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A Qualitative Interpretive Meta-Synthesis (QIMS) of women's experiences in drug court: Promoting recovery in the criminal justice system

John R. Gallagher PhD, LCSW, LCAC^{a,b}, Anne Nordberg PhD^c, Douglas B. Marlowe JD, PhD^d, Courtney Zongrone MEd, LPC^e, and Sydney Szymanowski MSW, LSW^f

^aAssociate Professor, School of Social Work, Morgan State University, Baltimore, Maryland, USA; ^bAdjunct Professor, School of Social Work, Indiana University, South Bend, Indiana, USA; ^cAssociate Professor, School of Social Work, University of Texas at Arlington, Arlington, Texas, USA; ^dSenior Scientific Consultant, National Association of Drug Court Professionals (NADCP), Alexandria, Virginia, USA; ^eDoctoral Candidate, Counselor Education and Supervision, Virginia Tech, Blacksburg, Virginia, USA; ^fGraduate Research Assistant (GRA), School of Social Work, Indiana University, South Bend, Indiana, USA

ABSTRACT

Drug courts have been part of the criminal justice system for over 30 years. A plethora of quantitative quasi-experimental, experimental, and meta-analytic studies have demonstrated their effectiveness at promoting recovery from substance use disorders and reducing criminal recidivism. Qualitative studies, however, are less common and little is known about specific populations that drug courts serve, such as women. To our knowledge, this is the first qualitative interpretive meta-synthesis (QIMS) of women's experiences in drug court ($n = 79$). The QIMS resulted in four new, overarching themes related to (1) receiving praise, compassion and encouragement from the judge and counseling staff; (2) promotion of parenting skills and improvement of mother-child relationships; (3) receiving gender-specific services addressing co-occurring mental health and trauma issues; and (4) continuous performance monitoring, including drug testing, which held participants accountable for their conduct while promoting gradual development of intrinsic motivation for change. Implications for drug court practice and future research are discussed.



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According to the most recent National Survey on Drug Use and Health (NSDUH), approximately 20.3 million people, aged 12 or older, were identified as having a substance use disorder. (Substance Abuse and Mental Health Services Administration [SAMHSA], 2019). Throughout the past three decades in the United States, there has been increased collaboration between the criminal justice system and treatment providers, and these collaborations have led to the development of drug courts and other treatment courts (e.g., mental health courts, family treatment courts, veterans courts). Drug courts were first established in 1989 in Miami, Florida in response to the crack cocaine epidemic in order to help reduce criminal recidivism rates of individuals who were charged for drug-related offenses (Marlowe et al., 2016). Drug courts provide a structured, community supervision process for individuals who are assessed as being eligible for the program.

CONTACT John R. Gallagher  john.gallagher@morgan.edu  School of Social Work, Morgan State University, 1700 E. Cold Spring Lane, Jenkins Behavioral Science Building, Room 343, Baltimore, MD 21251

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Participation in the program is primarily determined on severity of substance use disorder (moderate-to-severe), prior criminal history, and nature of most recent drug-related offense.

The structure of drug courts includes the long-term engagement in a substance use disorder treatment, frequent interactions with and supervision under drug court officials (e.g., judge, case managers, probation officers), and frequent, random, and continuous urinalysis screenings (National Association of Drug Court Professionals [NADCP], 2004). Drug courts are now present in all fifty states and have over 3,000 active programs (Marlowe et al., 2016). Extensive research has been done on the effectiveness of drug court programs, as it relates to reductions in criminal recidivism. For instance, drug courts averagely produce an 8% to 14% reduction in criminal recidivism rates, yet some programs have noted reductions in criminal recidivism rates ranging from 35% to 80% (Marlowe et al., 2016).

Gender disparities and drug court

One area of interest, as it relates to drug court research, is examining gender disparities in outcomes, such as graduation and criminal recidivism rates. There are various biological and social factors, which can impact a woman's experience with, and use of drugs. The National Institute on Drug Abuse [NIDA] (2020) outlined several key differences between men and women's experience with the use of substances. Women are more likely than men to develop physical dependency to drugs (e.g., tolerance, withdrawal symptoms) more rapidly, and they are less likely than men to seek treatment due to social circumstances (NIDA, 2020). For instance, the majority of women who use drugs are also mothers, and women will thus refrain from seeking substance use disorder treatment out of fear for social service involvement resulting in children being taken from their custody (Bogart et al., 2005). These key differences in men and women serve as a starting point for how gender can impact participation in drug court.

