

Strengthening the Foundation for Drug Court Research

Racial and Ethnic Disparities in Drug Court Outcomes

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September 2025

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Acknowledgements

This project was funded by the Bureau of Justice Assistance under Grant No. 15PBJA-23-AG-00233-MUMU.

This study would not have been possible without the support and contributions of many individuals. We begin by thanking the Strengthening the Foundation Advisory Board members for generously sharing their time, perspectives, and experiences with the Center to help guide this research.

We are also grateful to the dedicated training and technical assistance staff at the Center for Justice Innovation. In particular, we thank Kelly VanDevelde and Spencer Geiger for their commitment to the long-term success of this project. Finally, we extend our appreciation to the Research Department at the Center for Justice Innovation for their guidance and feedback throughout each stage of this work.

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Executive Summary

The Center undertook this project to identify critical gaps in treatment court research and to collaborate with national experts to address those gaps. Working with five nationally recognized researchers, the Center supported the development of four pilot research proposals. These proposals were developed by the researchers in collaboration with Center staff and the Strengthening the Foundation Advisory Board. Each pilot study addresses a distinct gap in the treatment court knowledge base and is intended to supplement more than 30 years of existing research on treatment court programs.

Beginning in October 2020, the Strengthening the Foundation Advisory Board convened quarterly to assess the treatment court field and identify priority areas for future research. Over the course of a year, the Advisory Board engaged in in-depth discussions about the evolving needs of the field and provided critical guidance on the focus of the pilot studies. In early 2022, five nationally renowned

researchers developed and presented pilot research concepts to the Bureau of Justice Assistance (BJA). In September 2022, BJA invited the Center to apply for funding to support four of these pilot projects.

Each pilot project explores a research question that has not been fully examined within the treatment court field. The pilot studies focus on the following areas:

1. Drug court treatment risk assessment and quality
2. Health risk prevention in adult treatment courts
3. The use of jail sanctions in adult treatment courts
4. Racial and ethnic disparities in drug court outcomes

Collectively, this research aims to advance the treatment court field by strengthening the evidence base and promoting best practices that emphasize treatment over incarceration.



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Note: This research was funded by a grant from the United States Bureau of Justice Assistance (BJA) and the Center for Justice Innovation (CJI).

Introduction

Qualitative data related to the treatment court experience were collected through focus groups and individual interviews. Eight treatment courts from six states participated in this study, including: (1) Hawai'i (Kona, HI and Hilo, HI), (2) Missouri (Boone County), (3) Florida (Miami-Dade County), (4) Indiana (South Bend, IN and Elkhart, IN), (5) Pennsylvania (Lycoming County), and (6) Texas (Midland County). To date, based on the voices and lived experiences of treatment court participants ($n = 146$), 17 themes emerged from the data, as described below.

Qualitative Themes

Reference

Gallagher, J. R. (in preparation). Community engagement, abstinence as a distal goal, and reenvisioning phases: The next era of treatment courts. *Journal of Social Work Practice in the Addictions*.

Theme 1: Partnerships among treatment court and local organizations help participants build a sense of community

This was a universal theme. Astoundingly, 100% ($n = 29$) of the treatment court participants shared experiences that contributed to the development of this theme. Participants reported that they frequently engaged in community events that support their substance use disorder recovery, and this engagement also helped them be successful in the program. Participation in the community events were either required by the program, to meet community service hours, or participants could attend on their own volition. From a service-delivery standpoint, this is a promising finding because treatment courts must develop partnerships with local non-profits and other agencies to be faithful to the model (All Rise, 2025). Treatment courts,



of course, collaborate with counselors and other professionals that treat substance use and mental health disorders, but partnerships should also be established with non-clinical agencies to build support for the program.

For example, the treatment court for this study has multiple community partners and holds dozens of community events that support participants in doing prosocial behaviors. Some of the events include playing volleyball, having car shows, bowling, organizing a yearly recovery rally, and participating in a backpack drive, which provides school supplies to local schools. The most frequently discussed community event that participants engaged in was supporting a local minor league baseball team. Specifically, participants could attend a baseball game for free and afterwards would help clean up the stadium. With this community event, participants especially appreciated that they could bring family and friends to the baseball game, sometimes they received free food, like hot dogs, and members of the treatment court team, including the judge, frequently did the community service alongside them. According to the participants, community engagement helped them achieve and sustain their substance use disorder recovery, increased their self-esteem, built camaraderie, created a sense of community and belonging, and helped destigmatize substance use disorder. A male participant who reported that he has attended more than ten community service events concisely stated, “Before treatment court, my community used to be hanging out with people who drank [alcohol]. I didn’t know how to be part of a community. I learned how to be part of a community by doing community service hours.”

Another male participant shared an experience when he completed community service by helping pick up trash on the local roads. This experience was particularly memorable and beneficial to him because the treatment court judge was there also picking up trash. He compared

his past experiences with criminal court judges and highlighted why the treatment court judge was a role model of community service. The participant shared:

Have you ever picked up trash with a judge? I have. She [the treatment court judge] picks up trash on the side of the road just like us. I have spent years in prison, have been causing hell in town since I was a kid, and when you see a judge pick up trash, it puts it all in perspective. She really cares. I've been to courts where the judges won't even look at me. Judge [last name] will make sure that we are okay while we are collecting garbage and make sure we have enough water and are doing okay. You see it. It gets hot in Texas. That's the best part of treatment court. The [treatment court] team says they care, and they really do. Show me another judge in the country that picks up trash with felons and drug addicts. You won't find it. What we have here is special. She [the treatment court judge] doesn't view us as criminals. We are human just like her, but we've made some bad decisions, and she doesn't judge us or look down on us for that.

A female participant reported that she once missed a drug test in treatment court and she received a sanction for this. She was expecting to go to jail for missing the drug test, but instead, she received community service hours. She completed her community service hours at a local minor league baseball stadium. The participant described the benefits of completing community service hours, including how her children enjoyed it. She commented:

This program [treatment court] is very family oriented. The judge and the rest of the team want to meet our families. Here's an example for you. I had to do community service hours at the RockHounds [minor league baseball team] game

and I was able to bring my kids with me. It was a sanction, but it didn't feel like punishment. My kids and I watched the game for free and we helped clean up afterwards. It was fun because my kids were running around with other kids and we got free Coke and hotdogs. When you think of sanctions, I thought I was going back to jail, but the complete opposite happened. I did something I would have never done before, I enjoyed a baseball game drug free. I have learned so much about the community by doing this program. We [her and her kids] go to different parks now and do fun things for Halloween and Christmas, things I never did in my addiction. This is a treatment court, but it's really like a community court. The more you attend stuff in the community, the more you feel connected, and when you have connections, you don't lie or commit crimes. When you feel connected, you also feel better about yourself and don't want to get high anymore.

Theme 2: Abstinence is a distal goal and it takes time to be honest about drug use

Of the 29 treatment court participants, 76% (n = 22) of them shared experiences that contributed to the development of this theme. Participants reported that they enrolled in treatment court because they wanted to achieve many goals, such as improving family relationships, staying out of jail and prison, and ameliorate their physical and mental health. An important goal that participants mentioned was that they wanted to develop the skills necessary to maintain abstinence from drugs and alcohol. Due to the chronic and progressive nature of substance use disorder, coupled with common symptoms of drug craving and withdrawal, achieving abstinence takes time. Treatment court expects participants to be honest about their drug use, and at the same time, participants agreed that honesty is an important part of the recovery process. Participants,

however, reported that being honest with the criminal justice system does not come natural, due to fear of incarceration or other punitive consequences. Overall, participants felt that treatment court understood that abstinence is a process that takes time, and if they were honest with treatment court about drug use, they would receive support, not punitive responses. A female participant discussed her experience with this theme in the context of a sign that is posted in the courtroom. She shared:

There's a sign in the court that says 'Be Honest', but honesty doesn't come to us automatically, especially about admitting drug use to a judge. To be honest with you, we all come from lifestyles that taught us to lie, like hustling on the streets, living a mob type lifestyle. On the streets, if you 'Be Honest', you'll get taken advantage of or worse off killed. If you are honest with a cop or PO [probation officer], you'll catch another charge. The court expects us to 'Be Honest' from the get go, but I'm pretty sure none of us are honest right away. We have to feel out the court to see if they are really here to help us. I can tell you, though, from someone who has lied to the judge, it doesn't take long, if you know what I mean. You hear it from the other people. They say stuff like, 'just tell her [the treatment court judge] the truth, and for real, you won't go to jail'. I'm telling you, after about one court hearing, you sense that this program is really about helping you and they mean it. If you are honest, you will get the help you need.

A male participant shared a similar experience. At first, he was cautious about being honest with his substance use disorder counselor, but after some time, he felt safe talking with his counselor about drug use and how his substance use disorder negatively impacted fatherhood. He stated:

At first, I went to treatment and was an AI-generated patient, meaning I told them everything they wanted to hear. But, it does happen eventually, like you start to be honest with the LCDCs [Licensed Chemical Dependency Counselors]. If I have a slip [return to drug use], I'll tell my counselor right away. Hell, I've done it while in this program. I've told on myself. I was honest with my counselor and the judge about one time I got high. You know what I got? I was told to continue with counseling and going back to jail wasn't even an option. Nothing punishment wise came from it. The norm here is if you are honest, the court will work with you and not throw you back in prison. That's how you build trust. We want the court to be honest, too. They say they want to help, well, most of us will test that. Once they do help, then we start to trust them. Now that I trust my counselor, we talk about the painful stuff like how my addiction impacted my daughter. That hits home for me. It sucks and it's not easy to talk about, but I need to open up and make things personal for me to grow and stay sober.

Theme 3: The phase structure of treatment court is based on individualized goals, not predetermined standards

Of the 29 treatment court participants, 72% (n = 21) of them shared experiences that contributed to the development of this theme. Participants reported that treatment court has 5 phases and the length of each phase varies from one person to the next. As participants progress through the phases, the frequency of some of the requirements lessen. For example, a participant in phase 1 will see the judge each week for a status hearing to review his or her progress in the program. Conversely, a participant in phase 5 may attend a status hearing only once a month.



Participants highlighted that there are no predetermined time limits for each phase. Completing phases are based on meeting individualized goals that treatment court and participants develop collaboratively. So, some participants, based on their individualized goals, may complete phase 1 in a month, while others may take 3 months. A male participant, as noted below, describes the phase process from his experiences. He shared:

The phases for this program are based on goals, not a checklist of things to do, like how many days you've been clean [abstinent from drugs and alcohol] or how many times you tested negative [for drugs]. We actually work with the staff to develop goals. This surprised me at first because I am used to the criminal justice system telling me what to do, not asking me what I want to accomplish, and I think there's a lot of benefit to this. When you have to set your own goals, you are like responsible for that. You can't blame anyone else because you said you wanted to do it. It also makes it individualized. For some people, being clean [abstinent from drugs and alcohol] for a week is a big deal, and they should receive a round of applause in court. For the next person, maybe they only used drugs once in the week and, for them, that's a big deal. Everyone is different, but our goals are not just about not getting high, they cover other things, too, like fixin' to get a social security card or new clothes for a job interview, really anything that helps us stay away from drugs and stop getting arrested.

A female participant talked about how her substance use disorder caused her to disengage in her religion, but now that she is in treatment court and maintaining recovery, she is attending church

again. She described how being involved in her religion is part of her recovery support system and also a goal she accomplished while in treatment court. The participants stated:

Before I started this program, I had no idea how to set goals let alone know how to accomplish them. My whole life, goals have been thrown at me, like graduate from high school, don't get into trouble, go to church, and on and on and on, but drug court lets us develop our own goals to move up phases. I thought I would always be a drug addict because I didn't have any other goals, but that's changed now. Here's an example for you. One of my goals is to get back into my religion. I was raised Catholic, but my addiction took me away from that. I wasn't going to go to church high or talk to the priest stoned. When I was getting high, I was ready to die. I wanted a toe tag. I was ready to go. But now, this program saved my life by helping me get off drugs and I go to church every week and I talk about that when I see the judge. When I moved from phase 1 to phase 2, I had to be sober, but I also had to have a support system, which is my church. I did both those things so I met my goals and the court gave me a phase promotion.

Theme 4: Men and women reported trauma and symptoms reemerged in treatment court because they were no longer using drugs or alcohol

Of the 29 treatment court participants, 41% (n = 12) of them shared experiences that contributed to the development of this theme. These men and women reported trauma histories, and the trauma symptoms negatively impacted their participation in treatment court. Specifically, participants discussed that, prior to treatment court, they were using drugs and alcohol to cope with trauma symptoms. Now that they are in treatment court and working on the goal of substance use

disorder recovery, trauma symptoms that they have not experienced in a while are reemerging, such as hypervigilance, aggression, anxiety, and depression. The origins of trauma differed between men and women. Men shared examples of childhood trauma and women reported that experienced abuse when they were using drugs. It also appeared that men and women responded to the trauma differently. As a result of the childhood trauma, men reported that they became aggressive and controlling. They felt that being aggressive and controlling kept people at a distance, and when people were distant, they could not hurt you. For the women, the trauma they reported was associated with their drug use, such as being in situations where violence is common and doing behaviors that fueled their substance use disorder, such as selling drugs and prostitution. A female participant summarized this theme succinctly when she said, “I never felt the pain [from past trauma] when I was drunk. Now that I’m in recovery, the floodgates of feeling helpless, all those tears I’ve been holding back, and all the decades of rage have opened up.”

