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RESEARCH

Seeing Eye to Eye?

Participant and Staff Perspectives on Drug Courts

Written By

Donald J. Farole, Jr.
Amanda B. Cissner

2005

About the Authors

Donald J. Farole, Jr. and Amanda B. Cissner are both senior research associates at the Center for Court Innovation.

Acknowledgments

The authors would like to thank the drug court staff and participants who made this research possible by offering their time and insights. We wish to express particular gratitude to the project directors at each of the three drug courts for assistance in planning and coordinating the site visits and focus groups. We also thank Greg Berman, Valerie Raine, and Michael Rempel of the Center for Court Innovation for comments on drafts of this report. This research is supported under award #1998-DC-VX-K007 from the Bureau of Justice Assistance, Office of Justice Programs of the U.S. Department of Justice. Any opinions and interpretations are those of the authors or, where attributed, the research participants. They do not necessarily represent the official position of the U.S. Department of Justice or the Center for Court Innovation.

EXECUTIVE SUMMARY

This report presents results of focus groups conducted among the participants and court staff in three New York State drug courts during spring and summer 2004. The research was designed to provide feedback about drug court operations and to assist programs by examining the extent to which participants and staff hold comparable views about various aspects of the drug court experience. In other words, do drug court participants and court staff see eye-to-eye?

At each court, participant sessions were followed by focus groups and interviews among court staff. Participants and staff discussed a variety of topics: why participants enter and remain in drug court, views about the drug court program and staff, which components of the program are more and less effective, the courtroom experience, and suggestions to improve the program.

Motivating the project is a recognition that drug courts are likely to be most effective when those operating programs are fully cognizant of the attitudes and experiences of program participants. Drug court staff and participants will, of course, have areas of agreement and disagreement. But it is crucial for staff to be aware of how their perceptions and attitudes might differ from participants' so that they can most effectively manage those differences, deliver the drug court intervention, and identify areas for continuous improvement.

To ensure the anonymity of research participants, the drug courts are not individually identified in this report. The report focuses on common themes and findings that emerged across sites.

KEY FINDINGS

Drug court participants and court staff generally do see eye-to-eye. In all three courts, staff were remarkably cognizant about why participants enter drug court, what they do and do not like about it, and what motivates them to remain clean and in the program. The research also made clear that these courts, to varying degrees, regularly elicit feedback from program participants and take that feedback into account when shaping policies and procedures. Staff members' knowledge of and concern for the participant perspective likely explains in part participants' positive impressions of the staff.

More detailed findings are below.

- **Participants enter drug court primarily to avoid prison, not to enter treatment and get off drugs.** Although some said that their opportunity to enter drug court happened at the "right time" when they wanted to enter treatment, the overwhelming majority of participants acknowledged that they entered drug court mainly to avoid going to prison. Most also felt that, although the program is nominally voluntary, they had little choice but to enter drug court—prison is viewed as an unattractive

alternative. Many participants did concede that their motivation changed after being in the program for some time, and they became more concerned about completing treatment, staying clean, and improving their lives.

- **Many participants do not fully appreciate what they are agreeing to when they enter drug court.** Most drug court participants reported that the rules and expectations of drug court were explained to them, but it was not until they spent some time in the program and began treatment that they fully understood what they had gotten into—intensive supervision and monitoring. Drug court staff members were aware of this, and reported that they make numerous attempts to make it clear to participants what they are agreeing to at program entry. They were also aware that participants are likely to be resistant early on and that it takes time for them to adjust to the program.
- **Most participants believe the rules of drug court are fair.** Most participants reported that the rules of drug court are fair and felt that they are treated fairly by the treatment court team. They spoke particularly favorably about how the judge and others take participants’ “personal situations” into account when making decisions such as sanctions and phase advancement. This knowledge about participants’ lives, and capacity to use it to craft personalized responses, appears to add to drug court participants’ perceptions of procedural justice.
- **Defense attorneys were not perceived as important to drug court.** Many participants complained about what they felt was their defense attorneys’ lack of involvement in their case. Once again, staff members appeared aware of these concerns. Some seemed to agree that, at least after the participant enters drug court, defense attorneys are not critical to the program. Others, however, pointed out that defense attorneys have a role but that it is largely behind the scenes—in team meetings rather than open court. Drug court participants, therefore, generally do not see the work their counsel does for them, according to this argument.
- **The judge is a critical component of the drug court treatment model.** Both participants and staff had largely positive views about the judge in their court. While appearing before the judge can be daunting, particularly for those called up on an infraction, most participants acknowledged that the judge was fair, sympathetic, and supportive, and that having to appear before the judge helped them stick to their treatment plan.
- **Heightened monitoring, drug testing, and the threat of prison are key motivators to remain clean and in the program.** The threat of going to prison for failing the drug court program has a clear and powerful effect on virtually all drug court participants. Participants clearly feared incarceration and would go to great lengths to avoid it. Just as most participants entered drug court to avoid prison, so too the prospect of incarceration is a powerful motivator to keep them in the program. Participants also cited heightened monitoring, especially frequent drug testing, as a critical component of drug court. They differentiated drug court from previous court experiences where there was little monitoring and, thus, their continued drug use went undiscovered.
- **The courtroom experience is critical to drug court participants.** Drug court participants clearly personalized the experience of appearing before and speaking to the judge in court; it appears to have a powerful effect. Participants spoke about

being very nervous before court appearances, particularly when they anticipated sanction or reprimand and also about the sense of satisfaction when they received positive feedback from the judge. Sitting in court and seeing other cases also appears to be effective. Participants were surprisingly cognizant that this “audience effect” is intentional and most agreed that seeing others receive praise and sanctions (particularly the latter) sends the message that “it could be me” and helps to keep them clean.

- **Treatment programs were the subject of frequent complaint.** In all focus groups, criticism focused on a variety of complaints about treatment programs. Participants voiced concern about the length of treatment, classes they felt were inappropriate for them, scheduling issues, and required treatment fees. Staff discussed the lack of certified treatment providers in their communities, particularly those offering programs for specialized populations, as well as the drug court’s limited ability to hold providers accountable.

Suggestions to Improve Drug Courts

The focus groups also produced a number of thoughtful suggestions from participants and staff about ways to improve their drug court programs. Participants recommended expanding the court in different ways—e.g., having more treatment providers work with the court and providing flexible scheduling of classes; enhancing access to education, employment, job training, and other services; and reimbursing for travel so participants can more easily travel between court and treatment and home. Drug court staff echoed many of these concerns, and offered other suggestions not raised by participants, including the need for more treatment services for women, non-English speakers and the dually diagnosed; more training in addiction issues for judges, attorneys, and other legal staff who work with drug courts (as well as those in other court settings); and more widely available methadone treatment.

