarcerated appears to be a salient factor that facilitated harm reduction in several cases. Twenty-seven percent of the participants in this sample expressed that being incarcerated was the primary motivator for changing their lives. It is interesting that one individual reported he does not believe he deserved to have the drug court option offered to him. He stated, “maybe I needed to pay for what I did.” This suggests that providing an experience with little discomfort may not be the best way to facilitate positive change.

Outside Factors Reason for Positive Improvement

Several participants reported that an outside factor caused their positive change. One of the individuals attributes her pregnancy as the reason for her improvement. Another participant reported that having another son motivated him to change. Attending college, and succeeding at that endeavor, encouraged another individual to change in a positive direction. One individual stated he believes he improved because he got a little older, got a better job, and got a girlfriend who will not put up with his drug use. Another participant stated her positive improvement is a

result of becoming involved with someone who is a good influence in her life. In some cases, it seems that positive peer support was helpful just as negative peer support can be harmful.

Family Support Helpful

Twenty-three percent of the sample reported that family support was influential for them. Their positive change relied on family involvement, family encouragement, and their family's belief in their ability to change. One individual stated, "Yeah, my family life kept me at a level of restraint with my drug use. I could only take it to a certain level and I didn't have the free rein I always had."

Prescriptions Allowable on Probation

At the time of the interview, several participants stated they were currently on probation. Going through criminal court and being placed on probation is typical after an individual leaves drug court unsuccessfully. These individuals found that traditional probation allowed them to maintain a valid prescription. This difference mattered to several participants in this study and was a factor for some in determining that probation was equally beneficial.

Participants' Personal Unacceptable Behavior

A few individuals stated the bad behavior they displayed while under the influence of drugs is not indicative of who they really are as people. One male participant stated, "I've been living a life I never wanted to live. Doing things I never thought I'd do like stealing and lying." Another individual said, "I never thought I'd be in this situation ... I can't believe how far down I've gone by using [drugs] for such a short time." Others reported feelings of failure after the inability to succeed in drug court. Participants reported statements such as, "I probably went over

the edge once or twice” [after leaving drug court]. And, “because of the fact that I failed, that made me want to use more.”

Results Summary

Harm reduction effects were uncovered in most of the cases examined in this research. Different degrees of harm reduction were found in 87% of the sample. Harm reduction effects were analyzed with an as-treated design based upon treatment dosage and time in the drug court program. Across groups and within groups as-treated analyses revealed that participants seemed to benefit from drug court even if they were in the program for a short time. Negative effects and perceptions were also discovered in this sample. Negative effects in the substance use and criminality dimensions were expected. Some of the other negative perceptions of drug court uncovered from the grounded theory analysis were expected and some were not. Grounded theory revealed negative aspects of drug court such as, program cost being a hardship, traditional probation perceived as equally beneficial, prescriptions allowable while on probation, drug use severity differences among drug court clients being problematic, withdrawal from opiates influential in decision to change using behavior, and other factors being the reason for positive improvement. Harm reduction effects offset the negative effects and perceptions reported by participants in this study. This resulted in an overall net positive harm reduction effect.

Figure 9 below shows the harm reduction effects, negative effects and perceptions, and the total net benefit found in this research.