A male participant discussed childhood trauma he experienced and processed how the trauma shaped his personality and view of the world. At the same time, he also shared how he wants to heal from the trauma. He stated:

My dad was a nasty drunk. We knew to stay away from him when he was drinking because he’d smack us around. My mom got the worst of it, but we all saw it and that sticks with you as a kid. It sticks with me now. I keep people at a distance. I don’t care if you are the court, a friend, a coworker, a cop, it doesn’t matter to me, you ain’t getting close to me until I trust you. You don’t have to be an expert in trauma and childhood abuse to know that if you fuck with kids when they are young, we grow up angry and it takes a long time to bounce back from that. I am trying to

bounce back. This is the first time I've really been sober in my life and all that shit from the past creeps up on you. That's the difference this time around. I'm clean [abstaining from drugs and alcohol]. I want to be clean, and I know I have to deal with this shit [childhood trauma] if I want to stay that way.

Another male participant reported that he can be controlling and aggressive, and this, in his opinion, was associated with past trauma. The participant commented:

Some people have said I'm controlling, but I learned through years of counseling that I try to control people as like a coping skill for my trauma. My earliest memories are watching my mom get assaulted by every boyfriend she had and basically my sisters and me just trying to dodge the abuse. Once I got old enough, I said to myself, 'no one is going to hurt me again'. I remember the moment I told myself that, and it worked. I'm safe if I control how close I allow you to get to me. I stay on the aggressive side just to let people know that I'm not playing, don't fuck with me. This control doesn't change overnight. It's hard to separate controlling people and controlling drug use. I know it's [substance use disorder] a disease, but I still feel weak sometimes because I can't control my drug use.

A female participant shared that she put herself in violent situations when she was using drugs. She experienced traumatic events while in these situations, but she felt helpless because she could not ask for help or seek safety. She also discussed symptoms that she was currently experiencing because of the trauma. She shared:

My trauma came from my addiction. When you smoke crack, you put yourself in some pretty shady situations. What are you going to do when a guy throws you on

the ground and spits on your face or kicks you in the head, call the cops? Hell no.

You want the crack so bad, you just put up with it. Then, there's a target on your back. I mean these people now know they can push you around, rob you, do whatever they want to you and you just have to take it, if you want to continue getting high. The crack numbed all the pain. I didn't feel shit when I was getting high. At NA [Narcotics Anonymous], they call it emotional constipation. I was just using crack to numb the pain, then numb it again, and continue numbing it, but now all these emotions are coming out. It's hard for me to be sober when I'm also battling depression and constantly walking on eggshells for the next man to hurt me. Treatment court is a safe place, but I got to learn to live in the real world and be safe there.

Theme 5: Praise and a round of applause are the most helpful incentives

Of the 29 treatment court participants, 41% (n = 12) of them shared experiences that contributed to the development of this theme. As part of the treatment court model, incentives are provided to participants to reinforce positive behavioral changes they have made, which in turn, can increase motivation for substance use disorder recovery. The treatment court for this study offers many incentives, such as coupons for free meals and ice cream and reductions in program fees. The program actually has a carnival-type wheel that participants spin and they earn the incentive listed on the wheel. Of all the incentives offered, the most helpful to participants was receiving praise from members of the treatment court team and a round of applause while in court. A male participant describes his experience receiving incentives, highlighting that one incentive

is receiving non-monetary coins that can be used to purchase goods at a store in the courthouse. He shared:

We are so used to getting that dopamine rush through drugs, and I think this program knows that, so they give us dopamine in healthy ways. We need that to retrain our brains. It's not the same, obviously, but it works. When you get the coin for doing good, and when the whole court is clapping for you, and when judge says you're getting a certificate for a phase promotion, all that stuff gives you that dopamine rush we need to keep us moving forward. After a while, you no longer crave getting high as much and you look for that positive reinforcement. We can use the coins to get all types of things. We have, it's like a thrift store, in the courthouse where you can trade in your coins for all types of stuff. It's not junk either. You can get a candy bar, that's my favorite, or soap to do your laundry, deodorant, people make jewelry and there's clothes you can pick from, too. All this stuff gives us the dopamine rush we need.

The treatment court team includes several professions, one being law enforcement. The treatment court for this study has a deputy sheriff that is present during status hearings and other treatment court activities. A male participant reported that he has known the sheriff for many years due to his past involvement in the criminal justice system. The participant described an interaction with the sheriff that helped develop this theme. The participant stated:

You see that we have a sheriff. He's at every court hearing, but I've known him long before treatment court, for like a decade or so. He's a tough dude. He doesn't play around and you won't see him showing his emotions much. Let me tell you,

when I got a phase promotion a few months ago, he looked at me in court and quietly said, 'I'm proud of you'. Those few words go a long way with me, especially because it came from him because he wouldn't say it unless he meant it.

Theme 6: Suggestions to improve programming: Feeling disconnected when going to inpatient treatment

Of the 29 treatment court participants, 28% (n = 8) of them shared experiences that contributed to the development of this theme. During the focus groups, some participants reported that they felt disconnected from treatment court when they attended inpatient substance use disorder treatment. The most common example provided was when participants were referred to the Immediate Sanction Facility (ISF) which provides inpatient substance use disorder treatment in a prison setting. While this is noted as a suggestion to improve programming, it is encouraging that participants wanted to stay connected to treatment court, even while they were in prison completing a higher level of treatment. A female participant, for example, shared that she had to go to inpatient treatment in prison because she could not stop using drugs. The participant agreed with treatment court that she needed inpatient treatment. Her concern was that she felt disconnected from the program while she was in prison for months receiving treatment. The participant commented:

If we can't stop getting high or run from the program, they [treatment court] will send us to ISF [Immediate Sanction Facility] at the state penitentiary. You could be there for months, and when I went, I needed it. I don't regret going or blame Judge [last name] for sending me. The only thing is that when you go there, you feel abandoned. I get it. It's prison and you should be detached from the world,

but like we talked about earlier, when you are in drug court, you develop a community here and that community is ripped from you. The court is like my family and I think they could do a better job staying connected with us when they send us away.

Another female participant shared her thoughts related to this theme. While she has not attended inpatient treatment, she could empathize with others who felt disconnected from treatment court while they were away from the program. She stated:

I haven't had to go away for treatment, and God willing I won't, but I understand what y'all are talking about. We develop such strong connections here that I could see that it would be awful to come to court and you're told you are going away for 6 months. We come to court because we have to, but I know for me, I also love to see the judge and the other participants. We have bonded here and I would be sad if I didn't get to see them for months. I don't know what drug court can do, maybe Judge [last name] could send us a letter or something like that, just reach out so you don't feel so disconnected. Without some connection, I know for me, I would feel anxious when returning to court, and you know that that [feeling anxious] is not good for our addictions.

Reference

Gallagher, J. R., Nordberg, A., Krishnan, S. D., Ngo, Q., Abril Butters, M., & Hashida, G. K. (in press). Substance use disorder recovery guided by the aloha spirit: Implications for all treatment courts. *Drug Court Review*.

Theme 7: Drug court creates an environment that promotes honesty

Participants commonly shared that they trusted drug court staff and were comfortable being honest with them about many topics, including challenges they were experiencing, traumas from the past, and even if they used drugs while in the program. Provided that participants are honest, particularly about drug use, they felt that the drug court would respond therapeutically, not punitively. One participant, for instance, highlighted this theme based on what they once witnessed in court. The participant said:

“It’s easy to be honest in drug court because they don’t punish us for using drugs, as long as we are upfront and honest with them. Don’t get me wrong, it’s not always easy, but I know they [drug court staff] have my back and don’t want to put people in jail for getting high. The judge once, I forget everything that happened, but there was this lady who kept testing positive [on a drug test] for meth and she needed more treatment, but the treatment she needed didn’t have an opening, so of course she kept on smoking meth. The judge didn’t even lock her up, and the judge said she’s not going to incarcerate someone for getting high when they are not getting the intensity of treatment they need or the type of treatment she needed.”

Another participant discussed how they relapsed while in drug court and why they chose to be honest with their probation officer about the drug use. The participant seemed to have some ambivalence about being honest, but based on their report, honesty resulted in a positive outcome. The participant shared:

“See, in this program you can text the P.O. [probation officer], she is like a case manager and keeps an eye on how we are doing. A few weekends ago, I went to a place I shouldn’t have been because drugs are everywhere there. It’s down by the water. I relapsed and, after that, spent a day stressing about whether to tell my P.O. or not. I was struggling, but some other people in drug court told me to just be honest, to text her [the probation officer] and she will help. I’ve been in-and-out of the system my whole life and everyone says they want to help, but that’s not real. I texted my P.O. that I relapsed, told the judge, and they helped me, for real. I thought I was getting locked up, but they really just praised me for being honest and just sent me back to treatment.”

Theme 8: Drug court staff are compassionate and viewed as ‘ohana

It was promising to see that participants viewed the drug court as family and an important part of the community. As noted in the quote below, this type of family was commonly referred to as ‘ohana and hānai family. ‘Ohana refers to family and hānai family is used to show an informal adoption and acceptance of people as family who are not biologically related. Participants from all races, not just Native Hawaiians, contributed to this theme, suggesting that ‘ohana and hānai family is understood widely among those who live in Hawai’i. This theme is a positive finding because it conflicts with what one may think about when they think of the criminal justice system. Because the criminal justice system can remove an individual’s freedom and liberties, one may suspect that the system would be viewed harshly. This, however, was not the experience with Hawai’i drug courts. A participant shared:

“Drug court has the aloha spirit. They are ‘ohana to us, at least here on the Big Island. We are grateful for the second chance and empathy that the staff have for us. Not once has the judge or [drug court coordinator’s name] looked down on us, or judged us, or called us addicts and criminals. Everyone is here to help us, and that’s what people need, to surround themselves with ‘ohana so you don’t have to do it alone. Family is not just blood here; we call that hānai. Drug court is part of this community and you can call them any time and they will help.”

Another participant shared how the compassion and kindness from the drug court team helped them connect to their Hawaiian culture. For example, the participant mentioned kalo [taro root] which is a significant part of Hawaiian culture. Pounded taro root is used to make poi, which is a staple food in the Hawaiian Islands. Furthermore, in a candid and vulnerable manner, the participant also described their past struggles with identity and acceptance, as noted below.

“I was ashamed to be Hawaiian. I felt like I wasn’t Hawaiian enough, but the program [drug court] and the cultural programs we do helped. I proved to myself that I am Hawaiian. I am proud to be Hawaiian, and I don’t think that would have happened without drug court. They care about everyone here. They just want to help us connect to our history and culture. You may hear people say kānaka maoli [Native Hawaiians], which is our ancestors. Our ancestors planted kalo [taro root] and that’s another important part of our ancestry. We are connected to kalo because, just like it, we have to nurture ourselves to grow and connect to land to heal, and if we don’t, drugs are like a poison and we will die.”

Theme 9: Hawaiian culture is part of the recovery process

Participants from all races frequently discussed how Hawaiian culture was part of their substance use disorder recovery process. They shared examples of how Hawaiian culture was incorporated into drug court. Elements of Hawaiian culture in the recovery process seemed to center primarily on nature, as a participant describes below.

“Hawaiian culture is everywhere in this program [drug court]. See, as Native Hawaiians, we respect and care for the earth. Every part of our culture, whether we are celebrating birthdays, or marriage, or a family get togethers, includes the plants, and trees, and ocean that is gifted to us from the earth. The drug court gets that. People on the mainland need to know that we need nature, nature doesn’t need us. We won’t survive without nature. Nature will survive without us. The dirt is healing and the counselors and any treatment you go to knows that. We put our hands in the dirt to connect with the earth and this connection helps us recover from drugs and alcohol. I think people from the mainland could learn from us by putting their hands in the dirt, taking care of earth, and embracing all the beauty around us. That will help people recover.”

Another participant shared similar thoughts related to how nature, in this case the Pacific Ocean, supports their recovery. The participant shared an example of an activity they did in substance use disorder treatment. The participant stated:

“We have culture all around us. I get energy and peace from the ocean. The water is healing and it stimulates your senses. So many people aren’t aware of what they



are thinking or feeling. In Hawaiian culture, in this treatment, we focus a lot of senses. We do an activity where you share three things you see, two things you hear, and one thing you smell. This connects us to the land and that's where we need to be, connected to the land to develop roots and the roots keep us grounded in recovery. We also value stewardship which is like taking care of the land. When you have stewardship and give back to the land and to community, the byproduct is recovery.”

Theme 10: Cultural treatments are personalized to participants individualized needs

Participants from all races regularly gave examples on how the substance use disorder treatment they received was guided by Hawaiian culture. Education on the history of Hawai'i, the importance of community, and connecting to the environment are topics commonly addressed in treatment. A participant compared his treatment experience on the mainland to that which he receives in Hawai'i. The participant stated:

“Some treatments that are considered non-traditional on the mainland are very traditional here. Our cultural programs range from learning about the history of Hawai'i and how our ancestors lived to learning our language and taking care of the land.”