A quantitative analysis of 212 female participants enrolled in a Kentucky drug court program showed statistically significant indicators, which could perpetuate gender disparities in drug court programs, if left unaddressed (Shannon et al., 2018). This study included women who successfully completed the drug court program (40%) and those who were terminated from the program (60%); several areas of interest and further investigation were highlighted (Shannon et al., 2018). First, women who were employed prior to or gained employment while enrolled in drug court had an increased likelihood of completing the program, as compared to their counterparts (Shannon et al., 2018). Second, women who used opiates intravenously were more likely to be terminated from the program, perhaps suggesting the need for medication-assisted treatment (MAT) across all drug courts (Shannon et al., 2018).

Women's lived experiences in drug court

Equally as important to identifying predictors of drug court outcomes is women's lived experiences in the program. Vandermause et al. (2013) provided female drug court participants with a *voice* in the services they received. Their multi-method, community participatory research identified how mother's related to their children and explored women's

mothering experiences while they participated in a drug court (Vandermause et al., 2013). Women often reported painful life experiences (e.g., trauma) which exacerbated their drug use and they reported a fragmented sense of self, as they had strong desires to mother, yet they knew drug use impacted their parenting (Vandermause et al., 2013). The findings from Vandermause et al. (2013) emphasized the need for gender-informed interventions in drug court, particularly interventions that treat trauma and promote motherhood. The implementation and expansion of gender-informed interventions should be a priority to assure best practices are being used in the treatment of substance use disorders and mental illnesses (Messina et al., 2012; Zlotnick et al., 2008).

Fischer and Geiger (2011) also focused their qualitative research on the experiences of female drug court participants, and several themes emerged from participant observation, videotape analysis, and semi-structured interviews. Female participants indicated that the treatment staff's ability to build therapeutic alliances through genuine care was an important factor that supported them in maintaining their recovery post drug court graduation (Fischer & Geiger, 2011). Furthermore, treatment staff were also viewed as having a genuine concern for an individual's recovery and for being respectful and honest. It was promising that the women in the study reported positive views about their lives, such as having internal motivation for treatment and recovery, being optimistic and future oriented (e.g., letting go of the past), and feeling hopeful about the future (Fischer & Geiger, 2011).

There has been an increase in qualitative studies related to women's experiences in drug court, but a noticeable gap in the literature is the lack of synthesis of the knowledge gained from these individual studies. To our knowledge, the current study is the first qualitative interpretive meta-synthesis (QIMS) related to drug courts that completed a comprehensive review of the literature and incorporated multiple studies from different researchers and disciplines into the analysis. Gallagher and Nordberg (2018) did a qualitative meta-synthesis related to African Americans' experiences in drug court and the factors that may contribute to racial disparities in graduation rates, but it is important to mention that their study was only a synthesis of their research. As a result, their methodology lacked a comprehensive review of the literature, limited their ability to generalize the findings, and, most importantly, did not synthesis data from multiple sources. The research question for this study is: what are women's lived experiences in drug court, in regard to the aspects of programming that support them in graduating and the challenges they have experienced in completing the program successfully?

Methodology

QIMS is a relatively new qualitative review approach to synthesizing and interpreting findings from multiple qualitative studies to develop an in-depth understanding of specific research questions and phenomena. A QIMS is appropriate when between five and 15 qualitative studies disseminate participant quotes as part of their findings. These quotes from multiple studies are combined to reconsider research samples using an expanded sample, frequently including multiple researchers, several locations, and sometimes, multiple methods. The methodology was developed by and for social work and emphasizes participants' lived experiences and practice and social justice implications that arise from them (R. T. Aguirre & Bolton, 2014). Qualitative interpretive meta-syntheses have been successfully implemented to inform practice related to suicide in United States jails (Frank

& Aguirre, 2013), volunteers' motivations for working at crisis centers (e.g., crisis hotline, rape crisis center) (Aguirre & Bolton, 2013), and minority youths' experiences related to police encounters (Nordberg et al., 2016). This study uses QIMS to develop an in-depth understanding of women's lived experiences in drug court, with the goal of informing drug court practice and future research.