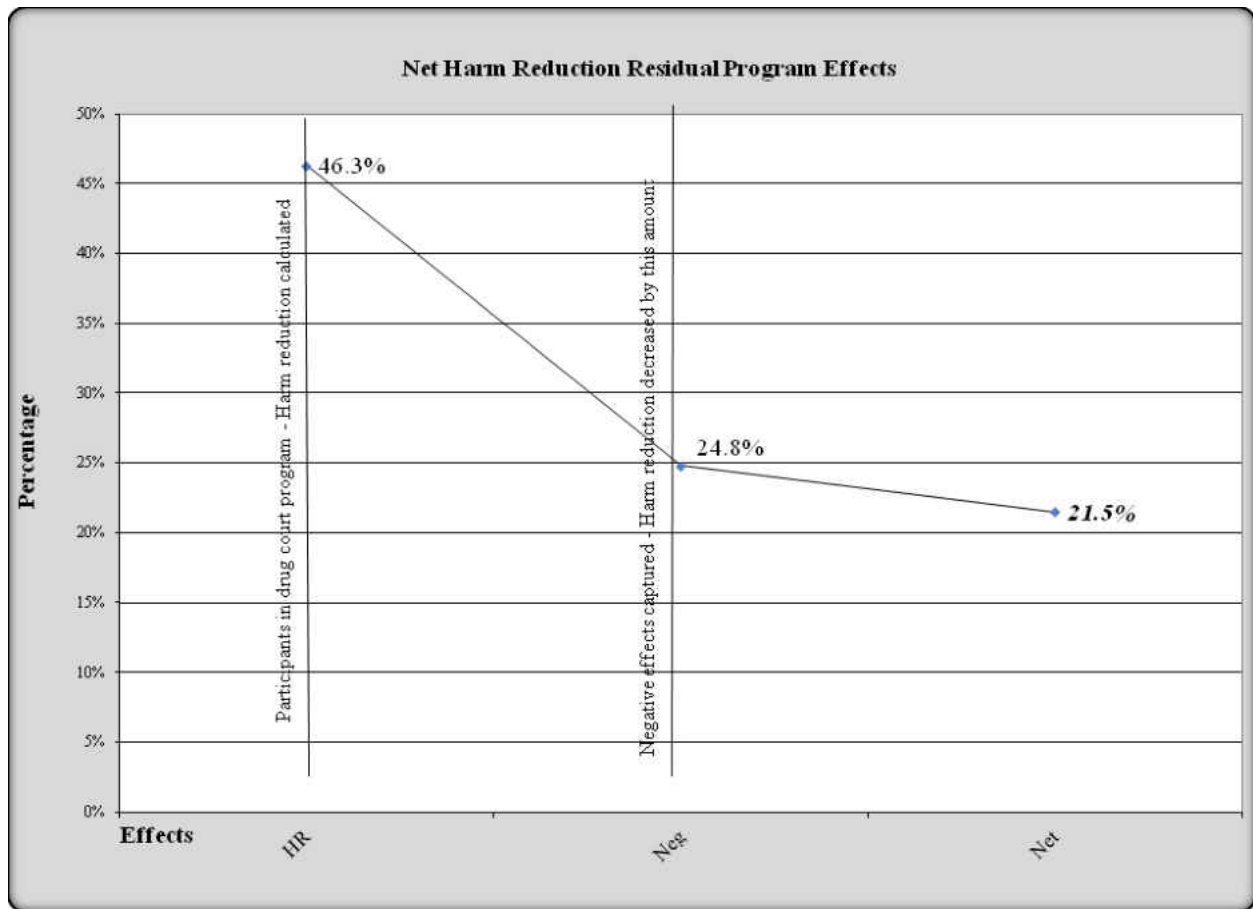


Figure 9: Net Harm Reduction Residual Program Effects

Total harm reduction calculated based upon the eight pre-determined variables and the cases in this study is 46.3%. This means that out of the 30 cases examined and the eight possible harm reduction dimensions, 46.3% of these variables were achieved. The total negative effects and perceptions are 24.8%. The negative perceptions categories are the patterns and themes uncovered from the grounded theory analysis. The net overall positive harm reduction effect is 21.5%.

Participants also presented with “no change” and this was also captured. When considering all harm reduction variables, 49.6% of the sample was determined to have not changed in either a positive or negative direction. The consensus in the drug court literature is

that a minimum of 90 days is needed for an individual to experience any benefit from the program. The results from the as-treated analysis in this study do not support that position. Analysis from the across as-treated groups and within as-treated groups reveals that harm reduction is reportedly taking place at different levels for different categories of dosage and time in drug court. Most notably, the less-than-60-days as-treated group has a net harm reduction program effect both across groups and within groups.

It is important to remember that this sample is a group of non-completers that failed to complete drug court. Therefore, it is not unusual for individuals to have negative perceptions of the program. It is expected that individuals would report negative experiences. Similarly, it is significant that there is a positive net result of harm reduction effects even though the individuals investigated in this study did not successfully complete drug court. These research results suggest that there is individual positive improvement in non-completers of a drug court program, at least to some degree.

CHAPTER 5: CONCLUSION AND DISCUSSION

The purpose of this research was to investigate harm reduction effects within a population of non-completing drug court clients. Using an as-treated design, the ultimate goal was to examine these cases and determine if non-completers received any benefit from their drug court experience based upon the length of time in the program. A grounded theory approach was also used, which yielded several meaningful findings. Demographics and participant histories were collected to provide a clear understanding about each client. To determine if there were reductions in harm, positive benefits potentially gained from the drug court program were investigated. Negative effects and perceptions were also captured. Results from this analysis uncovered several noteworthy findings.

Study Limitations

There are several limitations in this study. The most salient is the inherent problems when using self-report data. In this study, there are several reasons participants may have responded as they did to questions in their interviews. Participants may have overstated the benefits they received to make it appear that they are doing better than they really are. Some may have minimized the extent the drug court program helped them if they were embarrassed about needing help in the first place. Some study participants may be displeased because they did not successfully complete drug court. Individuals were likely discharged from drug court for not following program rules and, therefore, may be bitter about their drug court experience.

Due to the small, non-representative sample generalizability of the study results is not possible. These results cannot be applied to other drug court programs. However, the goal of this

research was not to generalize the conclusions but to gain an in-depth understanding about this phenomenon potentially taking place within the drug court model.