Another participant shared the importance of sharing goods, such as food, with elders in the community. The participant said:

“I've been to counseling on the mainland and it's not the same. People are just not as nice there and it's more like a business. In Hawai'i, you can do counseling

anywhere. I've gardened and harvested, sold plants and fruit at markets, and landscaped for neighbors, and all of it was part of my treatment goals. In the mainland, if I said I would share fruit with my neighbors and that helps me stay sober, they would think I was crazy. Not here, taking care of elders and your community is part of our drug treatment.”

Theme 11: The diversity of participants leads to solidarity and respect for all

According to participants, people from many races live in Hawai'i and this diversity leads to reductions in racism and increases in respect for other cultures. The racial and ethnic diversity in Hawai'i is attributed to colonization and immigration. Some participants also discussed how learning about and respecting other cultures supports substance use disorder recovery, as noted below.

“We don't have racism here, not like you think about it on the mainland. Hawai'i is so diverse with so many nationalities that we all get along. Look at me, I'm Hawaiian, Japanese, and Portuguese, very diverse, and people may ask me about my race and I use it as an opportunity to teach them what I know. We want to learn about different cultures and respect them all, regardless of where you came from. The drug court is about unity. Even with Native Hawaiians, our experiences on the Big Island may be different from one another, but we all value our ancestors and the history of this beautiful island. I don't know how people can stop using drugs without respecting the people in their community, all the different races in their community, because in Hawai'i, community is our support system.”

Another participant shared an example about a learning experience he had in drug court related to Micronesian music. The participant commented:

“Hawai’i is the real melting pot. There are so many different people here and we learn from each other and respect is important. One time in drug court the judge had a participant who was about to graduate play Micronesia music for us in court. I knew nothing about that culture, I didn’t understand what they were saying, but not even knowing what their language meant, I learned and gained more respect for Micronesians.”

Reference

Gallagher, J. R., Nordberg, A., Patton, S. C., Kanne, F., Welsh, J. W., & Verde-Yanez, M. E. (2025). The voices of women who have been underrepresented in drug court research: Empowerment, advocacy, and substance use disorder and trauma recovery. *Women & Criminal Justice*, 1-12. <https://doi.org/10.1080/08974454.2025.2491396>

Theme 12: Drug court helped women become an advocate for themselves, but they can’t do it alone

Every woman (n = 8; 100%) shared experiences that contributed to the development of this theme. Women felt that the drug court created a safe place for them to share their thoughts and experiences related to the strengths of the program, as well as challenges they were facing. They offered concrete examples of how they advocated for themselves, and the additional supports needed to help them be successful in the program. The following woman, for instance, recommended that all female drug court participants be offered a peer support specialist, which is sometimes referred to as a recovery coach. During a small group discussion, she commented:

“Some of the women have another woman who is in recovery supporting them. They are called peer support or recovery support professionals. I would like to see every woman in drug court be offered a recovery specialist at the start of the program. We can’t do this alone and talking with another woman in recovery, especially a woman who already completed drug court, would be so helpful. It is a dramatic shift from addiction to trying to do drug court, and I am a strong woman who can do this, but we could use all the support possible, especially early on in the program.”

Some women, such as the one noted below, shared critiques they had related to how substance use disorder counselors shared information with the drug court. The woman discussed how she had to advocate for herself because, in her opinion, counselors miscommunicated information to drug court and this could have resulted in negative consequences for her. Specifically, while in a small group, she shared:

“I trust the judge, but I’m still not fully invested in the counseling they make us go to. The drug counselors have a chip on their shoulders, if you don’t do it their way then they say negative stuff about you to drug court. Here’s an example of what I’m talking about. I told my counselor once that I was thinking about having a drink and my counselor told the court that. I don’t know how she told the court, probably through email, but it was presented in a negative light. Drug court made a big deal about it because they thought I was drinking or had plans to drink, and I was like, no, I just had a craving to drink. Isn’t this the stuff we are supposed to tell our counselors? Like how do you expect us to trust the drug counselors if we can’t even

talk to them about drugs, or in my case, a thought about drugs. My advice to women in drug court is, if you are concerned about something in the program, take it straight to the judge. Our judge listens and wants us to tell her about our experiences in her program.”

On a similar note, another woman suggested that counselors should not provide written reports to drug court because information can be taken out of context. Plus, a counselor’s written report may exclude the voices of female participants. Drug court helped this woman become an advocate for herself. During an individual interview, she stated:

“The biggest challenge I faced was with counseling. On several occasions, the treatment people send written reports to drug court basically saying how we are doing in counseling. Are we meeting our treatment goals? Are we testing negative? Are we participating in group? That type of stuff. Written reports can be misunderstood and taken out of context, and this is a big deal because we could go to jail if we don’t comply with treatment. Drug court should not accept written reports. If you want to know how I am doing in counseling, ask me. My suggestion would be for the counselors to call drug court with us present so we know what is being said about us and so we have a voice. Written reports take away our voice, and as women, we are used to being told not to speak up and not to talk. I’m not like that anymore. My voice will be heard, and drug court taught me how to become an advocate for myself.”

Theme 13: Drug court didn’t give up on women and that helped them recover from trauma

Seven of the 8 women (87.5%) shared experiences that contributed to the development of this theme. These women reported histories of trauma, most commonly physical and sexual abuse, and they processed how drug court supported them as they healed from pains of the past. The women commonly shared thoughts related to *wanting to give up* because it was challenging to recover from addiction and trauma at the same time. During those difficult times, though, they reported that drug court did not give up on them, and that persistent support from drug court helped them develop resiliency and continue their paths to recovery. For example, one woman compared her drug addiction to the years when she was an escort, and the continuous support from drug court helped her achieve recovery from drugs and trauma. The woman shared the following during an individual interview:

“Before drug court, I was an escort for a long time. It was just like drugs. It was like an addiction. I was making thousands of dollars each time, and when I started, I told myself that I wouldn’t have sex with men, but just like addiction, it’s progressive and I started having sex with them. The more and more my addiction took over my life, the more escorting I did just so I could get high. I slept with men, felt awful after it, and then got high to numb the pain. So many women in this program have the same story. I know because we support each other. We all have experienced trauma, and escorting is one of the most traumatizing things you can do because, when men pay, they think they can talk to you and treat you anyway they want. At the end of my escorting, my pain and addiction were so bad that I was having sex for fifty dollars and letting men do their fetishes, like rubbing and kissing my feet. Drug court knows my history and not once did they judge me. Drug

court saved my life from addiction, but it also allowed me to heal from my trauma and put me on the path of self-forgiveness.”

Another woman discussed how drug court, particularly the judge, never gave up on her and this helped her develop trust with the program. Furthermore, the woman processed how supportive language used in drug court, such as *I care about you*, can, unintentionally, be retraumatizing. During a small group discussion, she stated:

“I think it’s crazy to think that someone like me, someone who has experienced all types of abuse since I was a kid, is expected to open up to a judge or the court system. I was sexually abused most of my childhood and every relationship I have been in has also been abusive. The court says the same things as the men who hurt me, things like ‘I care about you’, ‘I am here for you’, ‘you can talk to me’, things like that. Women who have been abused are very on edge, like skeptical, of people who say stuff like that, even if it is a judge or counselor. I’d image that most women in drug courts everywhere have experienced abuse, and the drug courts need to know that it takes time, a long time, for us to trust them. The judge never gave up on me, and that’s what women need, another woman in authority who genuinely cares about us and understands that it takes time to build trust.”

In a final example, a woman drew a parallel between an abusive relationship she was in and potentially being incarcerated while in drug court. She emphasizes the point that drug courts need to be aware of the potential retraumatization of incarceration, whether a jail sanction in the program is warranted or not. The woman shared the following during an individual interview:

“Threatening to put women in jail, especially women who have been traumatized, is not helpful. Drug court is pretty good about not using jail too much, but even when it’s used, the court needs to know that jail is traumatizing, even if just for a night. I have been held against my will by a controlling and abusive ex. I couldn’t leave his house. He controlled every aspect of my life. Going to jail is retraumatizing because, just like my ex, you can’t leave and the guards control your every move. Most women here have some history of abuse, and the court needs to know that jail, regardless if it’s justified or not, can trigger our abuse from the past.”

Theme 14: The female voice radiates throughout drug court and lets women know that they are in this together

Seven of the 8 women (87.5%) shared experiences that contributed to the development of this theme. The theme centered on how the collective voices of women in drug court, including participants and staff, creates an environment that is conducive to substance use and mental health disorder recovery, promotes family engagement, and offers support for mothers. One woman, for instance, shared how the program invites family members to attend drug court hearings and the judge welcomes family members by speaking their language. Specifically, while participating in a small group discussion, she shared:

“Our judge is a woman, and she understands the importance family. As a mom, I appreciate that because my addiction was so bad for my kids, and I want to rebuild my family and ask for amends. The court encourages us to bring our family here if they want to see what we do. The judge is Cuban and she speaks Spanish sometimes to connect with our family members who don’t speak English. I grew up as a kid

where we only spoke Spanish in my house, so hearing a judge talk to me like my family did is inspirational because it reminds me of a time where drugs didn't rule my life."

In another instance, a woman offered a poignant example of how abuse and trauma impact animals and humans in a similar manner. The woman drew on her experiences as someone who cared for dogs who were abused, and she provided examples of how drug court and peer support can best serve female participants. During an individual interview, she stated:

"I used to take care of dogs who were abused. I don't know if you know anything about animal abuse, but it takes a long time for abused animals to warmup to someone. It can take months. Humans aren't much different. Every woman comes to drug court with her past, some good and much of it painful because of drugs and the crazy shit we did. Just like an abused dog, it can take us a longtime to trust the people in the program and truly believe that they want to help us. I was skeptical at first, but other ladies in the program came up to me and told me that I could complete drug court and that they would support me and that we were in this together. Hearing that from other participants, especially other women, is more impactful than anyone else. Like an abused dog, we just need time to build trust, be consistent with us, and be gentle and kind. That's how I think drug court can help women."

Praise and encouragement from the drug court judge was especially important to the women in this study, particularly those who were mothers. It was promising to see that participants viewed the judge as a supportive figure who was relatable through motherhood, as compared to a legal

professional who could deliver punitive consequences. The woman shared how kind words, affirmations, and praise from the female judge was a strength of the program. During a small group discussion, she commented:

“Most importantly, we are heard. The judge knows that it is difficult for females to do just as well as men in drug court. We have so many other responsibilities. We do all the drug court stuff, but also have to raise our kids, pay the bills, try to keep our kids out of trouble, and the daily stuff of being a mom. Judge [last name of the judge], when we meet with her, is always asking us about our kids and saying nice things, like she is proud of us, and that goes along way with moms here. We respect that. It’s not like talking to a judge. It’s more like one mom helping another.”

Reference

Gallagher, J. R., Nordberg, A., LaPlant-Braughton, J., Kanneh, F., Martin, J., Turpin, D., & Clevenger, C. L. (2025). Incorporating an Afrocentric approach into the criminal justice system: The voices of men who attend the Habilitation Empowerment Accountability Therapy (HEAT) program. *Journal of Evidence-Based Social Work*, 22(3), 394-407. <https://doi.org/10.1080/26408066.2025.2463377>

Theme 15: Limiting the amount of clinical information shared from HEAT to treatment court increases participant honesty, engagement, and satisfaction with counseling

Participants reported that they were comfortable being honest in the HEAT program because there was a separation between counseling and treatment court. Specifically, participants reported that the HEAT program reported attendance to the treatment court, but other information regarding their treatment remained confidential. Creating a safe, confidential, and non-judgmental

environment is clearly important to increasing the quality and effectiveness of counseling. A participant shared why he felt comfortable being honest in the HEAT program, primarily because he knew that what he shared with his HEAT counselor, including reports of drug use, would not be shared with the treatment court judge or probation officer. He stated:

We finally have a place where we can be real. This HEAT program is for us, for Black people, and the [HEAT curriculum] book talks about the distrust most Black people have for the [criminal justice] system. We have lessons on that. We also talk about racism, and the facilitator doesn't try to ignore or downplay the issue of racism. There is racism in the [criminal justice] system, and other places that do treatment don't talk about it. Racism is a relapse trigger, we know that, and everyone in this class has smoked crack, shot dope, got high over it because we are angry. You can't ignore the pain our ancestors had, and if you are looking for African Americans to be cured from addiction, treatment needs to look at the whole picture. Like I said, I trust the people here, we are real with each other, and I'm not worried about what I say being shared with my PO [probation officer] or the judge. Because of HEAT, I'm not walking on eggshells anymore and if I want to say something in group, I say it without fear that it will be used against me. Even if I used [drugs] on the weekend, I can take that here [to a HEAT group] and they won't hold it over my head or tell the court.

Another participant shared similar experiences where he reported that he trusted the HEAT program and its counselors because they limited what they shared with the criminal justice system.

He emphasized the importance of confidentiality in substance use disorder treatment and processed the impact of word-of-mouth on how newcomers to HEAT may view the program. He shared:

We talk amongst ourselves. Before I even started this group, I knew what I could and couldn't share. I knew what they [HEAT counselors] would share with treatment court and what was kept private. They [HEAT counselors] share whether we show up or not and that's all the court needs to know. All of us here have been in-and-out of the system for years, have been in counseling before, and know that you can't trust them [the counselors]. HEAT is different, though, for real, I can share whatever I need to and I'm not worried about it getting back to the judge. That's how it should be. Counselors talk about confidentiality and bullshit like that, but in reality, the counselors don't protect our confidentiality. They share everything with the justice system and hide behind saying they advocate for us and respect our privacy and bullshit like that. This is the first group I've ever been in where the counselors really mean it. The HEAT program works for us. They try to help us and not put us in jail. I don't blame anyone for lying to counselors if they are going to run and tell the courts and justify it because they made us sign a confidentiality form.