Sampling

Developing the sample for a QIMS involves identifying specific inclusion criteria and an exhaustive review of the literature. First, the inclusion criteria for this study included research that 1) was published in peer-reviewed journals; 2) was published in English; 3) sampled female drug court participants; 4) noted direct quotes from female drug court participants; 5) explored women's experiences in drug court; and 6) used qualitative or mixed methods designs (e.g., individual interviews, focus groups). Second, we searched multiple databases to locate journal articles that met our inclusion criteria, including PsycINFO, PsycARTICLES, Social Work abstracts, Google Scholar, SocINDEX, ProQuest Criminal Justice Database, EBSCO Women's Studies International, Web of Science, and E-Journals Database. The following terms were used in our search: drug court, treatment court, substance use disorder, female, women, gender, graduation, criminal recidivism, addiction, and qualitative.

The search yielded 1417 potential studies, and following a title review, 1296 studies were eliminated. This narrowed the search to 121 studies that had titles related to drug court, treatment court, or other search terms used. The abstract review eliminated 105 studies, many because they were quantitative or based on treatment courts other than drug courts (e.g., mental health court, veterans court). Eight studies were then eliminated for not meeting the inclusion criteria. Some drug court qualitative studies, for instance, were excluded because they did not report gender in their findings (Witkin & Hays, 2019) or did not consistently report the gender of participants in their findings (Francis & Abel, 2014; Gallagher et al., 2015). Also, some studies were excluded because their qualitative inquiry was too narrow, which was inconsistent with the goal of this study. Vandermause et al. (2013), for example, interviewed five female drug court graduates to explore their views on mothering. Their study was surely important to the profession, yet the topic of mothering was too narrow and did not capture an in-depth understating of drug court programming.

Following an exhaustive review of the literature, eight research studies were selected for this QIMS. Four of the studies sampled just female drug court participants (Fischer et al., 2007; Gallagher & Nordberg, 2017; Gallagher, Nordberg, Deranek et al., 2019; Roberts & Wolfer, 2011). The other four studies sampled male and female drug court participants (Gallagher et al., 2018, 2017; Gallagher, Nordberg, Szymanowski et al., 2019; Moore et al., 2017), but they identified the gender of participants in the findings. As a result, we were able to extract data (e.g., direct quotes) from just the female participants. The final sample size for this QIMS is 79 women. Please see [Figure 1](#) for a visual of the sampling process and [Table 1](#) for a summary of each study in our analysis.

Theme extraction

Once we identified the eight studies to be used in our QIMS, the next step was theme extraction. Three authors independently read the eight articles and identified the themes

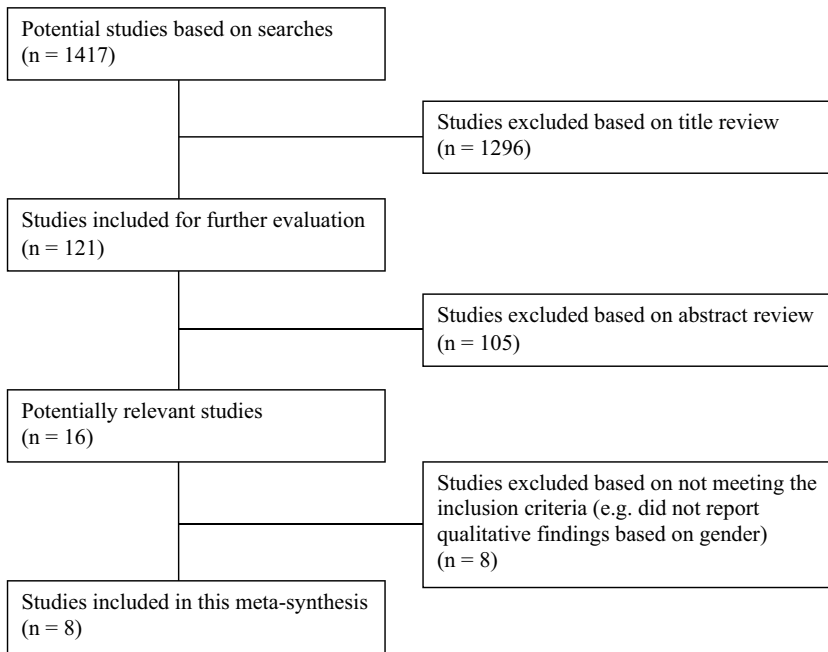


Figure 1. Sampling process.

reported in each consistent with R. T. Aguirre and Bolton (2014). Then, we compared and contrasted our findings to assure the original themes were identified correctly. We reached consensus quickly, which was not surprising, as all eight studies clearly articulated their themes. Please see [Table 2](#) for the themes extracted from the original studies.