SEEING EYE TO EYE?: PARTICIPANT AND STAFF PERSPECTIVES ON DRUG COURTS

INTRODUCTION

Sixteen years have passed since the founding of the country's first drug court in Dade County, Florida in 1989. Since that time, more than 1,000 other drug courts have begun operations, marking a nationwide shift in the criminal justice system's response to drug crime. Drug courts strive to end the cycle of addiction, crime and incarceration by offering drug-involved offenders the opportunity to have their charges dismissed or reduced if they successfully complete drug treatment. The goal is to reduce participants' drug use and criminal recidivism, to reduce the enormous costs associated with the incarceration of addicted defendants, and to enhance public safety.

To achieve these goals, drug courts integrate case processing and drug treatment services. Participants' progress in treatment is monitored by court-based case managers and by the drug court judge, who implements a graduated system of incentives and sanctions to help encourage the participant to stick to the treatment plan, attain sobriety, and make other positive behavioral changes. Most drug courts employ a cooperative, nonadversarial approach, in which prosecutors, defense attorneys, treatment providers, probation officers, and case managers operate as a team when addressing individual case issues and in supporting the judge.

Numerous evaluations have been conducted to determine the effectiveness of drug courts, and these studies generally indicate a number of positive results. Drug courts have been found effective in reaching their target populations and in retaining these participants in treatment relative to other community-based treatment programs (Belenko 1998; Rempel et al. 2003). Drug courts have also been found to reduce criminal recidivism (new arrests and/or convictions) among participants, though these positive impacts vary considerably over time and by court (General Accounting Office 2005; Fielding et al. 2002; Goldkamp et al. 2001; Gottfredson et al. 2003; Rempel et al. 2003; Wilson et al. 2002). Drug court graduates also have lower rates of post-program recidivism as compared to program failures (Peters et al. 1999, Peters and Murrin 1998) and to comparison groups of similar offenders (Peters et al. 1999, Peters and Murrin 1998, Rempel et al. 2003).

By contrast, drug courts have been somewhat less successful in reducing incarceration time (Gottfredson et al. 2003). Although those who complete the program spend substantially less time in prison than traditionally prosecuted cases, the relatively lengthy sentences for those who do not complete, combined with programs' use of short-term incarceration as a sanction for noncompliant participant behavior, render the overall time incarcerated only slightly lower than that of comparable non-drug court defendants.

Studies have also examined *how* drug courts work—i.e., why they are effective. Although there is little conclusive evidence, a number of factors have been suggested as critical, including legal coercion (Young and Belenko 2002; Fielding et al. 2002; Rempel and DeStafano 2001); the role of judge in monitoring compliance (Marlowe et al. 2004,

Goldkamp et al 2001); the use of intermediate sanctions (Harrell et al. 1998); and the fact that participants spend more time in treatment than comparable defendants (Field 1992, Van Stelle et al. 1994, Wexler et al. 1992). Studies have also found participants more successful when they are integrated quickly into the program and treatment (Rempel and DeStefano 2001) and when specific treatment components (e.g., cognitive behavioral approaches, matching defendants to appropriate programs, clinical assessments) are available (Taxman 1999).

Many drug court studies have been completed, but few have sought to systematically tap the perspectives of key treatment court players themselves, both participants and drug court staff. The goal of this paper is to consider whether the attitudes, opinions, and experiences of participants in drug courts correspond to those operating the courts – in other words, do they see eye-to-eye? Motivating the research is a recognition that drug court, like any intervention designed to change behavior, is likely to be most effective when those operating programs are fully cognizant of the attitudes and experiences of program participants. Staff and participants will, of course, have their areas of agreement and disagreement. But it is crucial for staff to be aware of how their perceptions and attitudes might differ from participants' so that they can most effectively manage those differences, deliver the drug court intervention, and identify areas for continuous improvement.

This report presents the results of focus groups conducted among participants and staff in three New York State drug courts located, respectively, in a large urban, suburban, and semi-rural area. The research was designed to provide critical feedback about drug court operations and to assist programs to identify areas in which commonly held assumptions receive greater or lesser support. As noted, a key objective is to examine the extent to which drug court participants and staff hold comparable views about various aspects of the drug court experience. Accordingly, at each site, focus groups were conducted first among drug court participants and then among court staff. To generate discussion and provide feedback to court staff, findings from the participant sessions were at times introduced during the staff sessions.

Drug court participants and court staff offered their views about many aspects of the treatment court experience. Participants expressed generally—although certainly not wholly—positive views about drug court and their experiences with the judge and court staff. Many of the key issues and themes raised during our discussions with drug court participants were also heard in subsequent staff sessions, leading us to conclude that participants and staff do indeed see eye-to-eye on most matters.

RESEARCH METHODOLOGY

During spring and summer 2004, researchers from the Center for Court Innovation conducted focus groups with participants and staff in three New York State drug courts.¹ In inviting courts to participate in the research, the research team targeted well-established courts that are diverse in terms of geographic location and court policies. One

¹ Research staff initially planned to include a fourth site, but shortly after the project began, the court was no longer able to participate in the project.

is located in an urban, one in a suburban, and one in a semi-rural setting. Two programs accept only participants arrested on felony charges, while the third accepts those charged with both felonies and misdemeanors. All three courts are post-plea; defendants must enter a guilty plea prior to entering the drug court. Graduates of two programs have their cases dismissed or charges reduced (depending on the case); those at the third are assigned to felony probation. Well-established courts rather than newer ones were chosen because it was felt that the former would lead to more productive discussion about the court experience, particularly among court staff. The courts had been in operation between four and ten years at the time the groups were conducted. To ensure confidentiality for all research participants, particularly staff whose responses might be more easily identifiable, participating courts are not individually identified in this report.

A total of seven focus groups were conducted.² The size of the focus groups ranged from five to fifteen participants and most sessions lasted between 75 and 120 minutes. All focus groups were moderated by the authors, who observed each drug court in session prior to conducting the groups. The focus groups were conducted in rooms ranging from program meeting rooms to staff offices. All groups were audio recorded and transcribed. Individual interviews, averaging one hour in length, were conducted with the judge at two courts, on the reasoning that including the judge in the staff focus group might inhibit other staff from speaking candidly about some issues. At the third, staff requested that the judge participate in the focus group and the judge agreed to do so.

Court staff at all sites were helpful in assisting the research team to find space to conduct the focus groups, schedule the sessions, and accommodate the requirements of the Center for Court Innovation's Institutional Review Board (IRB) to ensure that the rights of all research subjects were protected.