Next, a participant discussed the importance of creating a safe environment for African Americans in counseling, and he provided a historical context for his position. He commented:

We [African Americans] don't trust the system anyways, so you can tell me all day to be honest, but if I don't trust you, you are not getting shit from me. I don't care if you are the judge, a prosecutor, or the counselor who says he wants to help, you

have to earn my trust. Black people are just expected to trust the system and it's like the people in charge just ignore or wipe from their minds all the trauma the [criminal justice] system has done to us. Now HEAT is another story. They don't ignore Black trauma and acknowledge that a lot of the trauma comes from broken trust. I trust the [HEAT] leader. He's a good man and he works for us, the people in his group, not the jails or prisons. You can be honest here and he may challenge you, but he won't snitch on you to the courts. Just show up to group and you are good. That's how it should be.

Theme 16: Appreciating an Afrocentric approach to support substance use disorder recovery

The HEAT curriculum is guided by Afrocentrism and participants valued this approach. Participants commonly reported that they appreciated discussions on longstanding issues that have impacted the African American community, such as intergenerational trauma, racism, implicit bias, and historical and systematic barriers to increasing wealth and education. Moreover, participants respected the use of destigmatizing language to describe someone who has a substance use disorder and the focus on individual strengths, as compared to personal deficits which are often emphasized in the criminal justice system. Quite frankly, Afrocentrism is an approach to substance use disorder treatment that participants had never witnessed before. As noted below, Afrocentrism coupled with genuineness created a productive therapeutic environment. The following participant compared past counseling experiences to what he was currently experiencing in HEAT. He found the Afrocentric approach to the HEAT program to be innovative, helpful, and genuine. Specifically, he stated:

HEAT is like nothing I've ever had before. I've been in the criminal justice system for over 20 years, since a kid, and had to do counseling many, many times, probably like 10 times already. Other counseling just talks about not using drugs and relapse triggers, and that type of stuff that makes me want to get high. I would leave those groups craving drugs because that's all we talked about. In HEAT, we can go an entire group without even mentioning crack or weed or any drug. We talk about real life, real stuff that we deal with on the streets, like how Black trauma that our grandparents experienced impacts us today, and how we were raised, and how we raise our kids. Black people are going to respond better to this approach than some counselor we can't relate to telling us what's best for us.

Next, a participant emphasized the importance of not labeling African Americans who have substance use disorder, including labels that seem to be commonly used in the counseling profession, such as addict or alcoholic. The use of destigmatizing language by HEAT counselors, in tandem with the Afrocentric approach, appeared to invoke participant respect for the program and build trust, both necessary underpinnings of a positive therapeutic relationship. To him, African Americans reject these labels and respond best to counseling that focused on Black issues. He commented:

We aren't labeled in HEAT. Trust me, don't try to label Black people, we'll push back on it every time. We can speak freely here [in HEAT] and not worry about the leader judging us. Every other treatment I've been to labels me an addict and that's not helpful. It actually pisses me off that these people in charge can just label you and we have to take it, like we have to play the game or the counselor will say we

aren't cooperative and that will get back to the [criminal justice] system. We don't focus on labels in HEAT. We focus on Black issues, the real issues we face as Black men, like racism and navigating the [criminal justice] system when the odds are against us.

Another participant shared similar thoughts relating to labeling and provided specific examples on how the Afrocentric approach to counseling in the HEAT programs differs from what he has received previously. He shared:

I'll call myself an addict or alcoholic, if I want to, but if I don't know you, don't just assume I'm an addict and tell me how I should think or label myself. They don't do that in this [HEAT] program. Like he [another member of the focus group] said, we all have spent years in other counseling programs and it's the same old shit, don't get high, piss in this cup, do what we say or we will tell the court. No one, Black or White, responds well to that nonsense. If you want to help Black people break the cycle of getting released from prison and then going right back, then they should have HEAT everywhere, including in prisons. Black people respond much better to people who can relate and genuinely care about us, not counselors who say the same things over and over again, like don't test positive [on a drug test] and say you're an addict, and practice relapse prevention. HEAT doesn't do that. HEAT focuses on what fuels our addictions and the reasons we use drugs and sell them. It [HEAT] helps us understand why we can't function in our neighborhoods without getting in trouble with the police and just thinking like a

criminal. I've learned why I think the way I do, it's criminal thinking, but HEAT helps me change my thinking, not punish me for thinking how I think.

Theme 17: Expanding Afrocentrism in the criminal justice system to promote equality in treatment court outcomes

As shared previously, participants reported that they responded well to the Afrocentric approach of the HEAT program because it addressed issues specific to African American men, families, and communities. Given the originality of the approach, it is no surprise that many participants expressed their desire for the HEAT program to be widely disseminated and implemented within the criminal justice system. Dissemination and implementation of Afrocentric approaches that support substance use disorder recovery, such as HEAT, may help combat existing approaches that may not be as effective with African Americans or other marginalized populations. Racial disparities in treatment court outcomes have, unfortunately, been an ongoing and systematic problem. Expanding the HEAT program may help resolve the problem. A participant suggested that the HEAT program be expanded throughout the United States as a method to eliminate racial disparities in treatment court outcomes. Additionally, he compared vintage approaches to substance use disorder counseling to what he receives in HEAT. He stated:

People, places, and things, that's all they talk about in other drug treatments I've been to. Like they say, you need to avoid people, places, and things or you will end up in jail the rest of your life or dead. If you want Black people to graduate just as much as White people from these drug courts, then every jail and prison in the U.S. should have HEAT. HEAT empowers us Black people and we respect you when you are real. The HEAT program is real because it understands that you can't

always avoid people, places, and things, especially when it hits close to home like it does for me. Most of my family and friends smoke weed or at least drink, and I can't avoid everyone forever. I'm able to talk about this in the [HEAT] group and the facilitator gets it. He understands that the old school approach to addiction counseling, that do a 90 in 90 [attend 90 recovery support groups in 90 days] and get a sponsor and admit you are an addict, that kind of stuff, doesn't work for people in urban communities who are faced with drugs and crime every day. We talk real stuff in HEAT and I trust the group to give me good advice. Like I said, Black people will do better in drug courts and any other program if they can do HEAT.

On a similar note, another participant recommended that HEAT be expanded in the criminal justice system. He shared some of the potential challenges of doing this, but at the same time, pointed out the importance of overcoming the challenges. He shared:

HEAT should be everywhere. I never knew about it until I moved here. I got family on the east coast and when I tell them about this [the HEAT program] they are like, we need that here. These politicians and judges and all these influential people say they want to stop racism and have everything be equal, but they don't put their money where their mouth is. I'm sure it isn't cheap to run HEAT, you have to pay for counselors and a building, stuff like that, but if you really want racial equity, like I hear all the time, then do something about it. At least our judge talks about these issues, and she's White. Listen, you don't have to be Black to learn about Black issues and help us. You just got to be real and do something helpful, not just talk about it.

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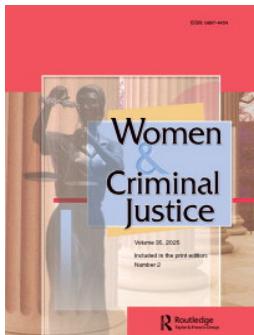
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<https://doi.org/10.1080/08974454.2025.2491396>



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To cite this article: John R. Gallagher, Anne Nordberg, Samantha C. Patton, Faith Kanneh, Justine W. Welsh & Maria Elena Verde-Yanez (16 Apr 2025): The Voices of Women Who Have Been Underrepresented in Drug Court Research: Empowerment, Advocacy, and Substance Use Disorder and Trauma Recovery, *Women & Criminal Justice*, DOI: [10.1080/08974454.2025.2491396](https://doi.org/10.1080/08974454.2025.2491396)

To link to this article: <https://doi.org/10.1080/08974454.2025.2491396>



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The Voices of Women Who Have Been Underrepresented in Drug Court Research: Empowerment, Advocacy, and Substance Use Disorder and Trauma Recovery

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ABSTRACT

Research has provided compelling evidence that racial, ethnic, and gender disparities exist in some drug courts where white men tend to have better outcomes than their counterparts. Qualitative studies are less common in drug court research, and when they are completed, research samples tend to be solely or primarily white participants. This qualitative study adds to the knowledge base by giving women ($n=8$) who have historically been underrepresented in drug court research a voice related to their experiences in the program. Three themes emerged from the data, including: (1) Drug court helped women become an advocate for themselves, but they can't do it alone; (2) Drug court didn't give up on women and that helped them recover from trauma; and (3) The female voice radiates throughout drug court and lets women know that they are in this together. Implications for drug court practice are discussed, particularly related to creating a trauma-informed environment in the justice system and delivering evidence-based treatment to support trauma recovery. Treatment providers must be trained and credentialed to treat trauma symptoms and able to create an environment that promotes female camaraderie, empowerment, and advocacy. Additionally, future research should evaluate the prevalence of trauma among female drug court participants and assess if programs are prepared to treat trauma through a gender-informed lens.

KEYWORDS

Drug court; women; trauma; recovery; qualitative; substance use disorder

INTRODUCTION

Drug courts emerged in 1989 in response to high rates of individuals recidivating, and substance use disorder was frequently associated with their return to the jail or prison system. Historically speaking, drug courts responded therapeutically to the crack cocaine epidemic, as compared to incarceration which was the norm at that time. The first drug court was in Miami, Florida, which is the site of this qualitative study. Drug courts have been referred to by multiple names, such as treatment courts, problem-solving courts, recovery courts, and specialized dockets. Regardless of the title used, the programs are guided by the same key components to ensure fidelity to the model (All Rise, 2024). Examples of the essential elements of drug court programming include: (1) completing a risk-need-responsivity (RNR) assessment; (2) providing a substance use disorder

assessment; (3) offering case management and substance use disorder counseling; (4) participants meeting with the judge frequently; (5) delivering sanctions, incentives, and service adjustments in response to participants' behaviors; (6) and requiring participants to submit drug tests on a frequent and random basis (All Rise, 2024). Drug courts operate with a multidisciplinary team that includes judges, attorneys, substance use disorder counselors, court coordinators, and law enforcement. Additionally, some drug courts may include addictionologists, researchers, vocational counselors, and recovery coaches as part of their team.

Having a substance use disorder is clearly associated with involvement in the criminal justice system. While the findings vary based on the population (e.g. arrestee population, sentenced population, those in jail, those in prison, those in community corrections) and methodology used, it is safe to say that more than half, and probably closer to 65%, of the prison population has a substance use disorder (National Institute on Drug Abuse [NIDA], 2020a). Moreover, it is estimated that about one-fifth of prisoners do not meet the diagnostic criteria for a substance use disorder, but they were using drugs or alcohol at the time they committed a crime (NIDA, 2020b). In their metanalysis, Katsiyannis et al. (2018) found that substance use disorder was also a statistically significant predictor of criminal recidivism, emphasizing the need for people to receive high quality, effective, and evidence-based treatment while they are involved in the criminal justice system. Drug courts are one intervention that was designed to offer treatment to individuals who have substance use disorder and are involved in the criminal justice system.

LITERATURE REVIEW

A sizable amount of research has been published on the effectiveness of drug courts. Actually, drug courts are the most evaluated criminal justice program that treats substance use disorder (All Rise, 2024). Findings related to juvenile drug courts are mixed, but for adult drug courts, the evidence is clear that they reduce criminal recidivism rates and drug use (Logan & Link, 2019). The strongest evidence that adult drug courts are effective comes from multiple meta-analyses (Logan & Link, 2019). Randomized controlled trials are rarely used in drug court research because of the barriers associated with randomly selecting and assigning participants who are involved in the criminal justice system. Although drug courts produce many positive outcomes, previous research has suggested that some programs may not be meeting the treatment and trauma recovery needs of women (Gallagher & Nordberg, 2017a).

Understanding the individualized needs of drug court participants is crucial in developing effective programming. Some drug court, however, operate with a male-centric model, despite decades of evidence that gender differences exist in how drugs and alcohol are metabolized, rates of drug overdose and death, barriers to accessing treatment, and likelihoods of mental health disorders (NIDA, 2020b, 2020c, 2020d). In a pilot study conducted by Shaffer et al. (2019), distinct gender differences emerged in a sample of rural drug court participants. Specifically, males had more involvement in the criminal justice system (e.g., arrests, convictions) than females and they were more likely to use alcohol (Shaffer et al., 2019). Females experienced considerably more risk factors than males, including trauma, sexual abuse, interpersonal violence, housing insecurity, unemployment, and health issues (Shaffer et al., 2019). These risk factors, particularly trauma symptoms that arise from abuse, increase a women's likelihood of developing a substance use disorder, premature death, and many other negative outcomes, accentuating the need for drug courts to provide trauma-informed care (Substance Abuse and Mental Health Services Administration, 2023).