Analysis, triangulation, and rigor

The analysis followed a four-step process and was completed through a phenomenological lens. As mentioned previously, the goal of this QIMS is to develop an in-depth understanding of women's lived experiences in drug court, with the intention of informing drug court practice and future research. Phenomenological analyses focus on the lived experiences of individuals in a particular context, and the approach prioritizes participants' thoughts and opinions over those of the researchers (Padgett, 2016). In the context of this QIMS, phenomenology proposes that only women who have lived experiences in drug court can answer the research question and provide a behind-the-scenes perspective on drug court programming.

The first step in our analysis was to extract all direct quotes from women, as presented in the original articles. Four of the eight articles in our analysis only sampled women, so all direct quotes were extracted from these studies. However, the other four articles sampled men and women. In this case, only quotations from women were compiled. Two authors completed this process and developed a Word document that included the title of each article, the original themes, and all direct quotes from female drug court participants. Second, the same two authors immersed themselves in the data by individually reading the eight articles, reviewing the direct quotes from female drug court

Table 1. Summary of the studies included in the qualitative interpretive meta-synthesis.

| Authors and Year | Title | Methodology | Sample Size | Drug Court Location |
|--|---|---|-------------|---------------------|
| Fischer et al. (2007) | Female recidivists speak about their experience in drug court while engaging in appreciative inquiry | Individual interviews | 11 | women 0 men |
| Northern California Gallagher and Nordberg (2017) | A phenomenological and grounded theory study of women's experiences in drug court: Informing practice through a gendered lens | Individual interviews | 25 | women 0 men |
| Midwest * Gallagher et al. (2017) | Improving graduation rates in drug court: A qualitative study of participants' lived experiences | Satisfaction survey with open-ended questions | 13 | women 29 men |
| Midwestern state * Gallagher et al. (2018) | Participants' views on the strengths and limitations of drug court: Recommendations to enhance assessment and treatment of mental illnesses | Satisfaction survey with open-ended questions | 13 | women 29 men |
| Midwestern state Gallagher, Nordberg, Deranek et al. (2019) | Drug court through the lenses of African American women: Improving graduation rates with gender-responsive interventions | Satisfaction survey with open-ended questions | 8 | women 0 men |
| Midwestern state Gallagher, Nordberg, Szymanowski et al. (2019) | A behind-the-scenes perspective on the key components of drug court: A narrative analysis | Satisfaction survey with open-ended questions | 7 | women 8 men |
| Monroe County, Indiana Moore et al. (2017) | The experiences of young adult offenders who completed a drug court treatment program | Individual interviews | 5 | women 4 men |
| Pinellas County, Florida Roberts and Wolfer (2011) | Female drug offenders reflect on their experiences with a county drug court program | Individual interviews | 10 | women 0 men |
| Northeast Pennsylvania | | | | |

* Note: The journal articles from Gallagher et al. (2017) and Gallagher et al. (2018) are from the same study. Therefore, the sample of women in these studies was only counted once. Both journal articles were included in our analysis because they met the inclusion criteria and presented different qualitative findings and themes. The final sample size for this qualitative interpretive meta-synthesis is 79 women.

participants, and created memos of the evidence of women's lived experiences in drug court (e.g., a participant's interaction with the judge, a participant's thoughts on the effectiveness of the drug testing system, a participant's experience receiving counseling for her substance use disorder). The authors then met to discuss their initial translations of the data, to synthesize themes that seemed to coincide with one another, and to develop a conceptual map of this process. Direct quotes were used to conceptualize each synthesized theme.

Third, as recommended by Nordberg et al. (2016), the two authors who did the initial analysis shared their findings with a third author who did not read the eight articles. The third author did not read the articles to promote an unbiased assessment of the initial findings. Specifically, by not reading the articles, the third author was able to assess if the synthesis of themes and corresponding quotations seemed logical. Fourth, all three authors included in the analysis then met for the final verification of themes, and four new, overarching themes emerged related to women's lived experiences in drug court.