In cases where clients showed improvement, other contextual factors outside of the drug court program may be the reason for this change. When clients had negative comments about drug court, there may be other reasons for this perspective that are not related to the program. Additionally, it remains unknown whether participants would do just as well if they were solely monitored by the courts. Likewise, some participants that only receive substance abuse treatment may improve without judicial monitoring. These study results do not confirm that traditional jurisprudence would fare worse than therapeutic jurisprudence with unsuccessful clients. Traditional jurisprudence may have a greater impact on some individuals sent to drug court. It could be that acquiring criminal charges and being incarcerated are enough to compel individuals to change a destructive lifestyle. Several participants in this study reported that this was the case. Individuals that commit crimes and go through the drug court program may be encouraged to commit another crime due to having a positive experience with the criminal justice system and not a punitive one.

Policy Implications

These results have implications for the overall allocation of funding for existing and future drug court programs. The level of funding and resources are especially important when serving drug offenders because this population rarely has the funds to pay for their own treatment. Furthermore, public resources are traditionally scarce and unable to serve everyone who needs help.

This study provides information about the type of benefits gained, as well as which program variables affect participants' drug court experiences the most. These benefits are

believed to have a positive impact on individuals' quality of life and the communities in which they live. Benefits gained by those that complete drug court may also be gained by those that do not complete drug court. Reductions in negative behaviors may be small. Even if the difference in improvement is slight, the impact on individuals, their communities, and overall social costs may be great.

The primary purpose of this research was to determine the full effectiveness of the drug court model by considering all clients and not just successful completers. This research partially supports that benefits may be gained by some non-completing clients. Therefore, when non-completers are excluded from the overall analysis in drug court research, the value of the drug court program is underestimated. More specifically, if harm is reduced and those reductions are related to a destructive lifestyle, the full impact of the drug court program is greater than currently known. It may also be that drug court program outcomes are overestimated due to evaluating successful completers with a comparison group. Either way, using successful completers and unsuccessful completers collectively and evaluating them using a comparison group will provide more accurate information. Due to the exclusion of non-completers, the overall effectiveness of the jurisprudence model is confounded.

Recommendations

A harm reduction theory's primary focus is to engage individuals in treatment by whatever event, or reason, that initially brought the person to treatment. A harm reduction paradigm takes an opportunistic approach and encourages involvement in treatment no matter how slight. A desire for continued improvement will come when individuals are ready. Until then, clients are treated as worthy individuals who have the ability to change their destructive lifestyle. Professionals with a harm reduction ideology promote reducing drug use and the

negative behaviors that follow. Reductions in risky behaviors are deemed more important than reductions in substance use. Clients are considered successful if drug use or risky behaviors lessen. Drug court programs may find it beneficial to expand the harm reduction paradigm currently used. The numerous comments from participants about punitive program rules seem to warrant enhancing this approach.

Several participants stated they were inappropriately enrolled in drug court. Therapeutic treatment will not be beneficial if drug court clients do not have a substance abuse problem. Improper placement can also distract from other clients' ability to improve in the program. Conducting a bio-psychosocial assessment early in the screening process may assist in determining proper placement in the drug court program.

The results from one of the as-treated groups revealed a small harm reduction effect (60-to-90-days group). It may be that drug court clients struggle remaining clean and sober during this timeframe, or they may be losing interest in the program. Perhaps clients have doubts about their ability to be successful in the drug court program around this time. Due to this result, there may be an opportunity to implement an intervention during this timeframe.

As previously stated, intrinsic benefit clients may acquire is rarely captured in the drug court literature. These results, in particular, provide insight into residual program effects drug court clients may gain. At this point, these benefits are going unnoticed. Intrinsic benefits should not be exclusively considered in non-completers of drug court because completers and non-completers may acquire them. However, the focus on non-completers will give us information we do not currently have. Increases in self-awareness, motivation, or self-efficacy have the potential to facilitate further reductions in harmful behaviors also reported by participants in this study. Establishing a baseline using appropriate screening tools when clients first enter drug

court would help to capture this information. Conducting an exit interview that incorporates testing clients when they leave the program will assist with measuring these variables. At this point, in Brevard County, exit interviews are only conducted with clients that successfully complete drug court.

Discussion

Decreases in substance use and criminality are the primary outcomes of the drug court program. These outcomes are primarily measured in individuals who successfully complete drug court. Further, it is believed that there are other additional benefits participants acquire (Fischer et al., 2007; McCoy, 2010; Roberts & Wolfer, 2011) that are not usually measured. Harm reduction benefits such as self-awareness, motivation, self-efficacy, family reunification, and connections to positive social networks are rarely recognized among completers of drug court. If these residual effects are not captured in completers, it follows that they are going unnoticed in non-completers. Studies that consider non-completers mainly focus on reoffending as the outcome variable. This is done by largely comparing non-completers with graduates in the respective aggregate group (Cissner & Rempel, 2005; Finigan, 1998; Peters et al., 1999; Sechrest & Shichor, 1999; Turner et al., 1999). Sometimes non-completers are used as a comparison group. They are not examined for what effects or impact the drug court program may have on this group. There is a paucity of research about this drug court population.