In addition to the challenges females may experience in drug court, it is also important to note that racial disparities frequently exist in outcomes (Ho et al., 2018; Marlowe, 2013). In a statewide evaluation of multiple types of treatment courts, including drug court, Gallagher et al. (2023) found racial disparities in graduation rates. In their study, about 65% of white participants completed the programs, but all other races, including Hispanics, African Americans, American

Indians, and those who identified as biracial, completed the programs at less than 30% (Gallagher et al. 2023). Quantitative studies have documented the problem of racial disparities in outcomes and qualitative research has been used to explore the phenomenon. Most qualitative study, however, have focused on the experiences of white and African American participants (Gallagher & Nordberg, 2016). As a result, the voices and experiences of participants from other races is not adequately captured in the literature.

Furthermore, qualitative studies specific to the female experience in drug court exist, but they are less common comparative to the large body of drug court research (Fischer et al., 2007; Roberts & Wolfer, 2011). To best serve all women in drug court, research must examine the experiences of female participants who have historically been unrepresented in the literature. Accordingly, this research is guided by phenomenology theory (Larsen & Adu, 2021; Padgett, 2016). Phenomenological approaches give people a voice related to their lived experiences in social constructs and environments, like the criminal justice system. This theoretical approach is especially important in research that explores why racial, ethnic, and gender disparities exist in criminal justice outcomes, and participants voices are the best avenue to answer research questions (Gallagher & Nordberg, 2017a). To the best of our knowledge, this is the first qualitative study to give female drug court participants a voice related to their experiences in the program where nearly the entire sample was Hispanic women. Gallagher et al. (2019) explored the experiences of African American women in a previous study, but the lived experiences of Hispanic women have not been shared yet. Moreover, a recent report that discussed the future of drug court research also emphasized the need for more qualitative studies, especially those that explore the factors that contribute to racial, ethnic, and gender disparities in outcomes (Williams, 2023).

METHODOLOGY

The data collection and analysis procedures are similar to that used in previously published work (Gallagher et al., 2025). This study was approved by an Institutional Review Board and the data collection occurred in August of 2024. To participate in this research, individuals had to be: (1) 18 years of age or older; (2) a current drug court participant; (3) female; and (4) able to read and speak English. The study recruited participants from a drug court in Florida. This study has one research question. What are women's views related to the strengths of drug court that support substance use and mental health disorder recovery and how drug court can best serve female participants?

A member of the research team recruited participants by attending drug court and sharing a flyer with potential participants that summarized the research and invited them to contact the lead researcher if they wanted to participate in the study. Extra flyers were also provided, and participants were encouraged to share flyers with others who may be eligible to participate in this study. The recruitment method included word-of-mouth among the drug court participants, so the researchers were not able to identify how many attempts at sampling were made. As a result, a response rate is not reported. For those who wanted to participate, they chose to attend a small group discussion (2 to 3 women) or an individual interview. An informed consent document was provided to all participants, and they verbally consented to participate in this research. Additionally, the small group discussions and individual interviews were audio recorded. Consistent with the research question for this study, the discussions were guided by two predetermined questions and probing questions were used to seek specificity in responses. The two questions asked to all participants are noted below.

1. From your experiences as a drug court participant, could you please describe the strengths of the program that support your substance use and mental health disorder recovery?

2. From your experiences as a drug court participant, could you please share your thoughts and opinions related to how drug court can best serve female participants?

Following the data collection, the audio recordings from the small group discussions and individual interviews were transcribed verbatim. The transcribed data were uploaded to a qualitative software, NVivo, for the analysis. The data analysis followed a four-step process (Miles et al., 2019; Padgett, 2016; Rubin & Babbie, 2010). First, researchers independently read the transcriptions three times to immerse themselves with the data, and during this process, they noted participants' experiences that seemed helpful in answering the research question. Second, researchers independently identified codes that were apparent in the data. Third, as a group, the researchers compared their individual findings until consensus was reached on the identification and conceptualization of each theme. At this stage, the research team unanimously concluded that data saturation was achieved. Fourth, the number of women who contributed to each theme was quantified.

Interdisciplinary triangulation and peer debriefing were used to increase the rigor of the analysis and validity and reliability of the findings (Padgett, 2016). The research and peer debriefing team consisted of colleagues from social work, criminal justice, public health, psychology, and medicine. This approach achieved interdisciplinary triangulation with the assistance of multiple disciplines. This minimizes bias by not having a single discipline or its values dominate the understanding of the data. Interdisciplinary triangulation was especially important for this study because drug courts operate with a multidisciplinary team and the findings needed to be applicable and understandable to a range of professionals, such as substance use disorder counselors and criminal justice professionals. Peer debriefing was also used to minimize bias. Specifically, preliminary results were shared with two qualitative research experts to seek their feedback on the logic and certainty of the findings from the research team. The two peer debriefers were not associated with this study, beyond peer debriefing, and were used as another avenue to promote objectivity in the development of the themes. It is also important to mention that the positionality of the research team is aligned with goals of this research, such as giving women a voice related to their experiences in drug court and eliminating gender disparities in drug court outcomes. Specifically, the research team, including peer debriefers, included one male and seven females. Combined, the research team has decades of experience providing substance use and mental health disorder counseling to women and facilitating research related to criminal justice reform and eliminating racial, ethnic, and gender disparities in drug court outcomes. Additionally, the research team included cultural experts who had lived experience in the Florida community where participants were recruited and expertise in Hispanic culture.

FINDINGS

Eight women chose to participant in this research. Two women selected an individual interview and 6 participated in a small group discussion. Three small groups were facilitated with two women in each group. A benefit of qualitative research is that it gives women a voice related to their experiences in drug court and the sharing of lived experiences can be empowering and validating. Due to the exploratory nature of this study, the women's collective voices are the best avenue to answer the research question. Consistent with the aim of this study, each woman was asked to share their race and ethnicity. This is especially important because drug court research has identified participants from racial and ethnic minority groups as non-white or non-Caucasian (Gallagher et al., 2020; Shannon et al., 2018). That approach, inadvertently, devalues or minimizes the importance of racial and ethnic identity. The races and ethnicities, as well as age, of the women who participated in this research is noted in [Table 1](#). The age of the women ranged from 23 to 52 and the average age was 31. Seven (87.5%) of the women identified as Hispanic and 1

**Table 1.** Drug court participant demographics.

Age	Gender	Race and ethnicity
23	Female	Hispanic and Cuban
25	Female	Hispanic and Honduran
29	Female	Hispanic and Venezuelan
28	Female	Hispanic and Nicaraguan
25	Female	Hispanic and Cuban
52	Female	African American
29	Female	Hispanic and Cuban
34	Female	Hispanic and Puerto Rican

(12.5%) as African American. The most common ethnicity was Cuban ($n=3$; 37.5%) The data from the small group discussions and individual interviews were analyzed cumulatively. Three themes emerged from the data.

Theme 1: Drug Court Helped Women Become an Advocate for Themselves, but They Can't Do It Alone

Every woman ($n=8$; 100%) shared experiences that contributed to the development of this theme. Women felt that the drug court created a safe place for them to share their thoughts and experiences related to the strengths of the program, as well as challenges they were facing. They offered concrete examples of how they advocated for themselves, and the additional supports needed to help them be successful in the program. The following woman, for instance, recommended that all female drug court participants be offered a peer support specialist, which is sometimes referred to as a recovery coach. During a small group discussion, she commented:

Some of the women have another woman who is in recovery supporting them. They are called peer support or recovery support professionals. I would like to see every woman in drug court be offered a recovery specialist at the start of the program. We can't do this alone and talking with another woman in recovery, especially a woman who already completed drug court, would be so helpful. It is a dramatic shift from addiction to trying to do drug court, and I am a strong woman who can do this, but we could use all the support possible, especially early on in the program.

Some women, such as the one noted below, shared critiques they had related to how substance use disorder counselors shared information with the drug court. The woman discussed how she had to advocate for herself because, in her opinion, counselors miscommunicated information to drug court and this could have resulted in negative consequences for her. Specifically, while in a small group, she shared:

I trust the judge, but I'm still not fully invested in the counseling they make us go to. The drug counselors have a chip on their shoulders, if you don't do it their way then they say negative stuff about you to drug court. Here's an example of what I'm talking about. I told my counselor once that I was thinking about having a drink and my counselor told the court that. I don't know how she told the court, probably through email, but it was presented in a negative light. Drug court made a big deal about it because they thought I was drinking or had plans to drink, and I was like, no, I just had a craving to drink. Isn't this the stuff we are supposed to tell our counselors? Like how do you expect us to trust the drug counselors if we can't even talk to them about drugs, or in my case, a thought about drugs. My advice to women in drug court is, if you are concerned about something in the program, take it straight to the judge. Our judge listens and wants us to tell her about our experiences in her program.

On a similar note, another woman suggested that counselors should not provide written reports to drug court because information can be taken out of context. Plus, a counselor's written report may exclude the voices of female participants. Drug court helped this woman become an advocate for herself. During an individual interview, she stated:

The biggest challenge I faced was with counseling. On several occasions, the treatment people send written reports to drug court basically saying how we are doing in counseling. Are we meeting our treatment goals?

Are we testing negative? Are we participating in group? That type of stuff. Written reports can be misunderstood and taken out of context, and this is a big deal because we could go to jail if we don't comply with treatment. Drug court should not accept written reports. If you want to know how I am doing in counseling, ask me. My suggestion would be for the counselors to call drug court with us present so we know what is being said about us and so we have a voice. Written reports take away our voice, and as women, we are used to being told not to speak up and not to talk. I'm not like that anymore. My voice will be heard, and drug court taught me how to become an advocate for myself.

Theme 2: Drug Court Didn't Give up on Women and That Helped Them Recover from Trauma

Seven of the 8 women (87.5%) shared experiences that contributed to the development of this theme. These women reported histories of trauma, most commonly physical and sexual abuse, and they processed how drug court supported them as they healed from pains of the past. The women commonly shared thoughts related to *wanting to give up* because it was challenging to recover from addiction and trauma at the same time. During those difficult times, though, they reported that drug court did not give up on them, and that persistent support from drug court helped them develop resiliency and continue their paths to recovery. For example, one woman compared her drug addiction to the years when she was an escort, and the continuous support from drug court helped her achieve recovery from drugs and trauma. The woman shared the following during an individual interview:

Before drug court, I was an escort for a long time. It was just like drugs. It was like an addiction. I was making thousands of dollars each time, and when I started, I told myself that I wouldn't have sex with men, but just like addiction, it's progressive and I started having sex with them. The more and more my addiction took over my life, the more escorting I did just so I could get high. I slept with men, felt awful after it, and then got high to numb the pain. So many women in this program have the same story. I know because we support each other. We all have experienced trauma, and escorting is one of the most traumatizing things you can do because, when men pay, they think they can talk to you and treat you anyway they want. At the end of my escorting, my pain and addiction were so bad that I was having sex for fifty dollars and letting men do their fetishes, like rubbing and kissing my feet. Drug court knows my history and not once did they judge me. Drug court saved my life from addiction, but it also allowed me to heal from my trauma and put me on the path of self-forgiveness.

Another woman discussed how drug court, particularly the judge, never gave up on her and this helped her develop trust with the program. Furthermore, the woman processed how supportive language used in drug court, such as *I care about you*, can, unintentionally, be retraumatizing. During a small group discussion, she stated:

I think it's crazy to think that someone like me, someone who has experienced all types of abuse since I was a kid, is expected to open up to a judge or the court system. I was sexually abused most of my childhood and every relationship I have been in has also been abusive. The court says the same things as the men who hurt me, things like "I care about you," "I am here for you," "you can talk to me," things like that. Women who have been abused are very on edge, like skeptical, of people who say stuff like that, even if it is a judge or counselor. I'd image that most women in drug courts everywhere have experienced abuse, and the drug courts need to know that it takes time, a long time, for us to trust them. The judge never gave up on me, and that's what women need, another woman in authority who genuinely cares about use and understands that it takes time to build trust.

In a final example, a woman drew a parallel between an abusive relationship she was in and potentially being incarcerated while in drug court. She emphasizes the point that drug courts need to be aware of the potential retraumatization of incarceration, whether a jail sanction in the program is warranted or not. The woman shared the following during an individual interview:

Threatening to put women in jail, especially women who have been traumatized, is not helpful. Drug court is pretty good about not using jail too much, but even when it's used, the court needs to know that jail is traumatizing, even if just for a night. I have been held against my will by a controlling and abusive ex. I couldn't leave his house. He controlled every aspect of my life. Going to jail is retraumatizing because, just like

my ex, you can't leave and the guards control your every move. Most women here have some history of abuse, and the court needs to know that jail, regardless if it's justified or not, can trigger our abuse from the past.

Theme 3: The Female Voice Radiates throughout Drug Court and Lets Women Know That They Are in This Together

Seven of the 8 women (87.5%) shared experiences that contributed to the development of this theme. The theme centered on how the collective voices of women in drug court, including participants and staff, creates an environment that is conducive to substance use and mental health disorder recovery, promotes family engagement, and offers support for mothers. One woman, for instance, shared how the program invites family members to attend drug court hearings and the judge welcomes family members by speaking their language. Specifically, while participating in a small group discussion, she shared:

Our judge is a woman, and she understands the importance family. As a mom, I appreciate that because my addiction was so bad for my kids, and I want to rebuild my family and ask for amends. The court encourages us to bring our family here if they want to see what we do. The judge is Cuban and she speaks Spanish sometimes to connect with our family members who don't speak English. I grew up as a kid where we only spoke Spanish in my house, so hearing a judge talk to me like my family did is inspirational because it reminds me of a time where drugs didn't rule my life.