Table 2. Themes extracted from original studies.

| Authors and Year | Extracted Themes | |
|--|---|---|
| Fischer et al. (2007) | <ul style="list-style-type: none"> (1) Rewards for progress (2) Clear rules and consequences for rule transgression (3) Accurate drug testing (4) Personal attitude and motivation to mature out of crime (5) Individualized treatment plan (6) Treatment facilities that accept children (7) Residential facility's ideological orientation (8) Choice of Therapy (9) Issues addressed in therapy (10) Another issue confronted: Self-blame and guilt consequent to the separation from children | <ul style="list-style-type: none"> (11) Treatment staff: Preference for counselors who are ex-addicts (12) Gender of the counselor (13) Treatment facilities' comprehensive set of services (14) Resources and referrals (15) Skill acquisition and vocational training (16) Continuing education (17) From despair to hope (18) Children as anchor to remain clean and sober |
| Gallagher and Nordberg (2017) | <ul style="list-style-type: none"> (1) Women and substance use disorders: Conveying compassion and empathy (2) Women and trauma: The missing piece in treatment | <ul style="list-style-type: none"> (3) Being a single mother: The need for individualized interventions |
| Gallagher et al. (2017) | <ul style="list-style-type: none"> (1) Key components of drug court promote recovery (2) Treatment offered through a punitive and judgmental lens | |
| Gallagher et al. (2018) | <ul style="list-style-type: none"> (1) Camaraderie enhances motivation for change (2) Improving assessment and treatment for mental illness | |
| Gallagher, Nordberg, Deranek et al. (2019) | <ul style="list-style-type: none"> (1) Drug court judge as an advocate of motherhood (2) Gender-responsive interventions | |
| Gallagher, Nordberg, Szymanowski et al. (2019) | <ul style="list-style-type: none"> (1) Key components 1 and 4: Mixed feelings related to the strengths and limitations of counseling (2) Key component 2: Drug court team is supportive (3) Key component 6: Most helpful incentive is the judge providing praise | <ul style="list-style-type: none"> (4) Key component 7: Frequent contact with the judge supports recovery (5) Key component 5: Mixed feelings related to the effectiveness of frequent and random drug testing |
| Moore et al. (2017) | <ul style="list-style-type: none"> (1) Starting to use drugs (2) Life before arrest (3) Decision to participate in drug court (4) Initial perceptions of drug court (5) Changing perceptions of drug court (6) Difficult moments on the road to recovery | <ul style="list-style-type: none"> (7) Program factors most important to success (8) Proudest moments (9) Life after the program (10) Different needs and experiences of male and female participants (11) Lessons learned |
| Roberts and Wolfer (2011) | <ul style="list-style-type: none"> (1) Participants' overall impressions: Program, judge, probation officer(s), nurse practitioner (2) Program components and treatment options: Program structure, fear of punishment, rewards for progress, cumulative effect of treatment services, length of treatment, treatment options, inconveniences associated with participation | <ul style="list-style-type: none"> (3) Personal growth and change: Self-hate to self-love, illness to wellness, destructive to constructive coping mechanisms, isolation to inclusion |

To increase the rigor of the study we took several approaches. First, our data analysis was performed by researchers from multiple disciplines (e.g., social work, anthropology, psychology, counseling); as a result, we achieved interdisciplinary and observer triangulation ensuring that no single disciplinary epistemology dominated our interpretation. Second, audit trails, which included our memos and concept map, were used to trace the steps of our analysis and provide an avenue to confirm our findings. Third, half of the studies used in

our analysis collected data through individual interviews and the other half through satisfaction surveys with open-ended questions; this provided us with methodological triangulation following the precedent of QIMS methodological rigor (R. T. Aguirre & Bolton, 2014). Fourth, peer debriefing was used to add an additional method to reduce bias and support us in bracketing preconceived thoughts and hypotheses related to women's experiences in drug court. This was an important step due to the inclusion of previous work by some of the authors in the sample. Peer debriefing was accomplished by sending our final audit trails to two colleagues who had expertise in QIMS. These colleagues were able to provide objective feedback, as they were not affiliated with this study and their feedback focused solely on the accurateness of our methodology and findings.

Findings

The QIMS produced four new, overarching themes, as noted in Table 3. The four themes are discussed in reference to women's lived experiences in drug court and quotations from the original studies are used to conceptualize each theme and provide a behind-the-scenes perspective on drug court programming. Furthermore, the themes are discussed in reference to our research question, which explores the aspects of drug court that support women in graduating and the challenges women experience in completing the program successfully.