Dropouts and non-completers are considered and examined in psychotherapy and medical trials. To date, that has not been the case in the therapeutic jurisprudence model. In light of the sometimes marginal benefits acquired by unsuccessful drug court clients, some may believe that the cost expended is not worthwhile. However, it is well established that drug courts are a cost savings when only considering successful client benefits (Belenko, 1998; Cissner & Rempel,

2005; Government Accountability Office, 2005; King & Pasuarella, 2009; National Institute of Justice Special Report, 2006). It is logical that any additional benefits gained by unsuccessful clients would only add to the effectiveness of the drug court program. With the large percentage of non-completers in numerous jurisdictions, even marginal micro or macro improvement will likely have a large impact. Using an as-treated design to determine type and degree of benefits non-completers gain should ultimately justify increased funding and resources for drug court programs.

If harm is reduced, reductions are probably weaker for those that do not fully complete drug court. However, it should not be ignored that the program may be beneficial to a population of non-completers. An important point to reiterate is that benefits are often dynamic in nature and can strengthen or weaken after individuals leave treatment. Lifestyle changes are not linear. Substantive changes typically happen gradually over time. An individual on a path towards positive improvement may require multiple treatment attempts. Each experience provides greater insight for all participants that engage in drug court whether they complete the program or not. Recognition that unsuccessful clients may gain some benefit from participating in the drug court program is the first logical step towards addressing this oversight.

APPENDIX A: APPROVAL OF HUMAN RESEARCH FROM IRB



University of Central Florida Institutional Review Board
Office of Research & Commercialization
12201 Research Parkway, Suite 501
Orlando, Florida 32826-3246
Telephone: 407-823-2901 or 407-882-2276
www.research.ucf.edu/compliance/irb.html

Approval of Human Research

From: **UCF Institutional Review Board #1
FWA00000351, IRB00001138**

To: **Traci R. Francis**

Date: **November 01, 2010**

Dear Researcher:

On 11/1/2010, the IRB approved the following human participant research until 10/31/2011 inclusive:

Type of Review: UCF Initial Review Submission Form
Project Title: Substance Abuse Treatment Residual Program Effects and
Benefits: Individuals categorized as failures and the benefits they
receive irrespective of program completion status
Investigator: Traci R Francis
IRB Number: SBE-10-07208
Funding Agency:
Grant Title:
Research ID: N/A

The Continuing Review Application must be submitted 30days prior to the expiration date for studies that were previously expedited, and 60 days prior to the expiration date for research that was previously reviewed at a convened meeting. Do not make changes to the study (i.e., protocol, methodology, consent form, personnel, site, etc.) before obtaining IRB approval. A Modification Form **cannot** be used to extend the approval period of a study. All forms may be completed and submitted online at <https://iris.research.ucf.edu>.

If continuing review approval is not granted before the expiration date of 10/31/2011, approval of this research expires on that date. When you have completed your research, please submit a Study Closure request in iRIS so that IRB records will be accurate.

Use of the approved, stamped consent document(s) is required. The new form supersedes all previous versions, which are now invalid for further use. Only approved investigators (or other approved key study personnel) may solicit consent for research participation. Participants or their representatives must receive a copy of the consent form(s).

In the conduct of this research, you are responsible to follow the requirements of the Investigator Manual.

On behalf of Joseph Bielitzki, DVM, UCF IRB Chair, this letter is signed by:

Signature applied by Joanne Muratori on 11/01/2010 01:25:32 PM EST

IRB Coordinator

APPENDIX B: INDIVIDUAL INTERVIEW INFORMED CONSENT



Substance Abuse Treatment Residual Program Effects and Benefits: Individuals categorized as failures and the benefits they receive irrespective of program completion status

Individual Interview Informed Consent

- Principal Investigator(s): Traci R. Francis, MS
Doctoral Student
- Faculty Supervisor: K. Michael Reynolds, PhD
Associate Professor
- Investigational Site(s): 1) Public sites in Brevard County
2) Specialized Treatment, Education and Prevention Services, Inc. (STEPS); Cocoa, and/or Melbourne, Brevard County Florida
3) Circles of Care's Twin Rivers Substance Abuse Treatment Center; Melbourne, Brevard County Florida

Introduction: Conducting research is a requirement to obtain a doctor of philosophy at the University of Central Florida. This research requirement can be met by covering a variety of topics. To do this I need the help of people who agree to take part in my research. You are being invited to participate in a research study which will target approximately 30 people in Brevard County, and possible other adjacent counties. Ten (10) participants will be recruited from those currently involved in a substance abuse treatment program, as well as twenty (20) non-completers of a treatment program over the past two years. You have been asked to take part in this research study because you have either previously received or are currently receiving treatment in a substance abuse treatment program. You must be 18 years of age or older to be included in the research study.

The person conducting this research is Traci Francis, a doctoral student at the University of Central Florida. Traci Francis is not an employee, agent, or representative of the substance abuse treatment provider, STEPS, Inc. Because the researcher is a doctoral student she is being guided by Dr. Michael Reynolds, a professor at the University of Central Florida's College of Health and Public Affairs.