In another instance, a woman offered a poignant example of how abuse and trauma impact animals and humans in a similar manner. The woman drew on her experiences as someone who cared for dogs who were abused, and she provided examples of how drug court and peer support can best serve female participants. During an individual interview, she stated:

I used to take care of dogs who were abused. I don't know if you know anything about animal abuse, but it takes a long time for abused animals to warmup to someone. It can take months. Humans aren't much different. Every woman comes to drug court with her past, some good and much of it painful because of drugs and the crazy shit we did. Just like an abused dog, it can take us a long time to trust the people in the program and truly believe that they want to help us. I was skeptical at first, but other ladies in the program came up to me and told me that I could complete drug court and that they would support me and that we were in this together. Hearing that from other participants, especially other women, is more impactful than anyone else. Like an abused dog, we just need time to build trust, be consistent with us, and be gentle and kind. That's how I think drug court can help women.

Praise and encouragement from the drug court judge was especially important to the women in this study, particularly those who were mothers. It was promising to see that participants viewed the judge as a supportive figure who was relatable through motherhood, as compared to a legal professional who could deliver punitive consequences. The woman shared how kind words, affirmations, and praise from the female judge was a strength of the program. During a small group discussion, she commented:

Most importantly, we are heard. The judge knows that it is difficult for females to do just as well as men in drug court. We have so many other responsibilities. We do all the drug court stuff, but also have to raise our kids, pay the bills, try to keep our kids out of trouble, and the daily stuff of being a mom. Judge [last name of the judge], when we meet with her, is always asking us about our kids and saying nice things, like she is proud of us, and that goes along way with moms here. We respect that. It's not like talking to a judge. It's more like one mom helping another.

DISCUSSION

To the best of our knowledge, this is the first qualitative study to explore the experiences of drug court participants with a sample that is predominately Hispanic females. Findings from this study highlight three main themes focused on how drug court helped women become an advocate for themselves, the impact of trauma on the substance use and mental health disorder recovery

process, and how the collective voices of females created a gender-responsive environment that was conducive to recovery. Our study emphasizes many of the positive benefits of drug court while also acknowledging limitations, such as ineffective practices (e.g., written reports) when treatment discloses information to the court and the use of incarceration which can trigger trauma-related symptoms in female participants.

The majority of women (87.5%) interviewed reported a history of trauma. Previous studies have identified the connection between adverse childhood experiences and early justice involvement (Graf et al., 2021; Testa et al., 2022), citing the need to mitigate gender-based risk through a social determinants of health framework (Morse et al., 2022). Drug court best practice standards outline the evaluation and delivery of effective trauma treatment (All Rise, 2024), and assessing the quality of trauma treatment that participants receive is warranted. A recent qualitative interpretive meta-synthesis (QIMS) demonstrated that drug court participants were frequently dissatisfied with the treatment they received (Gallagher & Nordberg, 2024) and African American drug court participants reported that their mental health needs were not being met (Gallagher & Nordberg, 2018). By adopting trauma-informed policies and practices, drug courts enable all court personnel to contribute meaningfully to the recovery and rehabilitation of individuals who have a history of trauma (Tamburo-Trevino, 2024).

Findings from this study highlight the need for drug courts to provide trauma-informed care (Substance Abuse and Mental Health Services Administration, 2014). For example, the women felt that peer support helped them do well in drug court and assisted them in healing from trauma. They emphasized, however, that peer support must be provided in a safe, collaborative, and trusting environment. In recent years, drug courts have incorporated peer support specialists, which are sometimes referred to as recovery coaches, into their programming (Kunkel & van Wormer, 2023). Treating trauma symptoms can be complex and requires specialized training and expertise. With that said, peer support specialists must receive training in trauma-informed care prior to working with drug court participants. While peer support specialists do not provide counseling, they do spend a considerable amount of time with participants, and they must be aware of best practices to prevent retraumatization (Kunkel & van Wormer, 2023; Substance Abuse and Mental Health Services Administration, 2014). Peer support specialists must be rigorously trained in trauma-informed care and demonstrate their competency in this area. Without proper training and competence, peer support specialists may inadvertently cause harm.

Quotes from multiple women also underscored their experiences with family and motherhood, as well as their perception of the judge's genuine concern for their well-being. Drug courts are increasingly recognizing the importance of family support in recovery. By adopting family-centered approaches, these programs seek to strengthen family bonds and improve substance use disorder outcomes (Center for Children and Family Futures & All Rise, 2019). Retaining custody of children has also been identified as a motivation for engaging in substance use disorder treatment (Elms et al., 2018). Conversely, a fear of losing custody of their children is clearly a barrier to mothers fully engaging in treatment and even disclosing their parental status. There is a pressing need for substance use disorder services to employ evidence-based approaches that encourage mothers to openly discuss parenting and childcare challenges (Canfield et al., 2021). Furthermore, family-based interventions have the potential to mitigate the risk of future substance use and delinquent behaviors among young individuals, thereby breaking the cycle of intergenerational substance use and crime (Kumpfer, 2014).

Some women shared that they needed to advocate for themselves because they were dissatisfied with how information was exchanged from treatment providers to drug court. This is a notable finding because several research studies have shown similar patterns where drug court participants viewed treatment providers as punitive and judgmental (Gallagher et al., 2017b) and untrustworthy based on what they were sharing with the courts (Gallagher & Nordberg, 2024). Women from this study recommended that treatment providers not provide written reports to

drug court that summarizes clinical information, such as a participant's motivation for recovery, how she is engaging in treatment, or perhaps how she responded following a return to drug use. Clearly, written reports can be taken out of context, and when a woman's freedom is at stake, programs cannot and should not risk miscommunication. Alternatively, programs should consider reducing the amount of clinical information exchanged between treatment and drug court, which is consistent with a person-centered model of care (Substance Abuse and Mental Health Services Administration, 2024), and if information must be shared, the woman should always be present so her voice can be heard, too.

Last, as part of the drug court model, participants are required to meet with the judge frequently, sometimes as often as once a week (All Rise, 2024). Drug courts should offer gender-specific dockets for these status hearings. During status hearings, conversations between participants and the drug court judge may include personal and sensitive topics, such as trauma, motherhood, and overall wellbeing. Messina et al. (2012) found that gender-specific substance use and mental health disorder treatment resulted in better outcomes for female drug court participants, including increased satisfaction with treatment and reductions in posttraumatic stress disorder (PTSD) symptoms. A meta-analytic review (Gobeil et al., 2016), recent systematic review (Johnstone et al., 2023), and research specific to Hispanic women (Hser et al., 2012) also highlighted the benefits of gender-specific treatment, suggesting that women may also benefit from gender-specific dockets and status hearings in drug court.

LIMITATIONS AND FUTURE RESEARCH

The findings from this qualitative study can be used to inform drug court practice, but they are not generalizable beyond the research sample. The findings, however, can guide future research that enhances generalizability. For instance, 87.5% of the women in this study reported a history of trauma, most commonly physical and sexual trauma. It is recommended that future quantitative studies evaluate the prevalence of trauma among female drug court participants and assess if programs are prepared to treat trauma through a gender-informed lens. Another limitation is that the women in this study participated in a single individual interview or small group discussion. Presumably, women's experiences in drug court will vacillate based on many factors, such as what phase of the program they are in or how long they have been in substance use and mental health disorder recovery. Accordingly, future qualitative research should collect data at multiple points in programming. Facilitating individual interviews, for example, at 3, 6, 9, and 12 months in drug court may offer insight into the female trauma recovery process and how women's opinions of the program may change over time. Lastly, future qualitative research should continue to give women a voice related to their drug court experience and sampling should focus on races and ethnicities that have been historically underrepresented in research. This study offered some insight into the Hispanic female experience, but more work needs to be done, including giving Native Hawaiian, Pacific Islander, Asian, and American Indian women an avenue to share their story.

SUMMARY

Drug courts are an important part of the justice system, and they offer an opportunity for substance use and mental health disorder recovery for participants who may otherwise not receive an opportunity for treatment. Drug courts cannot claim to be equitable, though, until all races, ethnicities, and genders have equal access to and outcomes in the program. Women sharing their lived experiences is the best avenue to provide an in-depth, behind-the-scenes perspective on how drug courts can best serve female participants. To enhance drug court programming, treatment providers must be trained and credentialed to treat trauma symptoms and able to create an

environment that promotes female camaraderie, empowerment, and advocacy. For drug courts to maintain their role in criminal justice reform, future research must prioritize reaching females from all races and ethnicities with the goal of eliminating gender disparities in outcomes.

DISCLOSURE STATEMENT

No potential conflict of interest was reported by the author(s).

FUNDING

This research was funded by a grant from the United States Bureau of Justice Assistance (BJA) and the Center for Justice Innovation (CJI).

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To cite this article: John R. Gallagher, Anne Nordberg, Jackie LaPlant-Braughton, Faith Kanneh, John Martin, Darryl Turpin & Honorable Casey L. Clevenger (2025) Incorporating an Afrocentric Approach into the Criminal Justice System: The Voices of Men Who Attend the Habilitation Empowerment Accountability Therapy (HEAT) Program, *Journal of Evidence-Based Social Work*, 22:3, 394-407, DOI: [10.1080/26408066.2025.2463377](https://doi.org/10.1080/26408066.2025.2463377)

To link to this article: <https://doi.org/10.1080/26408066.2025.2463377>



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Incorporating an Afrocentric Approach into the Criminal Justice System: The Voices of Men Who Attend the Habilitation Empowerment Accountability Therapy (HEAT) Program

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ABSTRACT

Purpose: Treatment courts, such as drug court, have been part of the criminal justice system since 1989. While treatment courts have played an important role in justice reform, they have also been plagued by inequities where programs tend to be more effective for White participants than African Americans.

Materials and methods: To the best of our knowledge, this is the first qualitative study to explore the experiences of African American men ($n = 11$) who are in treatment courts and participate in the Habilitation Empowerment Accountability Therapy (HEAT) program. HEAT is a curriculum-based therapy that addresses Afrocentric topics, such as racial trauma.

Results: Three themes emerged from the data: (1) Limiting the amount of clinical information shared from HEAT to treatment court increases participant honesty, engagement, and satisfaction with counseling; (2) Appreciating an Afrocentric approach to support substance use disorder recovery; and (3) Expanding Afrocentrism in the criminal justice system to promote equality in treatment court outcomes.

Discussion: Positive outcomes seem to be associated with integrating practices that contribute to safety and trust, such as limiting disclosure between counselors and courts, incorporating Afrocentric approaches into substance use disorder treatment, and creating a therapeutic environment that is person-centered and free from stigmatizing language.

Conclusion: Implications for future research and treatment court practice are discussed, particularly around revisiting how substance use disorder counselors share information with treatment court and the importance of Afrocentric training for treatment court professionals.

KEYWORDS

Drug court; treatment court; qualitative; HEAT; African American

Introduction

Treatment courts have been part of the criminal justice system since 1989, and they have played an important role in providing individuals with substance use and mental health

disorder treatment instead of incarceration. According to DeVall et al. (2023) in their recent report, nearly 4,000 treatment courts can be found in the United States (U.S.) and U.S. territories. The first treatment court was an adult drug court, so it is not surprising that they are the most common with nearly 1,700 operating in the criminal justice system today (DeVall et al., 2023). Other types of treatment courts, such as mental health courts, veterans courts, DUI/DWI courts, tribal healing to wellness courts, and family treatment courts, also operate in the criminal justice system, but they are less common than adult drug courts (DeVall et al., 2023).

Generally speaking, each type of treatment court is guided by 10 key components (Rise, 2024). The implementation of the key components will vary from one program to the next depending on the population served. For instance, family treatment courts will have a multidisciplinary team that has expertise in family issues, such as child welfare, child development, and childhood trauma (Center for Children and Family Futures and National Association of Drug Court Professionals, 2019) and veterans treatment courts will include clinical programs that address the individualized needs of veterans, which often includes a collaboration with the local Department of Veterans Affairs (VA). Regardless of the type of treatment court, there seems to be universal interventions in each program, such as participating in substance use and mental health disorder treatment, attending frequent, sometimes weekly, status hearings with the treatment court judge, submitting drug tests approximately 1 to 3 times a week on a random basis, and providing incentives and sanctions to support positive behavioral change (Rise, 2024).

There is a wealth of information on the effectiveness of treatment courts, and as a whole, they successfully treat substance use and mental health disorders and criminality which results in reductions in criminal recidivism rates (Gallagher et al., 2015). Meta-analyses completed over a decade ago demonstrated this fact (Mitchell et al., 2012; Shaffer, 2011); accordingly, treatment court research has shifted from focusing on if they work to modern topics such as eliminating racial disparities that exist in some programs. A noticeable and alarming issue with treatment courts is that White participants tend to have better outcomes than other races. A recent statewide evaluation of 30 treatment courts in a Midwestern state (America) found that White participants completed treatment court at 64.9%, whereas African Americans (29.3%), those who identified as biracial (28.6%), Hispanics (24.3%), and American Indians (16.7%) had much lower graduation rates (Gallagher et al., 2023).