The kindness experienced during Drug Treatment Court (DTC)

Women commonly reported that members of the drug court team treated them kindly. Specifically, members of the drug court team often provided praise as an incentive for doing well in the program, offered encouragement when participants experienced challenges and life stressors, shared affirmations to increase participants' self-worth, and responded to both compliant and noncompliant behaviors in a compassionate and therapeutic manner. Simply put, the value of kindness should not be minimized in drug courts or any avenue of the criminal justice system. Women seemed to do better in drug court when they felt they were treated kindly and people cared about them, particularly their counselors and the drug court judge. In a Midwestern drug court, for example, a female discussed how encouragement from the judge helped her overcome self-stigmatizing beliefs (Gallagher & Nordberg, 2017). The woman reported:

I love that we have a female judge who is in recovery herself. She really understands addiction and the stuff we go through in addiction and recovery as women. When I entered this program, I felt like a horrible mother and person, but I saw the judge each week for a while and she always told me I could do this, I could overcome addiction and get my life back on track. I saw myself as nothing but a junkie when I came to drug court, but now I know I am a strong, beautiful woman and the judge helped me see that by just treating me nicely.. (Gallagher & Nordberg, 2017, p. 333)

A woman in a Pennsylvania drug court shared a similar experience with her male judge; specifically, she stated:

Judge ___ is a wonderful man. He is. He has put me in jail a lot of times, but he cares about me and I know he does because I can see it. He wants to see me do good. He doesn't want to see me

Table 3. Synthesized themes related to women’s lived experiences in drug court.

| New, Overarching Theme | Extracted, Original Themes with Authors and Year |
|--|--|
| The experience of kindness during DTC | <ul style="list-style-type: none"> ● Rewards for progress (Fischer et al., 2007) ● Treatment staff: Preference for counselors who are ex-addicts (Fischer et al., 2007) ● From despair to hope (Fischer et al., 2007) ● Women and substance use disorders: Conveying compassion and empathy (Gallagher & Nordberg, 2017) ● Key components of drug court promote recovery (Gallagher et al., 2017) ● Camaraderie enhances motivation for change (Gallagher et al., 2018) ● Key component 6: Most helpful incentive is the judge providing praise (Gallagher, Nordberg, Szymanowski et al., 2019) ● Key component 7: Frequent contact with the judge supports recovery (Gallagher, Nordberg, Szymanowski et al., 2019) ● Program factors most important to success (Moore et al., 2017) ● Participants’ overall impressions: Judge (Roberts & Wolfer, 2011) ● Program components and treatment options: Rewards for progress (Roberts & Wolfer, 2011) |
| Drug court processes supported participants in their role as mothers | <ul style="list-style-type: none"> ● Treatment facilities that accept children (Fischer et al., 2007) ● Children as anchor to remain clean and sober (Fischer et al., 2007) ● Being a single mother: The need for individualized interventions (Gallagher & Nordberg, 2017) ● Drug court judge as an advocate of motherhood (Gallagher, Nordberg, Deranek et al., 2019) ● Personal growth and change: Isolation to inclusion (Roberts & Wolfer, 2011) |
| Individualized gender sensitive and trauma-informed interventions were preferred over group interventions | <ul style="list-style-type: none"> ● Issues addressed in therapy (Fischer et al., 2007) ● Another issue confronted: Self-blame and guilt consequent to the separation from children (Fischer et al., 2007) ● Gender of the counselor (Fischer et al., 2007) ● Choice of therapy (Fischer et al., 2007) ● Women and trauma: The missing piece in treatment (Gallagher & Nordberg, 2017) ● Treatment offered through a punitive and judgmental lens (Gallagher et al., 2017) ● Improving assessment and treatment for mental illness (Gallagher et al., 2018) ● Gender-responsive interventions (Gallagher, Nordberg, Deranek et al., 2019) ● Key components 1 and 4: Mixed feelings related to the strengths and limitations of counseling (Gallagher, Nordberg, Szymanowski et al., 2019) ● Different needs and experiences of male and female participants (Moore et al., 2017) ● Program components and treatment options: Cumulative effect of treatment services (Roberts & Wolfer, 2011) ● Personal growth and change: Illness to wellness (Roberts & Wolfer, 2011) |

(Continued)

Table 3. (Continued).