Drug Court Participant Focus Groups

In recruiting for the participant focus groups, court staff introduced the research team to potential participants, and then left the room while researchers met participants to explain the project and inform them that participation was voluntary and confidential. At two sites, participants were offered an honorarium of \$25, paid at the end of the session; staff at the third site preferred no honorarium. Payment was of course discussed with the courts in advance.

Overall, the focus groups included a diverse mix of drug court participants in terms of racial and ethnic background, history of drug use/dependence, and status in the program. The make-up of the groups did, however, vary considerably across sites. All participants at one site had either recently graduated or were about to graduate from drug court, thus there was clear bias in attitudes favorable to the program. The age, race, ethnicity, and socioeconomic status of participants also varied across courts. In light of these differences, this report exercises considerable caution in comparing and contrasting findings across drug courts.

² At one court, a second participant session was conducted to test the replicability of the first session's findings.

Each participant focus group began with an explanation of the group's purpose, introduction of the moderators (who made it clear that they were researchers and did not represent any of the agencies involved in the drug court), and review of the informed consent form. Participants were told that the sessions were being audio recorded but that their identities would remain confidential. They were also informed that neither whether they participated nor what they said would in any way affect their status in the drug court program. They were further informed that the researchers would be holding a similar session with court staff and that session might include a discussion of general issues raised in the participant session. Participants were given the opportunity to leave the session at any time without having to provide a reason. Each signed a written consent before the focus group proceeded (see Appendix A).

Drug Court Staff Focus Groups

The project coordinator at each drug court recruited participants for the staff focus groups. In addition to the project coordinator, participants in staff sessions included clinical staff, case managers (who were probation officers at two courts), mental health staff, and in one instance the judge. Note that court attorneys participated in none of the sessions. Like the participants, drug court staff members participating in the focus groups were briefed on the purpose of the research, the confidential and voluntary nature of their participation, and the recording of the session.

A Note About Focus Groups

Focus groups differ from other ways of obtaining information about the experiences of drug court participants and staff. Individual interviews, often conducted during evaluations of treatment courts, can be used to learn about individuals' experiences and attitudes. A focus group, by contrast, is a less formal group interview technique that can be a useful means of obtaining information. Indeed, they have been effectively used by others to learn about drug court programs (e.g., Goldkamp et al. 2001).

The goal of a focus group is to generate ideas, themes, issues and findings from the group as a whole. Focus group moderators guide participants through carefully selected questions, with the goal of eliciting broad opinions. The goal is not to achieve consensus among participants, although occasionally it will arise. Focus groups have several advantages as a method to obtain information. They reveal insights and nuances that other methods cannot, allowing researchers to investigate the complexities and individual experiences behind the answers individuals might give on a survey. They allow research subjects—drug court participants and staff—to participate in and shape the discussion, leading researchers to hear about topics they might not otherwise have thought to ask about in interviews. And, in a way that interviews and surveys cannot, they allow the participants to learn from and influence one another and to elaborate on their ideas based on the contributions of others.

These advantages are accompanied by limitations. Unlike surveys, focus groups are not based on random sampling; therefore the findings that emerge are not generalizable to broader populations. Focus groups, then, are best used to shed light on complex or subjective issues rather than to describe an entire population. Additionally, because focus

groups require in-depth conversation, the number of questions or topics addressed must be kept small. Focus groups provide a depth rather than a breadth of information.

Discussion Protocols

All focus groups for this project followed a semi-structured protocol designed to elicit views from drug court participants and court staff about the drug court experience in several broad topic areas (see Appendix B):

- The motivation to enter and remain in drug court;
- Perceptions about the drug court program and court staff;
- Components of drug court: what does and does not work;
- The courtroom experience;
- Suggestions for improvement.

Questions were modified, as appropriate, for the staff and participant groups. Findings from the participant group, which preceded the staff group at each site, were at times used to inform the staff discussion, as staff reacted to feedback from participants. Following are the principal findings, organized according to the protocol's broad topic areas.

I. ENTERING DRUG COURT

Motivation to Enter the Program

Drug court participants identified a variety of factors influencing their decision to enter the drug court, including being tired of an addict lifestyle, sickness from addiction, "needing help" to fight addiction, being unable to afford bail, and wanting to reestablish or improve family relations. However, participants in all drug courts agreed that the *primary* factor behind the decision to enter drug court was to avoid incarceration.

- Moderator: Why did you enter the treatment court program?
Participant 1: To stay out of prison.
Participant 2: To avoid prison.
Participant 3: It's pretty simple.
Participant 4: Yeah, it's plain to me.

Participants also felt that this decision is not completely voluntary. Drug court versus prison presents little real choice to most participants, with one commenting that "it was this [drug court] or jail so we just picked this." Some expressed the belief that the program "was forced" on them.

A few participants did, however, suggest that their arrest and opportunity to enter treatment court occurred at the "right time" when they "wanted to enter a program":

I was facing a lot of time upstate, and I knew I had a problem, so this seemed like a reasonable way of taking care of both things at once.

I was facing jail time ... but also I thought it would be a good idea because of all the [treatment] programs I had been to, they weren't working.

I always inevitably wound up in front of another judge. And I was just tired of it, you know, I was beaten ... I was beaten down emotionally, mentally, physically.

Some participants who said they initially entered treatment court solely to avoid prison admitted that their motivation changed after being in the program for some time, and they became more concerned about completing treatment, staying clean, and improving their lives. The treatment court experience appears to have been positive for these participants, enhancing their motivation to change. One commented that now “all my money is going to me and my kids and grandkids, rather than smoking and hanging out.”

Drug court staff were not surprised to learn most participants initially entered drug court to avoid incarceration. One staff member felt that this motivation was “absolutely valid” and commented that, at entry, participants’ “state of mind [is] ‘I gotta do what I gotta do. I gotta stay out of jail.’” Another agreed:

Not wanting to go to jail is a valid reason to stop using drugs; not wanting to lose your family, not wanting to lose your job ... not wanting to go to jail is a good way to start.

Many drug court staff also agreed that participation in drug court—although nominally voluntary—is effectively mandatory for most. One conceded, “I guess the goal is to coerce the person into taking a plea so they can stay out of jail.” Others disagreed, maintaining that although participants may not *feel* they were given a choice, in fact they were. One staff member opined:

[Defendants] say... “You’re giving me no choice. Now I just have to go to jail.” No. The choice is either to do this or go to jail.

Expectations When Entering the Program

The decision to enter drug court is typically made in a relatively short period of time.³ Since participants are using drugs and may not be thinking clearly, they might not fully understand the commitment they are making by agreeing to enter drug court. In fact, many participants complained the staff did not explain the full scope of the commitment when they entered the program:

[The rules] should be explained to you before you sign [the drug court contract].