What you should know about a research study:

Someone will explain this research study to you; a research study is something you volunteer for; whether or not you take part is up to you; you should take part in this study only because you

want to; you can choose not to take part in the research study; you can agree to take part now and later change your mind; whatever you decide it will not be held against you; feel free to ask all the questions you want before you decide.

Purpose of the research study: The purpose of this study is to explore and investigate the benefits individuals gain from participating in a substance abuse treatment program even though they drop out and do not complete all the required elements established by the program to be deemed successful. This can be accomplished by interviewing individuals, such as you, who have participated in treatment; both those currently in treatment and those who failed to complete treatment for whatever reason. The results obtained from this research can be used to provide information about the benefits gained by individuals who participate in a substance abuse treatment program.

What you will be asked to do in the study: Individuals who agree to participate in this research will be given a semi-structured interview by the Principal Investigator (Traci Francis) that will take approximately 30 to 45 minutes. The interview will be conducted at a time and place most convenient to the participant. It will be scheduled to take place within one (1) week from the time consent is provided.

The timeframe in which this research is to be conducted is from January 10, 2011 through September 1, 2011.

- At the first interview, some demographic information will be collected and you will be asked a few questions about your current living and employment status. You will also be asked to reflect upon any benefits you have received from all past substance abuse treatment attempts.
- At completion of the first interview, there will be a second follow-up interview scheduled for four (4) months later. It will greatly benefit this research if you participate in the follow-up interview as well. This can be conducted in person or over the telephone.
- One to two focus groups will be scheduled in March and June 2011. The focus group will require interaction with other participants who have also gone through a substance abuse treatment program. The researcher will recruit five (5) participants for each focus group. If you are interested in participating in one of these groups, inform Traci Francis of your interest at the time of your individual interview. You may also relay your interest by contacting her at one of the phone numbers or e-mail address provided below. You will be given a separate consent form for the focus group portion of the study, which provides more information about the activities of this segment of the research.

Location: Participants will meet in a public place most convenient for them based upon location, or at the treatment provider's location. This can be before or after one of your scheduled counseling appointments at STEPS and during the time you are in treatment at Twin Rivers.

Audio or video taping: You will be audio taped during your interviews. If you do not want to be audio taped, it will not exclude you from participating in this study. Discuss this with the researcher before starting your interview. If you are audio taped, the tape will be kept in a secure,

locked, place and will be erased or destroyed immediately after your interview has been transcribed.

Risks: There is minimal risk to you as a participant in this research study. There are no reasonably foreseeable risks or discomforts involved in taking part in this study, as the primary focus of discussion is benefits of a positive nature.

Confidential research: The semi-constructed interview in this study, along with any type of survey questionnaire is confidential. This means only the primary researcher, Traci Francis, will know that the information you gave came from you. The actual handling and reporting of the information obtained will be confidential. Specifically, your name will not be attached to any reporting information. As a safety measure for confidentiality of the participants, a unique identifier will be assigned to each individual and a separate list will be created that includes the identifying code and the participant's name. This list will be kept separate from all of the interview questions and answers. In addition, the list will be kept in a locked secure location exclusively in the possession of the Principal Investigator.

Study contact for questions about the study or to report a problem: If you have questions, concerns, or complaints, or think the research has hurt you, talk to Dr. Michael Reynolds, Associate Professor, Criminal Justice Department in the College of Health and Public Affairs, 407.823.2943 or by email at kreynold@mail.ucf.edu

IRB contact about your rights in the study or to report a complaint: Research at the University of Central Florida involving human participants is carried out under the oversight of the Institutional Review Board (UCF IRB). This research has been reviewed and approved by the IRB. For information about the rights of people who take part in research, please contact: Institutional Review Board, University of Central Florida, Office of Research & Commercialization, 12201 Research Parkway, Suite 501, Orlando, FL 32826-3246 or by telephone at 407.823.2901. You may also talk to the Institutional Review Board at the University for any of the following reasons:

- Your questions, concerns, or complaints are not being answered by the research team.
- You cannot reach the research team.
- You want to talk to someone besides the research team.
- You want to get information or provide input about this research.

You will be provided with a copy of all consent forms for your records.

If you have any questions or concerns, the research person's contact information is below:

Principal Investigator's Contact Information

Traci Francis, Doctoral Student
Home Phone: 321.267.5786 • Cell Phone: 321.243.6732
E-mail: tracifrancis@cfl.rr.com



3 of 3
University of Central Florida IRB
IRB NUMBER: SBE-10-07208
IRB APPROVAL DATE: 11/1/2010
IRB EXPIRATION DATE: 10/31/2011

APPENDIX C: VERBAL CONSENT FORM



Substance Abuse Treatment Residual Program Effects and Benefits: Individuals categorized as failures and the benefits they receive irrespective of program completion status

Verbal Consent Form

Hi, my name is Traci Francis. I am a doctoral student at the University of Central Florida. [REQUEST TO SPEAK TO PARTICIPANT. IF NOT THERE, ASK WHEN IS A GOOD TIME TO CALL BACK]. I am currently conducting research and need your input. I am not selling anything! I just need to ask you a few questions about your recent treatment experience. The interview is fairly short and should only take about 30 minutes. I can only interview people who are 18 years of age or older. Are you at least 18?