| New, Overarching Theme | Extracted, Original Themes with Authors and Year |
|---|---|
| The drug court model helped shift participants' motivations for recovery from external to internal | <ul style="list-style-type: none"> • Clear rules and consequences for rule transgression (Fischer et al., 2007) • Accurate drug testing (Fischer et al., 2007) • Key component 5: Mixed feelings related to the effectiveness of frequent and random drug testing (Gallagher, Nordberg, Szymanowski et al., 2019) • Program components and treatment options: Program structure (Roberts & Wolfer, 2011) • Program components and treatment options: Fear of punishment (Roberts & Wolfer, 2011) |

do bad. And he could have gotten rid of me a long time ago, but obviously he, in the drug court, he sees something in me that I just don't see. He really has worked hard with me.. (Roberts & Wolfer, 2011, p. 90)

It was interesting and promising that women often viewed their drug court judges as caring, even when they received sanctions from the judge, or incarceration, as mentioned in the previous quote. This finding highlights that drug court participants can be held accountable for their behaviors in a compassionate and empathetic manner, and this approach, particularly by judges, is well received by most participants.

Drug court processes supported participants in their role as mothers

Women frequently viewed drug court as an intervention that improved mother-child relationships, and motherhood was seen as a protective factor that supported recovery, enhanced self-esteem, and provided an identity (e.g., being a mom) that women were proud of. Women emphasized the importance of drug courts supporting them in being a mother, while also holding them accountable, in a compassionate way, to the rules and responsibilities of the program. In a northern California drug court, for example, a women described the importance of referring mothers to residential treatment programs where they can be with their children (Fischer et al., 2007). During the individual interview, she shared:

My mom moved into my apartment to take care of the kids when I was in jail. Then they came with me to the residential center. I was extremely lucky, as this is one of the few programs that accept children over the age of four. So my son and daughter came to live with me.. (Fischer et al., 2007, p. 714)

In a Pennsylvania drug court, a women, who was clearly proud of her accomplishments, highlighted how participation in drug court supported the unification of her family system, including the purchase of a family home for her, her husband, and their three children (Roberts & Wolfer, 2011). She stated:

I have my whole family in my life. Um, I work, I take care of my kids. I just bought a house, like I said. My husband and I just bought a house. We had a nine year old, an eleven year old and we just had a baby a year ago. (Roberts & Wolfer, 2011, pp. 97-98).

Women identified that recovery from substance use disorders was important in improving their quality of life, and it was promising to see that they also identified how their recovery can improve the health and overall well-being of their children. While

participating in drug court, women reported being more engaged in their children's lives, such as their children's schooling and social interactions. In a satisfaction survey, a woman described how her experiences with the drug court judge promoted motherhood (Gallagher, Nordberg, Deranek et al., 2019). The women noted:

The judge is helpful because she knows that I am a mother of two kids, and my priority is being a mom. Drug court helps me be a better mom now because I am no longer getting high or doing some of the other things I did to get in trouble with the law. I have more energy to play with my kids and help them with their schoolwork. Drug court and the judge have helped me with that because she [drug court judge] tells me I am a good person, good mom, and my kids deserve to have me in their lives. My kids will be healthier and grow up with less issues and problems if I stay away from drugs and complete the program.. (Gallagher, Nordberg, Deranek et al., 2019, p. 330)

Individualized gender sensitive and trauma-informed interventions were preferred over group interventions

Drug court participants are required to attend and complete substance use disorder treatment. This requirement is not surprising, as all drug court participants have a substance use disorder and the model logically assumes that there is a relationship between drug use and criminal behavior (e.g., buying illicit drugs for personal use). Women often reported histories of trauma, current trauma symptoms (e.g., hypervigilance, depression, anxiety), and mental illnesses that co-occurred with substance use disorders. Therefore, it is essential that drug courts refer female participants to treatment providers who have expertise in treating co-occurring disorders and agencies that offer individual counseling. Moore et al. (2017) highlighted the importance of providing women with the option of individual counseling. All of the women in their study, except one, discussed the benefits they received by participating in this modality of treatment. One woman, for instance, stated, 'In the individuals, I got one-on-one attention and I can focus on little things in my life that need help the most.' (Moore et al., 2017, p. 755). Additionally, Fischer et al. (2007) shared an example from a female drug court participant who was dissatisfied with the quality of substance use disorder treatment she received. Specifically, she stated, 'It's always in a group. No one-on-one. They really don't work with you on an individual basis. They work with you in a group, and then they judge you individually.' (Fischer et al., 2007, p. 715).