Nobody sits down to get down and talk to you and explain these things to you and if you have any questions, let you ask the questions so they can answer them, none of that happens. A lot of people are kind of misled, as far as I can see, it’s like a lack of information.

Other participants reported that program requirements were explained to them by attorneys and drug court staff, but it was not until they attended an orientation session or began treatment that they fully comprehended what they were getting into.

³ In a study of six New York State drug courts, the median time from arrest to disposition (i.e., acceptance of guilty plea and entry into drug court) averaged just under 25 days across courts (Rempel et al 2003).

Drug court staff agreed that participants “normally opt for treatment [court] not even realizing what the treatment will entail”:

Invariably, a lot of them say to me, “I wasn’t really paying attention in the beginning, I really had no clue. I know you guys were telling me, but I really didn’t get it until later.”

When [the defendant is] up there, they get a brief synopsis of [drug court] when they’re signing the contract and I really don’t think they’re paying attention other than, “Am I getting out today?”

Court staff also told us that they make every attempt to make sure all potential participants are aware of what they would be agreeing to by entering drug court “because we know very clearly that we’re asking them to sign up for a lot and for a very long period of time of supervision by a whole bunch of people.” Courts use a variety of techniques for informing participants including orientation sessions, meetings with case managers, participant handbooks outlining program rules, and relying on attorneys and clinical staff to inform potential participants of the commitment required by the program.

II. PERCEPTIONS ABOUT DRUG COURT PROGRAM AND STAFF

Participants spoke at great length about individual drug court staff members and, in general, had very positive impressions of them. Participants praised staff for genuinely caring and wanting what is best for them, and many said they could turn to staff if they had a problem.

I think that everyone that works here takes a personal interest in every individual here.

It’s not over when you get out of this [graduate the program] ... If you needed help or something, or ... lost your job and you needed help doing a resume or you needed help finding employment, you can come back here in this door here and they’re going to do anything they can to help you out.

They also acknowledged staff members’ dedication.

[Staff] are true to the program, that’s one thing. I don’t trust a lot of people, and I can honestly say, the people I’ve dealt with through the drug court ... they work hard, and they’re true about it.

They go beyond their job. You know, it’s not just a job to them.

In addition to general remarks, participants also offered many comments about specific drug court staff—the judge, case managers, defense attorneys.

The Judge

In general, drug court participants spoke positively about the judge in their court. Most felt the judge knew what was going on in their lives and took this into consideration when assigning sanctions and incentives, making treatment decisions, and talking to participants in court. When asked what they liked about the judge, several attributes were commonly cited across courts—s/he is fair, sympathetic, caring, concerned, and understanding.

That said, participants in all courts were well aware that the judge could be tough but reasonable when necessary.

He's very strict and he doesn't bend at all, you know, to anybody. But if you're doing good, he treats you like a human being.

He's a very reasonable guy, if you're doing the right thing. Otherwise, he's really rough.

Very reasonable guy. I used to hate him, because he kept locking me up all the time, you know. But once you're doing the right thing, it's a different world over there.

Drug court staff also reported hearing similar participant praise of the judge.

The other thing [participants] say too, all the time, is how much the judge cares, that they can tell that the judges really cares about them, that they are people, that they're not just faces, they're not people that no one cares about.

For their part, court staff also hold their judge in high esteem. They appreciate working with a judge is caring and compassionate, but also enforces the rules and is strict with participants when necessary:

A lot of them are not just faces to him or not just bodies. He knows who they are.

I think what's really important is that you know he cares and some decisions he makes we may not agree with but he truly cares. He takes his time when he sentences someone. He'll ask them, "What are you doing? Do you want to do this any longer?"

If there needs to be a sanction, she'll do the sanction. If it needs to be a severe sanction, she'll do the sanction, but she doesn't do it just as a blatant thing cause she can because she's the judge.

In addition, court staff spoke positively about the judge's willingness to learn about addiction as a disease and to rely on other members of the court's clinical team.

One of the things that struck me about [the judge] right away was that even though he didn't know a heck of a lot about addiction, he always sat here and said, "Teach me, tell me." ... All of us as a team are really respected for our individual knowledge and areas of expertise.

When [the judge] started this, he didn't know anything at all about alcoholism as a disease or drug addiction ... But he made an attempt. He asks everybody questions. That's how he finds out.

[The judge] waits to hear what we have to say and is open to all suggestions, especially for strange interventions.

By contrast, discussion among participants in one drug court was rather critical of the judge. Participants felt the judge did not give them the opportunity to explain themselves and felt the judge could be arbitrary, with one telling us the judge “makes his own rules.” Staff at this court, although generally positive in their comments, did concede that the judge could be impatient in court. One noted that “he doesn't always listen and he jumps to conclusions ... it's frustrating for us and for the defendants.” Staff also felt that—despite making advances in understanding addiction—this judge still does not always recognize the power of the disease.⁴

All three judges reported having the utmost respect for and appreciation of the clinical staff working with the court. All three judges reported that they work closely with the entire drug court team, and rely on them for clinical knowledge and recommendations.

Case Managers

Case management functions are conducted by probation officers in two drug courts in this study. In the third, treatment facilities provide the clinical side of case management, while case managers employed by the court see participants on an as-needed basis, primarily to discuss court-related issues.

In general, case managers were viewed positively by participants. Case managers were described as helpful and encouraging, with one participant describing his probation officer as a “good guy.” Case managers were praised for their dedication to both participants and to the drug court program. In two courts, participants appreciated that case managers made themselves available – coming to work early and staying late to accommodate participants' schedules. Participants in the semi-rural community also noted that case managers were present in the community and had a sense of what was going on in participants' lives. This, some felt, helped to encourage them to follow court orders.

Several participants in one court did complain about limited access to their case managers—most attributed this problem to that court's high caseload. Participants in this court were also concerned that their case managers relied heavily on written reports from treatment providers, which they worried were not always accurate.

Some participants said that they felt they could talk to their case manager if they were having problems with treatment, sobriety, or personal issues. Many drug court staff members, upon hearing these reports, were skeptical that participants are actually quite so

⁴ Based on our interviews and observations, this drug court does appear to have a distinctive judging style, and view of the judicial role.

forthcoming, pointing out that participants are aware that their case manager is an employee of the court.

I think sometimes they're reluctant to verbalize some stuff in this room because of what we still represent. They know that we're workers of the court and depending on what they say, sometimes, disclosure has to follow.