INTERVIEWER – (Add as necessary to assure respondent) Let me stress that your participation in this interview is completely voluntary and confidential. As a doctoral student, I am working under the guidance of Dr. Michael Reynolds who is a professor at the University of Central Florida. Do you have any questions you want to ask about the interview? You were chosen to participate in this interview due to your past involvement in a substance abuse treatment program. You will not be identified by name in any document I produce. I am interviewing approximately 30 people and your answers will be combined with everyone else's responses. You have the right to refuse to answer any question I ask. In addition, you may terminate the interview at any time.

INTERVIEWER – (If participant asks for more info) I have to conduct research as a requirement of the doctoral degree I am pursuing. My interests are in the area of substance abuse and how people benefit from treatment even if they were only exposed to it for a short time and did not complete treatment fully. In order to determine what those benefits actually are, I have to speak to individuals, such as you, who previously participated in treatment but did not complete. The reason for non-completion is not the focus of this interview. However, I will inquire about the reason, as this will be helpful in gaining the information I'm seeking about the benefits you were receiving up until the time of your departure. This is the reason why I am conducting these interviews.

INTERVIEWER – start with the questions provided in the semi-structured interview form.

APPENDIX D: RESIDUAL EFFECTS FOR UNSUCCESSFUL CLIENTS SEMI-STRUCTURED INTERVIEW FORMAT

**Drug Court Program
Residual Effects for Unsuccessful Clients
Semi-Structured Interview Format
Doctoral Research Study**

Unique Participant ID Code: _____

Gender: Male Female

Age: _____

Race: _____
(White, Black, Hispanic, Other)

Marital Status: _____
(single, married, divorced/widowed)

Housing Status (at the time of interview, or if in treatment facility, before entering treatment):

(independently, with family or friends, homeless, in treatment facility)

Highest Education Level: _____
(completed high school or GED, some college, bachelor's degree or higher)

Employment Status (at time of interview or if in treatment facility, before entering treatment):

(unemployed, SSI/SSD, employed part-time, employed full-time, retired)

Number of times arrested: _____ Number of times incarcerated more than 30 days _____

Primary Drug of Choice: _____ Secondary: _____

Mental Health Diagnosis: _____

1) How do you perceive your substance use in terms of severity? How has it caused problems in your life? Please explain.

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REV 3: Revised June 7, 2011

2) What were your expectations for participating in the drug court program? What types of benefits did you expect to receive due to your participation in drug court? Do you believe you benefited from the program at all?

3) Number of prior treatment exposures? Year(s) attempted? Type of placement (outpatient, drug court, diversion program, residential, etc.). How long in each treatment attempt? Was each attempt completed fully?

4) If prior treatment attempts, did your substance use change after each attempt? Frequency and magnitude? If so, how did it change? What about your involvement in criminal activity? Did that change?

5) Do you believe you benefited from any of these treatment attempts? If so, describe specific benefits?

6) If multiple treatment attempts: how would you describe the progression of each treatment attempt in terms of what you gained personally from your treatment experience? Do you think you are better than when you initially attempted treatment the first time?

7) Do you believe your motivation to make changes in your life has increased due to your involvement in treatment? **[motivation indicator]** If so, what are some of those changes? How do you feel about your ability **[self-efficacy indicator]** to make necessary changes in your life to improve?

8) Explain your **level of awareness [self-awareness indicator]** about your substance use/abuse problem and involvement in illegal activities as a result of your participation in drug court? Has it increased, stayed the same, or worsened? Please provide some examples of when the “light” started coming on for you.

9) Have social interactions with self-help groups, such as Alcoholics Anonymous or Narcotics Anonymous increased **[positive social network indicator]** due to your involvement in drug court? If so, how often do you attend meetings? Describe the types of activities you do that keep you involved with the group. Do you associate with others who are living a positive lifestyle? **[recovery community connections indicator]**

10) Consider your substance use before entering the drug court program **[substance use indicator]**. Are you still using? If so, are you using as frequently now as you did before entering drug court? Are you using as much (amount of substances) as you were before entering drug court?

11) Consider your criminal activity before entering the drug court program **[criminality indicator]**. Are you still participating in illegal activities? If so, are you doing so as frequently now as you did before entering drug court? Are you doing it as much (amount of illegal activity) as you were before entering drug court?