Understanding the phenomenon of why racial disparities exist in some treatment courts is complex, and qualitative and quantitative studies have been used to explore the factors that may contribute to this problem. When qualitatively comparing White and African American treatment court participants, Gallagher and Nordberg (2016) found that African Americans were more likely than White participants to be dissatisfied with the quality of treatment they received for their substance use disorders. Moreover, 81% of African Americans shared experiences that supported the theme of culturally incompetent labeling, which included words like addict and alcoholic, and African Americans felt that they were coerced by treatment providers to use these stigmatizing terms (Gallagher & Nordberg, 2016). A trend seen in the literature is that African Americans are admitted to treatment court at much lower rates than other races (Cheesman et al., 2023) and the underrepresentation of African Americans in programs seems to be associated with lower graduation rates for this population (Gallagher, 2013).

Habilitation Empowerment Accountability Therapy (HEAT) is a promising intervention that may be part of the solution in eliminating racial disparities in treatment court outcomes. There are approximately 75 HEAT programs throughout the U.S. HEAT was created for African American men who have substance use disorders and are involved in the criminal justice system (HEAT, 2023). It is a curriculum-based therapy that lasts about 9 months, and during that time, participants attend HEAT two times per week and each therapy session is 90 minutes. Participants discuss traditional substance use disorder topics, such as developing a recovery support system, but also culturally specific topics, including the unique challenges of living in urban environments, the strength and resilience of African American communities, racial trauma, and community healing through activism (HEAT, 2023). HEAT is not considered an evidence-based intervention, as it lacks randomized controlled trials and a large knowledge base to justify that recognition. However, Marlowe et al. (2018) found positive outcomes when using HEAT with African American men who had criminal histories. This is important because treatment courts are designed to serve individuals who have substance use disorders and high criminogenic risk factors which are often associated with criminal history (Rise, 2024). In their pilot studies, 9 out of 10 African American men completed HEAT, they were satisfied with the quality of treatment they received, and participants completed treatment court at higher rates than the norm (Marlowe et al., 2018).

This study adds to the knowledge base on HEAT by using qualitative methods to provide a behind-the-scenes perspective of the program. To the best of our knowledge, this is the first qualitative study related to participants' experiences in HEAT. Due to the ongoing problem of racial disparities in treatment court outcomes, this research is warranted to give African American men a voice related to the quality of treatment they receive for their substance use disorders. This study was guided by the following exploratory research question: What are the lived experiences of African American men in the HEAT program, regarding the strengths, limitations, and impact of the program on their recovery?

Materials and methods

Recruitment, sampling, and research design

This study commenced with Institutional Review Board (IRB) approval and written informed consent was provided to all participants who chose to attend a focus group. The inclusion criteria for participation in this research was: 1) must be 18 years of age or older; 2) must be a current treatment court participant; 3) must be able to read and speak English; and 4) must be a current participant in the HEAT program. Participants were recruited from a treatment court in a Midwestern state. The treatment court has been using HEAT since 2019, and participants can choose to participate in HEAT or treatment-as-usual. A member of the research team attended two treatment court hearings where he introduced himself, briefly discussed the study, and invited all who met the inclusion criteria to participate in a focus group. Potential participants were also offered a flyer that included the name, e-mail, and cell phone number of the lead researcher, and they were invited to contact him if they had any questions about the study. A response rate for this study is not available because there was no way of knowing how many participants met the inclusion criteria.

In mid-2024, 11 African American men participated in a single focus group. In total, two focus groups were facilitated with 6 men attending one and 5 men in the other. All men were active participants in the HEAT program and attended the same treatment court located in a Midwestern state. Each focus group was approximately 50 minutes in length. The focus groups were audio recorded and facilitated by a member of the research team. Additionally, the focus groups were not facilitated in the treatment court courtroom, mainly to protect privacy and confidentiality, but also to ensure that the treatment court program did not know which participants chose to be part of this study. The focus groups started with three broad, predetermined questions and probing questions were used to seek clarity and specificity in responses. The predetermined questions that started each focus group are noted below.

- (1) Could you please describe what you see as the strengths of the HEAT program?
- (2) Could you please describe what you see as the limitations, or challenges, of participating in the HEAT program?
- (3) Could you please describe how attending the HEAT program impacts your substance use disorder recovery process?

As an example, if a participant said that a strength of the HEAT program is that he likes the counselors and the counselors care about him, the researcher would probe by asking, could you please provide us with an example or two of when you felt that a HEAT counselor cared about you? Additionally, if a participant said that he trusted the HEAT counselors, the researcher would probe by asking, could you please describe for us some of the things HEAT counselors have done to build and earn your trust?

Qualitative data analysis plan

The audio recordings from the focus groups were transcribed verbatim and uploaded to a qualitative analytic software for analysis. The analysis was guided by a phenomenological approach, as described by Miles et al. (2019). Specifically, a focus of the analysis was to capture the lived experiences of men who participated in the HEAT program, with an understanding that the cumulative viewpoints would best answer the research question. Phenomenological analysis is recommended when little is known about a phenomenon, such as the experiences of African American men in the HEAT program, and it can also minimize researcher bias by focusing on the lived experiences of participants, not hypotheses developed by the researchers (Miles et al., 2019; Padgett, 2016).

The data analysis followed a three-step process (Miles et al., 2019; Padgett, 2016; Rubin & Babbie, 2010) which was completed by the research team. First, to immerse themselves in the data, each researcher read the focus group transcriptions three times in a five-day period. During this process, researchers independently noted data that highlighted the experiences of African American men in HEAT and data that seemed to help answer the research question. Second, researchers independently developed codes that emerged from the data and concept mapping was used to group codes into themes. Third, the research team then compared and contrasted the codes and themes associated with the data, and themes were finalized once consensus was reached. Direct quotes from HEAT participants were used to define each theme.

Two strategies were used to increase the rigor, validity, and reliability of the qualitative findings (Padgett, 2016). First, interdisciplinary triangulation was achieved because the authors who completed the data analysis were from multiple disciplines, such as social work, psychology, and law. The core values and theoretical underpinnings of disciplines can vary, so interdisciplinary triangulation promotes balanced findings that are not dominated by a single profession. Second, peer debriefing was used. The lead researcher sent portions of the data, concept maps, and preliminary findings to two colleagues who have expertise in qualitative research. These colleagues were unaffiliated with this study, which is the intention of peer debriefing to add an additional objective measure to the analysis. The peer debriefers reviewed the information and offered feedback on the logic and accuracy of the theme development. Peer debriefing was done via e-mail, phone call, and virtual meetings.

Results

The ages of the men ranged from 20 to 40 years old with the average age as 28 years old. The average time in the HEAT program for the sample was about 5 months. Three themes emerged from the data: (1) Limiting the amount of clinical information shared from HEAT to treatment court increases participant honesty, engagement, and satisfaction with counseling; (2) Appreciating an Afrocentric approach to support substance use disorder recovery; and (3) Expanding Afrocentrism in the criminal justice system to promote equality in treatment court outcomes. Each theme is described below and quotes from participants are used to conceptualize each theme.

Theme 1: limiting the amount of clinical information shared from HEAT to treatment court increases participant honesty, engagement, and satisfaction with counseling

Participants reported that they were comfortable being honest in the HEAT program because there was a separation between counseling and treatment court. Specifically, participants reported that the HEAT program reported attendance to the treatment court, but other information regarding their treatment remained confidential. Creating a safe, confidential, and non-judgmental environment is clearly important to increasing the quality and effectiveness of counseling. A participant shared why he felt comfortable being honest in the HEAT program, primarily because he knew that what he shared with his HEAT counselor, including reports of drug use, would not be shared with the treatment court judge or probation officer. He stated:

We finally have a place where we can be real. This HEAT program is for us, for Black people, and the [HEAT curriculum] book talks about the distrust most Black people have for the [criminal justice] system. We have lessons on that. We also talk about racism, and the facilitator doesn't try to ignore or downplay the issue of racism. There is racism in the [criminal justice] system, and other places that do treatment don't talk about it. Racism is a relapse trigger, we know that, and everyone in this class has smoked crack, shot dope, got high over it because we are angry. You can't ignore the pain our ancestors had, and if you are looking for African Americans to be cured from addiction, treatment needs to look at the whole picture. Like I said, I trust the people here, we are real with each other, and I'm not worried about what I say being shared with my PO [probation officer] or the judge. Because of HEAT, I'm not walking on eggshells anymore and if I want to say something in group, I say it without fear that it will be

used against me. Even if I used [drugs] on the weekend, I can take that here [to a HEAT group] and they won't hold it over my head or tell the court.

Another participant shared similar experiences where he reported that he trusted the HEAT program and its counselors because they limited what they shared with the criminal justice system. He emphasized the importance of confidentiality in substance use disorder treatment and processed the impact of word-of-mouth on how newcomers to HEAT may view the program. He shared:

We talk amongst ourselves. Before I even started this group, I knew what I could and couldn't share. I knew what they [HEAT counselors] would share with treatment court and what was kept private. They [HEAT counselors] share whether we show up or not and that's all the court needs to know. All of us here have been in-and-out of the system for years, have been in counseling before, and know that you can't trust them [the counselors]. HEAT is different, though, for real, I can share whatever I need to and I'm not worried about it getting back to the judge. That's how it should be. Counselors talk about confidentiality and bullshit like that, but in reality, the counselors don't protect our confidentiality. They share everything with the justice system and hide behind saying they advocate for us and respect our privacy and bullshit like that. This is the first group I've ever been in where the counselors really mean it. The HEAT program works for us. They try to help us and not put us in jail. I don't blame anyone for lying to counselors if they are going to run and tell the courts and justify it because they made us sign a confidentiality form.

Next, a participant discussed the importance of creating a safe environment for African Americans in counseling, and he provided a historical context for his position. He commented:

We [African Americans] don't trust the system anyways, so you can tell me all day to be honest, but if I don't trust you, you are not getting shit from me. I don't care if you are the judge, a prosecutor, or the counselor who says he wants to help, you have to earn my trust. Black people are just expected to trust the system and it's like the people in charge just ignore or wipe from their minds all the trauma the [criminal justice] system has done to us. Now HEAT is another story. They don't ignore Black trauma and acknowledge that a lot of the trauma comes from broken trust. I trust the [HEAT] leader. He's a good man and he works for us, the people in his group, not the jails or prisons. You can be honest here and he may challenge you, but he won't snitch on you to the courts. Just show up to group and you are good. That's how it should be.

Theme 2: appreciating an Afrocentric approach to support substance use disorder recovery

The HEAT curriculum is guided by Afrocentrism and participants valued this approach. Participants commonly reported that they appreciated discussions on longstanding issues that have impacted the African American community, such as intergenerational trauma, racism, implicit bias, and historical and systematic barriers to increasing wealth and education. Moreover, participants respected the use of destigmatizing language to describe someone who has a substance use disorder and the focus on individual strengths, as compared to personal deficits which are often emphasized in the criminal justice system. Quite frankly, Afrocentrism is an approach to substance use disorder treatment that participants had never witnessed before. As noted below, Afrocentrism coupled with genuineness created a productive therapeutic environment. The following participant compared past counseling

experiences to what he was currently experiencing in HEAT. He found the Afrocentric approach to the HEAT program to be innovative, helpful, and genuine. Specifically, he stated:

HEAT is like nothing I've ever had before. I've been in the criminal justice system for over 20 years, since a kid, and had to do counseling many, many times, probably like 10 times already. Other counseling just talks about not using drugs and relapse triggers, and that type of stuff that makes me want to get high. I would leave those groups craving drugs because that's all we talked about. In HEAT, we can go an entire group without even mentioning crack or weed or any drug. We talk about real life, real stuff that we deal with on the streets, like how Black trauma that our grandparents experienced impacts us today, and how we were raised, and how we raise our kids. Black people are going to respond better to this approach than some counselor we can't relate to telling us what's best for us.

Next, a participant emphasized the importance of not labeling African Americans who have substance use disorder, including labels that seem to be commonly used in the counseling profession, such as addict or alcoholic. The use of destigmatizing language by HEAT counselors, in tandem with the Afrocentric approach, appeared to invoke participant respect for the program and build trust, both necessary underpinnings of a positive therapeutic relationship. To him, African Americans reject these labels and respond best to counseling that focused on Black issues. He commented:

We aren't labeled in HEAT. Trust me, don't try to label Black people, we'll push back on it every time. We can speak freely here [in HEAT] and not worry about the leader judging us. Every other treatment I've been to labels me an addict and that's not helpful. It actually pisses me off that these people in charge can just label you and we have to take it, like we have to play the game or the counselor will say we aren't cooperative and that will get back to the [criminal justice] system. We don't focus on labels in HEAT. We focus on Black issues, the real issues we face as Black men, like racism and navigating the [criminal justice] system when the odds are against us.

Another participant shared similar thoughts relating to labeling and provided specific examples on how the Afrocentric approach to counseling in the HEAT programs differs from what he has received previously. He shared:

I'll call myself an addict or alcoholic, if I want to, but if I don't know you, don't just assume I'm an addict and tell me how I should think or label myself. They don't do that in this [HEAT] program. Like he [another member of the focus group] said, we all have spent years in other counseling programs and it's the same old shit, don't get high, piss in this cup, do what we say or we will tell the court. No one, Black or White, responds well to that nonsense. If you want to help Black people break the cycle of getting released from prison and then going right back, then they should have HEAT everywhere, including in prisons. Black people respond much better to people who can relate and genuinely care about us, not counselors who say the same things over and over again, like don't test positive [on a drug test] and say you're an addict, and practice relapse prevention. HEAT doesn't do that. HEAT focuses on what fuels our addictions and the reasons we use drugs and sell them. It [HEAT] helps us understand why we can't function in our neighborhoods without getting in trouble with the police and just thinking like a criminal. I've learned why I think the way I do, it's criminal thinking, but HEAT helps me change my thinking, not punish me for thinking how I think.