There's a different level of relationship between the clients and the treatment providers and the clients and us and it's got to be that way because our confidentiality umbrella is different than it is for the [staff] in the program. We do work for the court and we have a responsibility to report to the judge, whereas the programs can do a little filtering of some of the information they get.

While there may be some reluctance, staff admit that drug court participants “get invested in each of their case managers at a very deep level.” One case manager, in fact, suggested clients may be *too* willing to share information with her and noted that “I've had very few clients who were reluctant to come and tell me anything.”

Overall, case managers reported that they have close relationships with participants. One staff member told us that most program graduates characterize their relationship with case managers as “tremendously important.” In the two courts in which probation officers conduct case management, the officers did feel that some of these functions (advising their clients, helping them to succeed in treatment) sometimes conflict with their responsibility to protect public safety:

The number one priority for us is protection of the community always. That's what we are hired to do, but sometimes that doesn't exactly go into what [the judge's] policy is and if he wants to give somebody another chance and we have to say, “Judge I don't know. This guy just continually breaks the law and he has the potential to hurt somebody.”

Defense Attorneys

Many participants complained about their defense attorneys' lack of involvement in their case. For example, one reported that his attorney “didn't deal with me at all.” Another was unaware that he even had an appointed counsel until a fellow participant in the focus group brought it to his attention that “that woman” was his attorney. At the same time, however, many participants concede that it was their attorney who first told them about drug court and encouraged them to enter the program. But clearly, participants did not believe the defense attorney was an important part of their drug court experience.

Drug court staff were aware that this was a common complaint among participants and generally agreed that defense attorneys played little role after participants enter drug court—with one staff member commenting “attorneys are basically a non-factor.” Staff acknowledged, however, that defense attorneys play a key role in getting defendants to consider drug court:

I think a big part that the attorneys play is when they do realize that their clients are in a lose/lose situation here and that's when they really push hard to coerce their clients to enter treatment court.

Attorneys play a pretty big role in explaining to them the reality that most of these cases ... stand an excellent chance of being convicted, and going to jail for a very long time, and [drug court] is a way out of that. I'm sure this is how the attorneys present it to them, not, "We both know you've got a problem and you've got to start to deal with it." They're totally selling them on "If you want to avoid going to jail, you do the program, it's that simple."

In one court, staff told us that defense attorneys play a key role even after their clients enter the program. However, it is a behind-the-scenes role, because much of the drug court team's decision-making takes place prior to court appearances. Staff at this court acknowledged that participants may be unaware of the work attorneys do in that setting:

We always have to reassure them in orientation... and let them know that their defense attorneys are advocating for them, if they're facing a sanction that week. They're advocating for them in the team meeting, not necessarily up in court in front of the judge.

Staff at this court were concerned when they learned that focus group participants did not feel their attorneys were important. To address this concern, this court edited its orientation protocol to include a discussion of the structure and functioning of the drug court team, with a segment focused on how defense attorneys work for their clients behind the scenes.

Drug Court Rules and Procedures

While participants' comments about drug court tended to focus on the judge and court staff, the researchers did attempt to engage participants in a more general discussion of the rules and procedures of drug court, in light of considerable evidence that litigants' satisfaction with the justice system, and willingness to cooperate with its decisions, is influenced by the perceived fairness of the process (Tyler 1997, 1990; Casper, Tyler and Fisher 1988).

Most participants reported that the rules of drug court are fair and felt that they are treated fairly by the treatment court team. For example, one participant commented that any time he received a sanction "there was a reason for it. [I] may have been mad at the time, but afterwards I understood." Many drug court participants spoke favorably about the way that the judge and other staff take participants' personal histories into account when making decisions such as phase advancement and sanctioning. These individualized responses were generally viewed as evidence that participants are treated fairly by the court. The opportunity to appear before the judge and explain themselves, particularly when given an infraction, also enhanced participants' perceptions of procedural justice.

The comments equating "personalized" court responses with fair treatment appear at first to be at odds with research suggesting that individualized responses may actually enhance the perception that procedures are unfair. For example, Paternoster et al. (1997) argue that people expect consistency from authorities—to be treated similar to others and to

have the same rules applied to them at different times—for a response to be fair. Individualized responses, or the tailoring of responses to circumstances, may thus be perceived as inconsistent and unfair (and also may increase non-compliance due to offender resentment).

These apparent conflicts may be reconciled, however, by the fact that drug court staff often are available to explain the reason for apparently differential treatment. Many participants conceded that, while sitting in court, they sometimes have been surprised to see similar infractions result in different sanctions, but that court staff have later discussed with them reasons for the different treatment (e.g., due to a participant's criminal or addiction history, or living situation). Indeed, in one court participants are invited to attend a post-court discussion with clinical staff to talk about what they saw in court that day. In another, case managers reported discussing these matters during individual meetings with participants. It appears that individualized court responses might actually *enhance* some participants' perception that treatment is fair, provided they have the opportunity to discuss with court staff the reason for apparently disparate treatment (and presumably, that the justification is convincing).

Despite generally positive comments from participants, there were several participants in one drug court who said they did not feel free to explain themselves to the judge, felt decisions were sometime arbitrary and that the judge "makes his own rules."⁵ Other participants in the program disagreed with this criticism. One placed the burden on participants, saying, "Rules are rules – it's just a matter of how well you can adapt."

Drug court staff, while pleased to learn most participants say that they are treated fairly, indicated that they often hear a different story from participants themselves, particularly when the court's individualized responses lead some participants to receive sanctions and other—apparently comparable—participants to receive less severe sanctions, or none at all.

"But I did the same thing he did, and I'm getting this ... Why should there be a difference? ... I should get that, what he got." That's difficult, we talk about that [in staff meetings]. There are a lot of factors that we don't want to necessarily get into in court—why one person will get a little more severe sanction for doing what looks, on paper, like the same conduct as somebody else. In the courtroom [participants] not seeing what the distinctions are.

Drug and Alcohol Treatment Programs

Drug and alcohol treatment providers across the nation face undeniable challenges. In many, if not most, communities, the supply of high-quality treatment programs is insufficient to meet the need for such services. Since the necessary levels and types of treatment services are not always available, there are often substantial waiting lists for those services that are available (especially in the case of residential treatment). Clients often have to be placed in the next best treatment alternative while awaiting an opening in

⁵ Note that participants in this court also complained about having little time to talk to their case managers about, among other things, their experiences in the courtroom.

the preferred program. Treatment agencies working with drug courts face additional challenges, including the need to accommodate larger numbers of referrals, to communicate and coordinate with drug court staff, and to meet the courts' strict reporting requirements.