12) Were you employed before you entered the drug court program? Were you pursuing any type of education before entering drug court? Has that changed since you left the drug court program? If so, how has it changed? **[quality of life indicators-employment; education]**

13) Think about your family life before entering drug court. Has your family been more accepting of you since you left the drug court program? Has your relationship with your mother or father gotten better compared to before entering drug court? If you have children, how was your relationship with them before you started the drug court program? Has it gotten better or worse now compared to before you entered drug court? **[quality of life indicator-family reunification]**

Additional Participant Comments

Additional Researcher's Notes

APPENDIX E: PROGRAM STAFF SEMI-STRUCTURED INTERVIEW FORMAT

**Drug Court Program
Program Staff Semi-Structured Interview Format
Doctoral Research Study**

Unique Counselor ID Code: _____

Gender: Male Female

Age: _____

Race: _____
(White, Black, Hispanic, Other)

Length of Time in Current Position (at time of interview): _____

Length of Time Working with this Population: _____

Consider specific drug court clients that did not complete the program. What were their behaviors or attitudes before departing? What are some of the benefits you believe clients received because of their involvement in drug court?

Did he/she admit to having a substance abuse problem? If so, do you think the client gained more awareness about this problem? What about increased motivation? Did you notice an increased belief in the ability to make positive change while in the program?

Did you notice if unsuccessful clients were more engaged with the recovery community or with individuals living a positive lifestyle before discharge? How involved do you believe the client was with other peers in recovery for addiction?

Additional Program Staff Comments

Additional Researcher's Notes

APPENDIX F: CONSORT FLOW DIAGRAM PERMISSION FOR USE

Traci Francis

From: "Sally Hopewell" <sally.hopewell@csm.ox.ac.uk>
To: "Traci Francis" <tracifrancis@cfi.rr.com>
Sent: Sunday, March 20, 2011 6:35 AM
Subject: RE: CONSORT Flow Diagram Use

Dear Traci,

Thanks for your email. Yes, please do use the flow diagram we just asked that you reference its source.

Best wishes

Sally

Sally Hopewell
Senior Research Fellow
Centre for Statistics in Medicine
Wolfson College Annex
University of Oxford
Linton Road
Oxford OX2 6UD

Tel: 01865 284400 (direct line 01865 284416)
Fax: 01865 284424
sally.hopewell@csm.ox.ac.uk
CONSORT: www.consort-statement.org
CSM: www.csm=oxford.org.uk

From: Traci Francis [tracifrancis@cfi.rr.com]
Sent: 17 March 2011 23:50
To: Sally Hopewell
Subject: CONSORT Flow Diagram Use

Hello Sally,

I am a fourth year doctoral student at the University of Central Florida. I am currently working on my dissertation and would like to use the CONSORT flow diagram.

Can you tell me if it is in the public domain? If it is not, can you please provide me with a contact where I can request use?

Thank you for your help,

Traci Francis
PhD Student, College of Health & Public Affairs
Phone: 321.267.5786 or 321.243.6732

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3/20/2011

APPENDIX G: CRISIS PROTOCOL

Crisis Protocol

When conducting semi-structured interviews with non-completing drug court clients the need may arise where an intervention is warranted or professional referrals are needed. The purpose of this crisis protocol is to provide direction and immediate resources for individuals who express suicidal ideation or who ask for help with their substance abuse problem.

If individuals state they are suicidal, if possible, find out the physical location and contact law enforcement for a wellness check.

Law Enforcement can conduct a wellness check and Baker Act the client if needed. If the individual is in an unincorporated area in Brevard County, contact the applicable precinct below based upon where the client is located.

| Sheriff's Contact for Unincorporated | |
|---|--------------|
| Non-Emergency Calls For Service - Central Area | 321-633-7162 |
| Non-Emergency Calls For Service - North Area | 321-264-5100 |
| Non-Emergency Calls For Service - South Area | 321-952-6371 |
| Non-Emergency Calls For Service - 772 Area Code | 772-663-6269 |

For help with treatment for addiction provide the following resources:

| Resource | Number |
|---|---------------|
| Twin Rivers Detoxification Unit <i>(Circles of Care)</i> | 321.722.5222 |
| Twin Rivers Substance Abuse Treatment <i>(Circles of Care)</i> | 321.722.5200 |
| Harbor Pines Mental Health <i>(Circles of Care)</i> | 321.914.0650 |
| Community Treatment Center Long-term Residential Treatment | 321.632.5958 |

Orange County Resources (also serves Brevard residents)