Theme 3: expanding Afrocentrism in the criminal justice system to promote equality in treatment court outcomes

As shared previously, participants reported that they responded well to the Afrocentric approach of the HEAT program because it addressed issues specific to African American men, families, and communities. Given the originality of the approach, it is no surprise that many participants expressed their desire for the HEAT program to be widely disseminated and implemented within the criminal justice system. Dissemination and implementation of Afrocentric approaches that support substance use disorder recovery, such as HEAT, may help combat existing approaches that may not be as effective with African Americans or other marginalized populations. Racial disparities in treatment court outcomes have, unfortunately, been an ongoing and systematic problem. Expanding the HEAT program may help resolve the problem. A participant suggested that the HEAT program be expanded throughout the United States as a method to eliminate racial disparities in treatment court outcomes. Additionally, he compared vintage approaches to substance use disorder counseling to what he receives in HEAT. He stated:

People, places, and things, that's all they talk about in other drug treatments I've been to. Like they say, you need to avoid people, places, and things or you will end up in jail the rest of your life or dead. If you want Black people to graduate just as much as White people from these drug courts, then every jail and prison in the U.S. should have HEAT. HEAT empowers us Black people and we respect you when you are real. The HEAT program is real because it understands that you can't always avoid people, places, and things, especially when it hits close to home like it does for me. Most of my family and friends smoke weed or at least drink, and I can't avoid everyone forever. I'm able to talk about this in the [HEAT] group and the facilitator gets it. He understands that the old school approach to addiction counseling, that do a 90 in 90 [attend 90 recovery support groups in 90 days] and get a sponsor and admit you are an addict, that kind of stuff, doesn't work for people in urban communities who are faced with drugs and crime every day. We talk real stuff in HEAT and I trust the group to give me good advice. Like I said, Black people will do better in drug courts and any other program if they can do HEAT.

On a similar note, another participant recommended that HEAT be expanded in the criminal justice system. He shared some of the potential challenges of doing this, but at the same time, pointed out the importance of overcoming the challenges. He shared:

HEAT should be everywhere. I never knew about it until I moved here. I got family on the east coast and when I tell them about this [the HEAT program] they are like, we need that here. These politicians and judges and all these influential people say they want to stop racism and have everything be equal, but they don't put their money where their mouth is. I'm sure it isn't cheap to run HEAT, you have to pay for counselors and a building, stuff like that, but if you really want racial equity, like I hear all the time, then do something about it. At least our judge talks about these issues, and she's White. Listen, you don't have to be Black to learn about Black issues and help us. You just got to be real and do something helpful, not just talk about it.

Discussion

The findings from this qualitative study suggest that the HEAT program is viewed favorably among African American men who are in treatment court. Although the men were asked about the limitations, or challenges, of participating in the HEAT program, no themes emerged from this question. Conversely, as noted in the findings, when talking about

limitations and challenges of participating in substance use disorder treatment, they offered critiques of previous counseling experiences, not that of the HEAT program. The positive qualitative findings from this study coupled with pilot studies demonstrating HEAT effectiveness (Marlowe et al., 2018) highlight that HEAT may be an avenue to eliminate racial disparities in treatment court outcomes. Of course, though, research on HEAT must be ongoing.

African American men in the HEAT program trusted their counselors and were comfortable being honest in counseling about what was going on in their lives. In a positive way, this finding conflicts with previous qualitative research related to African Americans' satisfaction with substance use disorder treatment. There are several studies that found that African American treatment court participants were not receiving individualized counseling (Gallagher, 2013), viewed counseling more like a 12-step meeting (e.g., Alcoholics Anonymous, Narcotics Anonymous) as compared to receiving evidence-based interventions (Gallagher & Nordberg, 2016), and were not receiving adequate care for mental health symptoms (Gallagher & Nordberg, 2018). Some qualitative studies of treatment court participants from multiples races have even described counselors as punitive and judgmental (Gallagher et al., 2017).

In addition to a curriculum guided by Afrocentric culture, which was also viewed positively by participants, an important aspect of the HEAT program that seemed to increase favorability was that counselors limited what they shared with the treatment court judge and other member of the team, such as probation officers. Simply put, participants felt safe sharing information with HEAT counselors because they trusted that the information would remain confidential. This seems logical. If a participant shares information in counseling, such as drug use, and the counselor shares it with treatment court, that may result in a punitive response from the criminal justice system. This dynamic would naturally create an unhealthy counseling environment. For example, when drug testing is done in treatment, the results should be used for clinical purposes, not to be shared with courts that could potentially respond punitively. The moment counselors share too much information with treatment court, such as a positive drug test, it is logical that the therapeutic relationship will be negatively impacted. Please know that we are not suggesting that drug testing should not be done in treatment court. Drug testing should be completed; actually, it is part of the model (Rise, 2024). However, drug test results in counseling should be used for clinical purposes, not for the criminal justice system. Drug tests that are reported to treatment court should be completed outside of counseling, perhaps at the probation department or other criminal justice setting.

Unfortunately, the norm in treatment courts is for counselors to collaborate with the criminal justice system, and exchanging information, including drug test results, is the expectation (Rise, 2024). This norm prioritizes the needs of the criminal justice system over the needs and privacy of participants, which is the opposite of person-centered counseling guided by self-determination, which are hallmark underpinnings of best counseling practices (Substance Abuse and Mental Health Services Administration, 2012). Furthermore, best counseling practices promote individual choice and empowerment (Substance Abuse and Mental Health Services Administration, 2012). As is common practice, treatment court participants must sign a confidentiality release in counseling to participate in treatment court, and this clearly conflicts with individual choice and can be disempowering. Treatment court participants must be provided the

right to sign a confidentiality form free of coercion from the criminal justice system. Clinical information shared without participants' fully informed consent can have negative ramifications (Eichelberger et al., 2023), especially for treatment court participants where the disclosure of clinical information to courts could result in changes in sentencing and other legal consequences that can have life-altering consequences for individuals and their families. Furthermore, in a recent qualitative interpretive meta-synthesis (QIMS) of the drug court experience, Gallagher and Nordberg (2024) emphasized that the disclosure of sensitive, clinical information obtained in counseling settings can irrevocably damage the trust between participants and treatment providers, adding to the historical mistrust of human service systems and potentially deter some from seeking help in the future (Hall et al., 2022).

As it relates to the Midwestern treatment court in this study, the only information that HEAT counselors share with the treatment court judge and other treatment court professionals, such as probation officers, is attendance. There are some exceptions, of course, such as if participants have an emergency or duty to warn arises (e.g., suicide, homicide, child abuse). As a norm, though, the judge only receives information from HEAT counselors indicating whether or not participants attended the program. This approach to sharing information seems to be effective and is consistent with The Seven Challenges®, an evidence-based intervention that limits what counselors share with the criminal justice system. Participants in The Seven Challenges® are more honest and engaged in treatment, have less criminal activity, and report reductions in mental, emotional, and behavioral issues, as compared to treatment-as-usual (Korchmaros, 2018; Korchmaros et al., 2024). Based on this discussion and the findings from this study, it is recommended that treatment courts revisit their norms in how information is exchanged between counselors and criminal justice system to avoid causing unintentional harm and potentially exacerbating racial disparities in outcomes.

It is also recommended that treatment courts incorporate an Afrocentric approach into their programming, which may include utilizing HEAT. This recommendation is validated by existing research related to the need for culturally responsive approaches in substance use disorder treatment to eliminate racial inequities in outcomes for participants of color (Hall et al., 2022; Maharaj et al., 2021; Stenersen et al., 2023). Culturally responsive programming, such as HEAT, is clearly best practice in substance use disorder treatment; however, given the unique intersection between the criminal justice system and substance use disorder treatment, it may not be as easily implemented. As shared previously, eliminating racial disparities in treatment court outcomes requires complex, multifaceted solutions. There is a wealth of information on how the criminal justice system and substance use disorder treatment providers can create an Afrocentric culture (Sanders, 2015). To create this culture, however, treatment court professionals may need training and education. This should not be a burden to their workload because the model already requires treatment court professionals to attend training on contemporary topics related to criminal justice reform and substance use disorder recovery (Rise, 2024). Essential elements of training should include: (1) assessing how professional bias may negatively impact African Americans; (2) exploring the impact of generational trauma on current behaviors; (3) identifying aspects of African culture that strengthen resiliency; and (4) discussing how racism has historically impacted and currently impacts African Americans who are involved in the criminal justice system, to name four.

Training criminal justice professionals in Afrocentrism involves adopting a culturally responsive approach that recognizes and respects the unique experiences and perspectives of African-descended populations (Alexander, 2010). Best practices emphasize cultural competency, which requires understanding the historical and social contexts shaping African Americans' experiences (Bent-Goodley & Smith, 2017; Taylor et al., 2019). Training should aim to mitigate biases, promote fairness, and ensure equitable treatment within the criminal justice system. A critical component of effective training is historical education, which helps professionals comprehend the systemic challenges and discrimination faced by African Americans (Hinton & Cook, 2020; Lateef et al., 2024). By anchoring training in a historical context, criminal justice professionals can cultivate a deeper understanding and empathy for the lived experiences of African American communities.

Additionally, engaging African American community leaders and experts in the training process provides authentic perspectives and valuable insights (Castillo et al., 2019; Singh et al., 2022). Training should not be a one-time event, but a continuous process. This sustained approach ensures that Afrocentric principles are embedded into daily decision-making and interactions within the criminal justice system. Developing a training agenda specific to implicit bias is more complex, mainly because research has not provided clear guidance on effective approaches to address this psychological trait. At best, it seems that implicit bias training has minimal impact on behavior. For instance, Worden et al. (2024) assessed outcomes from a large sample of New York City police officers who attended implicit bias training. The findings revealed no significant long-term effects on policing behaviors, such as stops, arrests, summonses, frisks, searches, or use of force. Although the training temporarily improved officers' knowledge of implicit bias, its effects diminished quickly over time (Worden et al., 2020). This underscores the need for more effective strategies to address biases and foster meaningful, lasting change in criminal justice practices.

Limitations and future research

The findings should be interpreted within the context of the limitations of this study. First, qualitative data were collected from a single treatment court; therefore, the findings are not generalizable beyond the research sample. Quantitative designs, particularly randomized controlled trials, are recommended to explore findings that emerged from this study, such as the positive finding of participants trusting the HEAT counselors and feeling comfortable being honest with their counselors. Future quantitative research could assess what information should be exchanged between counselors and treatment courts. Based on the participants in this study, counselors sharing less information with treatment court, especially not sharing information that could result in punitive responses from the court, is associated with better clinical outcomes, such as trusting counselors and increased engagement in treatment.

Second, interdisciplinary triangulation and peer debriefing were used to increase the rigor, validity, and reliability of the qualitative findings. A limitation of our design, however, is that member checking was not used. Member checking is the process of taking preliminary or complete findings back to some participants who attended a focus group to explore their thoughts on the accuracy of the themes (Padgett, 2016). Member checking is helpful because it gives participants another avenue to share their thoughts and experiences, and, when feasible, it

is recommended to be used in most qualitative designs. This study was not able to do member checking due to logistical issues. With that said, however, it is recommended that future studies employ member checking because it adds another layer of confidence with the findings.

Third, this study only collected data through one method. Future research should collect qualitative data using multiple methods, such as individual interviews, open-ended surveys, direct observations, and focus groups. This approach supports methodological triangulation which can reduce research bias. Additionally, focus groups may be more prone to social desirability bias, than individual interviews or anonymous surveys, simply because there are more people present during data collection. Last, it is important to mention that racial disparities in treatment court outcomes is not isolated to just African Americans. Therefore, future qualitative research should explore the experiences of other racial minority populations who have also been impacted by inequality in treatment court programming. This research, for example, may help develop insight into best counseling practices for Hispanic and Asian participants, like the knowledge gained from this study on the positive impact of HEAT for African American men.

Conclusion

Treatment courts, such as drug court, have been part of the criminal justice system since 1989. While treatment courts have played an important role in justice reform, they have also been plagued by inequities where programs tend to be more effective for White participants than African Americans. We sought to investigate the lived experiences of African American men in treatment court who participated in the HEAT program, a curriculum-based therapy that addresses Afrocentric topics, such as racial trauma. Our results provide initial insight into what participants believe are the programmatic mechanisms that contribute to positive outcomes for participants. Positive outcomes seem to be associated with integrating practices that contribute to safety and trust, such as limiting disclosure between counselors and courts, incorporating Afrocentric approaches into substance use disorder treatment, and creating a therapeutic environment that is person-centered and free from stigmatizing language. The findings from this study add to the knowledge base on the effectiveness of HEAT and contributes to developing best practices with the goal of eliminating racial disparities in treatment court outcomes.

Disclosure statement

No potential conflict of interest was reported by the author(s).

Funding

This research was funded by a grant from the United States Bureau of Justice Assistance (BJA) and the Center for Justice Innovation (CJI).

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