In light of these many challenges, it is perhaps not surprising that both drug court participants and staff were generally critical of treatment programs. Drug courts participants raised a number of issues about treatment providers and the treatment experience, but focused on four principal ones: the overall time in treatment, content of the treatment, scheduling, and compensation. Criticism was more muted in a session conducted among those who had graduated drug court or were about to do so. This, of course, is likely due to their having completed the treatment program.

Many drug court participants felt treatment providers were not forthcoming about how long their treatment would last. They believed communication between the treatment facility and court needed to be improved, and that the drug court was led to believe treatment would take several months less than the facility actually planned to retain participants. Participants also disliked being assigned treatment sessions they felt were irrelevant to them. One participant, for example, objected to having to attend a class about heroin use, since he was primarily a marijuana user. He argued that having to attend that class was more about punishment and less about treatment.

Those attending outpatient treatment, many of whom had family, work and school obligations, were critical of the scheduling of treatment sessions. Some found it difficult to coordinate the multiple demands on their time.

I just don't agree with the time they want you to go to the groups. Some of the groups are from [8 AM until 1 PM] and during that time they want you to find a job or maybe go to school and you can't go looking for a job [at] like two in the afternoon so the group kind of holds you back from that too.

Many drug court participants must pay fees to compensate for treatment expenses. Participants were generally unenthusiastic about doing so, and some felt this gave treatment facilities an incentive to retain them in treatment longer than strictly necessary—"the longer people stay in, the more money the program gets."

Like the participants, drug court staff were also critical of treatment programs. Many of the clinical staff in the focus groups noted that, in general, treatment programs have failed to make adjustments necessary to work effectively with court-mandated populations:

The reality is we have this incestuous relationship with the drug treatment community, which gives them permission to be lazy, non-creative, non-welcoming, non-respectful. Somebody... who's not one ounce ready to change yet walks into [this] hospital environment and then the program blames the client ... for being resistant.

Residential programs, for the most part, are still operating from a model that was based in the 1960s – punitive fear concept, and not much has changed. ... they're still pretty antiquated in their philosophy when it comes to treating addicts.

Staff also cited a shortage of available treatment services in the community, particularly for special-needs populations such as non-English-speakers, mothers with young children, and those requiring inpatient treatment. Staff in all courts spoke at great length about the difficulty holding treatment providers accountable. Despite being aware of problems with providers, staff felt that their hands are tied due to a lack of alternative providers.

We unfortunately have very little discretion about where we send clients because most of the people who go to long-term treatment have to go on Medicaid ... we only have one provider ... I have a lot of concerns about what goes on there ... it doesn't always coincide with what the drug court would like to do. There's a lot less flexibility there and there's a lot less communication from their staff to the courts. There are times [participants are] told not to talk to us.

I say this knowing that our choices are severely limited, but we, to the best of our ability hold the providers we use accountable to provide at least, some level of quality service and if they don't we don't use them anymore or we sanction the program.

Most, but not all, drug court staff expressed concerns about treatment providers that work with the court. One judge, for example, reported there were no significant problems with treatment providers and characterized the court's relationship with local providers as "outstanding."

The discussion in this section was not meant to be critical of treatment agencies or their staff, who were not interviewed as part of this research. It was meant only to report the issues and concerns raised by the focus group participants, and to demonstrate that drug court staff are aware of participants' perspectives about the treatment experience. Clearly, many of the topics discussed reflect difficult issues (e.g., treatment agencies' funding, supply of providers in the community) over which individual treatment programs have little control.

III. WHAT WORKS? COMPONENTS OF DRUG COURT PROGRAMS

Although there is substantial evidence that drug courts can increase treatment retention and improve other offender outcomes, including reduced rates of recidivism, it is less clear specifically what it is about the drug court intervention that accounts for these positive outcomes. Evidence is beginning to emerge that for some, although not all, categories of participants, judicial status hearings are essential to bringing about positive outcomes (Marlowe et al. 2004). However, some recent policy innovations, such as Proposition 36 in California, provide for the diversion of drug-involved offenders to probation and community-based drug treatment, but not for judicial status hearings.

To aid this discussion, participants were asked what they believe makes drug court programs work. In all focus groups, discussion focused primarily on the hands-on role of the judge and participants' experiences, both positive and negative, in the courtroom. Drug court participants repeatedly noted that they feared sanctions and were nervous

when appearing before the judge. At the same time, virtually all also felt that the judge was supportive and helped them stick to the treatment process. One participant noted that he was able to avoid attending treatment while on probation, but he was unable to do so in drug court. Asked to explain, he commented that “Regular probation is nothing compared to drug court, because you don’t go see the judge.”

Participants were keenly aware of the legal leverage the judge and court hold over them and acknowledged that the threat of jail for not completing drug court did motivate them to stay in treatment and meet other program requirements. As one participant noted: “You want to use? All right, you can go to jail. You don’t want to go to jail? Don’t use.” They also cited the intensive monitoring and drug testing, which “keeps you on point.” This stands in contrast to the typical experience on regular probation which one participant characterized as a “joke” because “they’re not testing.”

Finally, some spoke about the success of drug court not in terms of specific aspects of the program but rather in terms of the support and motivation it provides individuals who are ready to be free of drugs and alcohol, to make a change in their lives. Drug court “motivates you to do what you need.” But participants cautioned that individuals must really want to stay clean: “If you don’t want to change, drug court is not for you. The drug court is not the place to just hang around and not go to jail.”

IV. THE COURTROOM EXPERIENCE

The courtroom experience in drug court differs greatly from that of the traditional courtroom. Drug court proponents argue that the courtroom itself serves a therapeutic vehicle and part of the treatment process. In contrast to the traditional courtroom, the drug court courtroom has less adversarial, less formal proceedings, with direct interaction between judge and participant. In observing sessions, the researchers found it common to hear the judge and courtroom team praise and reward participants who were in compliance with their treatment plan; reprimand and sanction those not following the rules; and encourage all participants to make continued progress. Given the importance of the courtroom to the drug court model, focus group participants were asked to describe the courtroom experience. A consistent theme is that the courtroom experience is critical to participants.

The goal behind the courtroom experience is twofold. First, praise and criticism from the judge, a figure of authority, is hoped to elicit in participants the desire to do well. Our conversations with participants suggest this is working. Not surprisingly, discussion focused principally on the fear of judicial sanctions. Participants reported that they spend time before court preparing for what the judge might say to them. Many get nervous—one told us his “stomach [was] in knots” before seeing the judge. Others felt the same way, particularly when they anticipate reprimand or sanction:

I used to come to court nervous. I used to smoke a cigarette. It might be my last cigarette.

The hardest part is when you know you are messing up and you have to go see her.