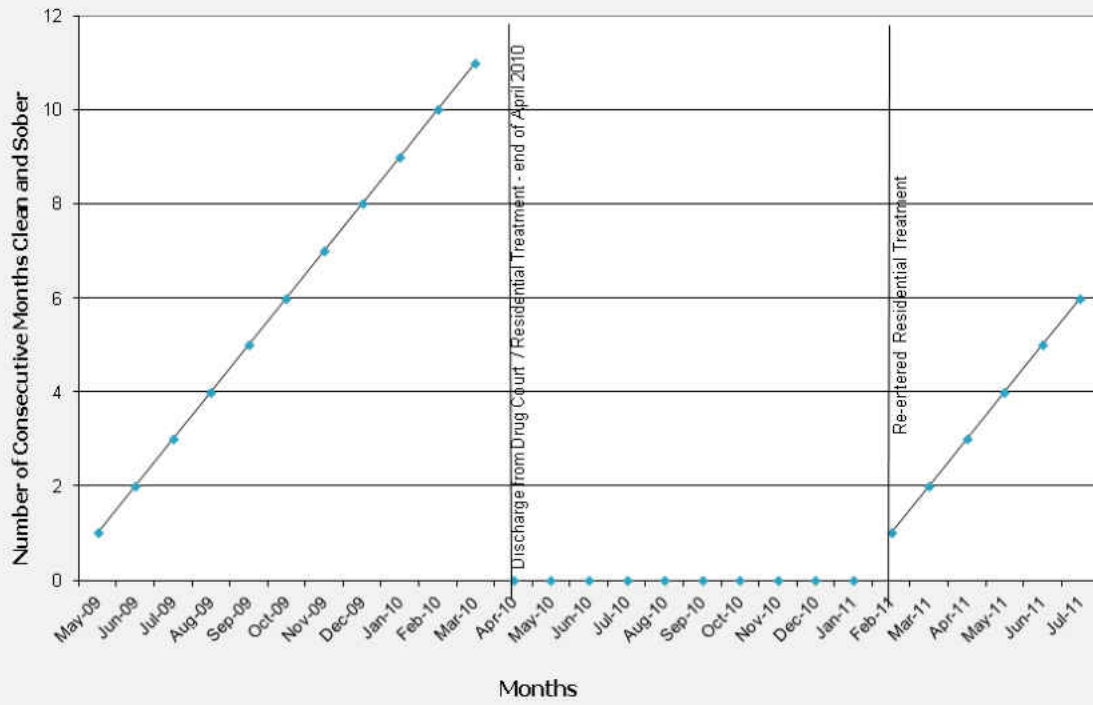
Center for Drug Free Living: 877.766.5909

Detoxification Unit (Gore Street)

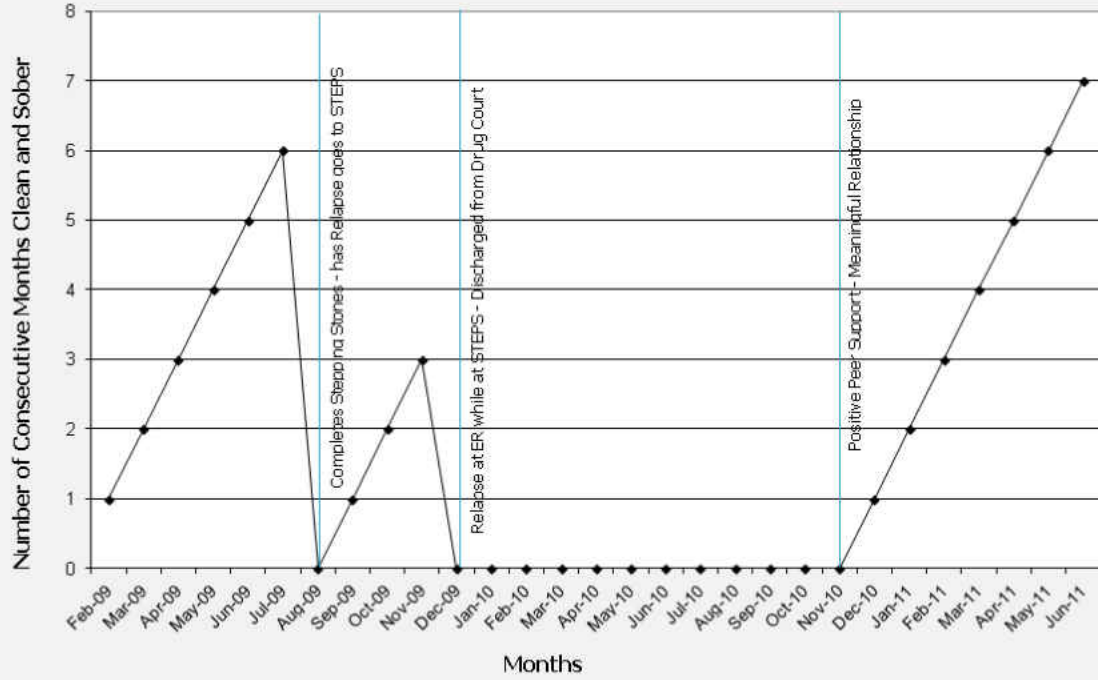
Long-term Treatment

APPENDIX H: SINGLE-CASE DESIGN WITH HARM REDUCTION EFFECTS

026M - Substance Use Harm Reduction May 2009 - July 2011



020F - Substance Use Harm Reduction February 2009 - July 2011



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