Over time this nervousness fades, assuming participants are compliant:

[The judge is] on you the first, second time there... He gets better though, once he gets to know you, he knows you're coming up clean every time. He gets to be more friend than enemy.

If you know you're clean and you know you're not doing nothing [wrong], you're doing everything that you're supposed to be doing, it's good. I mean, it's not really all that nerve-wracking.

Although appearing before the judge can be traumatic, participants also reported a sense of satisfaction when they received positive feedback. This positive feedback makes participants "want to think positive." Rewards such as certificates from the judge make participants feel "like [they are] achieving something." Another put it this way: "I like the congratulations. [The judge] always congratulates me and says, 'keep it up, you are doing fantastic.'" Participants in one court noted that even when they were doing well, the judge continued to ask what was going on in their lives. They joked that the judge "prided" into their lives, but seemed to agree this was part of the judge's job and a sign that he "shows you a real concern" and wants participants to succeed.

A second goal of the courtroom model is to produce an "audience effect." It is hoped that being in the courtroom and seeing others receive praise and sanctions from the judge will motivate participants to strive for similar praise and avoid similar reprimand. Participants in all courts spoke at length about this issue (in one session it was raised prior to our asking). Drug court participants were surprisingly cognizant that an audience effect is intentional and most agreed that seeing others receive sanctions—specifically incarceration—sends a message:

[The judge] locked him up for absences ... it could happen to me same way just by doing the same thing he did. That is something we have to understand.

I think watching other people go to jail keeps you out... You know these people are not joking.

A lot of it kept me sober. Seeing guys go to prison.

When you're sitting up there in the courtroom... you got somebody up there and you see that, the sheriff or the deputy, or whatever, come around... Wow... That could be you.

Although they had less to say about seeing others do well, when probed on the matter, participants generally agreed that seeing others rewarded and, especially, attending drug court graduation ceremonies inspired them to do well. However, participants in one court appeared far less inspired by seeing others do well than those in the other two. Most felt that token rewards, nominally awarded for thirty, sixty, and ninety days clean and sober, were "arbitrary" and not handed out regularly—"too fluctuating." They complained that the judge "gives them out when he wants to" and frequently did not know which rewards participants had previously received. These perceptions may explain why participants in this court were less motivated by seeing others do well.

V. SUGGESTIONS FOR IMPROVEMENT

At the conclusion of the focus groups, both drug court participants and staff were asked how they would improve drug court.

Drug Court Participants

Participants' suggestions focused primarily on expanding the court in different ways—e.g., more treatment providers, greater access to social services, more time with case managers. Specific suggestions include the following:

Substance Abuse Treatment. Participants offered a number of recommendations to improve the treatment experience. They recommended more treatment facilities work with the court so that a wider array of clients could be served. They suggested more flexible scheduling at these facilities to better accommodate participants' schedules, and counselors that have more training in, and personal experience with, addiction. Many also report that paying for mandated treatment is difficult, because attending treatment interferes with work. For some, neither Medicaid nor private insurance covers treatment costs. Participants would like the drug court to explore ways to cover at least some of these costs.

Services. While appreciative of the services currently available through the drug court, participants also looked for more services, including enhanced access to education, employment, job training, and housing services.

Transportation. Transportation between home and court or treatment is difficult for participants, particularly those in the semi-rural court, many of whom have had their driver's licenses revoked. They spoke about the need for better access to public transportation. In courts where public transportation was more widely available, paying transit fares was challenging, and participants recommended reimbursement for travel.

Caseload. Participants at one higher-volume court occasionally felt that they were “just a number” and suggested steps be taken so they have more time with their case managers.

Phase Advancement. Participants in one drug court, which does not utilize a phase advancement structure, recommended incorporating one. This, they felt, would give participants something to work toward in the short term and provide a sense of accomplishment as they advance from phase to phase.

“Drug” Court. Participants in one court suggested changing the name of the program. They felt the name “drug” court is stigmatizing, branding them addicts.

Opportunities for feedback. Participants in all courts told us that they appreciated the opportunity to provide feedback during the focus groups; they suggested more such opportunities in the future.

Drug Court Staff

Staff identified opportunities for improvement in a number of areas. Many of these areas—e.g., need for greater resources, particularly for treatment services—echo concerns expressed by drug court participants, and lend further support to our conclusion that staff and participants generally do see eye-to-eye:

Treatment. Staff stressed the need for more treatment services in their communities, particularly for special populations, including non-English speakers, women with children, and the dually diagnosed.

Caseload. Many staff felt their drug court is understaffed for its current caseload, and would like to see more staff, particularly for case management duties. Some also commented that other responsibilities (e.g., non-drug court cases, probation duties) take away from the time they can devote to the drug court.

Training Needs. More training in understanding addiction is needed for judges, attorneys and clerks who work with drug courts (and for legal staff in other court settings.) Some staff also cited the need for training in mental health and dual diagnosis issues.

Space. Staff, particularly in the urban court, spoke about not having enough space to insure participants' privacy.

Methadone. A few staff members argued that drug courts should be less reluctant to use methadone for the treatment of heroin addiction. Some drug courts will not accept clients who are on or in need of methadone. Others do but require participants be methadone-free in order to graduate. Staff cited methadone's clinical effectiveness and encouraged the wider availability of methadone treatment in drug courts.

The interviews and site visits make it clear that staff in these drug courts regularly go to great lengths to elicit feedback from program participants and to use that feedback to help shape court policies and procedures. One court, in particular, has established procedures for participant feedback via weekly debriefing sessions and "graduate group" sessions, the latter for those about to successfully complete drug court. This court has acted on client recommendations. After learning some felt the name "drug court" is stigmatizing, the court changed its name and now is known as a "treatment court." Staff also addressed participant concerns about transportation by procuring funding for additional transportation services. Finally, staff were concerned to learn participants did not perceive their defense attorney as critical to the drug court program. In response, this court rewrote its client orientation script so that it would be made clear to participants that defense counsel plays a key, albeit often behind-the-scenes, role prior to court appearances.

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Appendix A

Informed Consent for Study Participants

New York Drug Court Focus Group Project

1. Why are you being invited to take part in this research?

You are being asked to sign this Informed Consent because you are being requested to participate in a research study to determine how current (*if applicable*: and past) drug court participants view their experiences in the drug court program. If you volunteer to take part in this study, you will be one of about 8 to 12 drug court participants from your court to do so.

2. Who is doing the study?

Researchers at the Center for Court Innovation, a public/private partner of the New York State Unified Court System, are conducting the study.

3. What is the purpose of this study?

The purpose of this study is to determine how current (*if applicable*: and past) drug court participants view their experiences in the drug court and what suggestions they might have to improve the way the drug court operates. After we talk to drug court participants, we will also talk to staff members in the court (including the judge, attorneys, case managers, etc.) to get their views. By agreeing to participate in this group discussion, you can help officials at this drug court, and at drug courts around the country, develop more effective drug court programs.

4. What will you be asked to do?

You will be asked to attend a discussion group with other current (*if applicable*: and past) drug court participants. During the group, you will be asked to discuss your experiences in the drug court. You will be asked to talk about what you found useful in helping you, what was less useful, things about the drug court you would change, and so on. The discussion will last one and half to two hours, and will take place in an empty room in the courthouse. During the discussion, only the researchers and drug court participants taking part in the discussion will be in the room.

5. What are the possible risks and discomforts of being in this study?

Although none of the questions you will be asked are expected to cause any emotional distress, it is possible that discussing your drug court experience may be distressing. You are not required to answer any question that makes you uncomfortable. If your participation in the group causes you to experience stress or discomfort, the researchers running the group can provide you with a referral to the appropriate services.

Some of the comments and suggestions made during the discussion might be shared with staff members when we talk with them. However, nothing you say about the drug court will be attributed to you. The comments made by drug court participants will not be identified with participant names or other identifying information. Therefore, drug court

staff will know generally WHAT was said in the participant discussion group, but will not know WHO said what. In addition, all notes and transcripts where drug court participants are identified will be kept secure in locked cabinets at the Center for Court Innovation.

6. Are there any benefits to you being in this study?

By participating in the focus group, you can help your drug court, and those around the country, develop more effective programs and processes. This discussion group will provide you with an opportunity to have your voice heard. *(If applicable) In addition, you will also receive a \$25 honorarium for taking part in the study.*

7. Do you have to take part in this study?

No. Your participation in this study is completely voluntary. If you do not wish to participate in the study, it will not influence how your case is being handled.

8. Do you have to stay in the study?

No. You can stop your participation in the study at any time, for any reason. You can refuse to answer any question asked. Your decision to end your participation or to refuse to answer a question will not influence how your case is being handled.

9. Will information about you be confidential?

Yes. Although confidentiality cannot be guaranteed, we will take specific steps to maintain confidentiality. If you participate, we promise you that we will take the utmost precautions to assure that everything you tell us will be kept in strictest confidence. Your name will not be given to anyone, including court officials, or police. Only the people doing the research will see any information that identifies you personally. Your name will never be used in any report. The discussion group in which you participate will be tape recorded and transcribed by the research team. All written records and hard copies of the focus group interviews will be kept in locked cabinets in a secure area. After the study's completion, the hard copies of the group discussions will be destroyed.

The only exception to the pledge of confidentiality is if you tell the researchers that you intend to harm yourself or somebody else, have committed child abuse, or intend to commit a specific crime against someone else. If this happens, the researchers are instructed to contact the appropriate authorities.

10. What should you do if you have any questions?

If you have any questions about the study, or wish to receive a summary of the interview when it is completed, you can call Donald Farole, Principal Investigator, at the Center for Court Innovation at (212) 373-8082, or Amanda Cissner at (212) 373-1362.

In addition, you may contact the Institutional Review Board's Administrator, Kelly O'Keefe, at the Center for Court Innovation at (718) 643-5729 if you have any questions regarding your rights as a research participant.

(For current participants) If you have any questions about the legal ramifications of participating in this group, we encourage you to discuss this issue with your attorney.

Please sign and date below to show that you have read and understood this information, and you agree to participate in the study. A copy of this consent form will be provided to you.

PARTICIPANT'S STATEMENT

I agree to participate in this group discussion. I understand that my participation is voluntary and will not affect how any current or future case is handled. I understand that I can stop participating at any time or refuse to answer questions asked of me. I have received a copy of this form.

Name _____
(PLEASE PRINT)

Signature _____ Date _____

INVESTIGATOR'S STATEMENT

I have discussed the proposed research with this participant, and in my opinion, the participant understands the benefits, risks and alternatives (including non-participation) and is capable of freely consenting to participate in the research.

Signature _____ Date: _____

Member of the Research Team

Print Name: _____

Appendix B

Focus Group Protocol

Drug Court Participants

I. WELCOME AND INTRODUCTIONS (10-15 minutes)

- Introduction of research team;
- Explanation of the purpose of the research;
- Informed consent/confidentiality;
- Focus group logistics, guidelines and norms;

II. MOTIVATION TO ENTER DRUG COURT (15 minutes)

- Why did you enter drug court?
 - **PROBES:** Did you want to enter the drug court? Was it your choice or somebody else's wishes? Whose choice? (judge, attorney, somebody else)

III. GENERAL PERCEPTIONS ABOUT THE PROGRAM (15 minutes)

- What is expected of *you* in this program?
 - **PROBE:** What will happen if you graduate? Fail?
- Is anything confusing about the program? Anything you don't understand?
 - **PROBE FOR DETAILS**
- [*if necessary*]: If it's not always clear what's expected of you, who do you ask?
 - **PROBE:** Are they able to tell you what you need to know? Has there ever been a problem? Describe.
- Are the rules in drug court fair? Are there any rules that aren't fair?
 - **PROBE:** Was there ever a time when you felt that you weren't treated fairly by the court? **PROBE FOR DETAILS**

IV. COMPONENTS OF THE DRUG COURT PROGRAM (15-20 minutes)

- What makes a person successful in drug court?
 - Have there been times when you wanted to quit? Why did you continue?
- What aspects of the drug court program do you find most positive? Most negative?
- IF NECESSARY: How important is the judge? What about the judge is important? Could you succeed in treatment without a judge?

V. THE JUDGE AND COURT (20 minutes)

- Describe what happens when you go to court: What does the judge say to you? How do you feel about that?
 - **PROBE:** Does the judge ever praise you? Criticize you? How do you feel about that?

- Does the judge ask you questions?
 - **PROBE:** How do you feel about that—do you like it? Does it make you feel nervous when the judge talks to you about things?
- What kinds of rewards and sanctions have you experienced?
 - Are there times when you didn't agree with a sanction? **PROBE FOR DETAILS**
- What is it like to see *other participants* in court?
 - **PROBE:** Have you seen other people in the program get criticized or praised? What's that like?
 - **PROBE:** Does seeing other people in the court help you? How?

VI. SUGGESTIONS FOR IMPROVEMENT (15 minutes)

- In what ways could the drug court program be improved?
 - **PROBE:** Are there additional services you would like?

VII. CONCLUDING REMARKS (5 minutes)

- Thank for participation
- Distribute honoraria (if necessary)