The need for individual counseling, as compared to group counseling, may be especially important for women because many reported trauma histories. Logically, women may feel more comfortable discussing past traumas and current trauma symptoms individually, as compared to a group setting. A woman from the Monroe County, Indiana drug court commented on this topic (Gallagher, Nordberg, Szymanowski et al., 2019). In her satisfaction survey, she noted:

The counseling helps me stay sober, treat my addiction, and do what drug court wants me to do, but the limitation is that it doesn't cover the whole picture of what's going on in my life. I have PTSD [posttraumatic stress disorder] and anxiety because of abuse when I was younger. I don't like talking about that with my case manager or judge or even at IOP [intensive outpatient program]. It's a private matter, and I wish I could see my counselor more too just help me do better, feel better about myself.. (Gallagher, Nordberg, Szymanowski et al., 2019, p. 914)

The drug court model helped shift participants' motivations for recovery from external to internal

It was common for women to report that they were initially externally motivated to participate in drug court, perhaps because they wanted to avoid incarceration or other punitive consequences. However, throughout the program, their reasons for participating in drug court seemed to switch from external (e.g., avoid incarceration) to internal motivations (e.g., improved health and wellbeing) for treatment and recovery. The women, of course, still wanted to avoid incarceration, but during the program, they began to identify personal reasons to abstain from drugs and improve their quality of life. Many of the women attributed this motivational transition to the structure of the program and key drug court interventions, such as frequent, random, and continuous drug testing. Fischer et al. (2007), for example, met with a woman who said, 'And the structure, having to be tested twice a week, forces you to be off of drugs. There are consequences. That helped me clean up long enough to get my bearings.' (p. 709). Similarly, in another study, a woman stated, 'I had these charges hanging over my head. It gave me a real reason to want to do it and not to live like that anymore.' (Roberts & Wolfer, 2011, p. 93).

Drug testing was seen as a helpful intervention that deterred drug use and enhanced motivation for change; however, it did come with some limitations, mainly the cost. It was promising to see that the drug testing system was still viewed as a positive intervention, despite the financial burden some participants experienced. Moreover, some drug courts do not charge participants a fee for drug tests, so it is important to emphasize that this is not a universal practice. Based on the following quote, not charging for drug tests may be the best practice to support participants in sustaining internal motivation for change. A woman who was in drug court for about nine months best conceptualizes this topic; she shared:

Yes, it helps, but it is too expensive and that's frustrating. Some of us can't afford it and I think some people just give up hope, like what's the use in trying to change if I'm never going to graduate anyways. I don't want to get in trouble, so I won't use and I do all my drug tests. I do have a desire to stay sober, but sometimes that desire lessens. It's then that the drug tests are very helpful to me because, although I want to get high, I know I have a test coming up so I stop thinking about getting high and start thinking about all the good stuff in my life, like not being in jail and spending time with my kids.. (Gallagher, Nordberg, Szymanowski et al., 2019, p. 918)

Discussion

Employing qualitative interpretative meta-synthesis (QIMS) procedures, we identified four overarching themes derived from qualitative studies of women's lived experiences in drug courts. Perceived benefits of the drug court model included (1) experiencing kindness from the judge and counseling staff; (2) feeling supported as mothers; (3) receiving gender-specific services addressing co-occurring mental health and trauma issues; and (4) continuous performance monitoring, including drug testing, which held participants accountable for their conduct while promoting gradual development of intrinsic motivation for change. This study adds to the literature in four areas. First, the research may indicate that the importance of fair and kind treatment may be especially important for women participants in drug treatment court programs. Second, women DTC participants who identify as mothers greatly appreciate and grow from parenting resources and support. Third,

women (and particularly women with trauma histories and substance misuse) may benefit more than other DTC participants from individualized, one-on-one counseling. Fourth, key components of the DTC model, such as random, frequent, and continuous drug testing, supported women in developing intrinsic motivation to sustain their recovery.

Kindness and DTC

The critical impact of praise and encouragement is well-documented in drug courts, particularly when conveyed by the judge. Studies consistently find that drug court participants perceive the quality of their interactions with the judge to be among the most influential factors for success in the program (Goldkamp et al., 2002; Jones & Kemp, 2013; Roman et al., 2020; Saum et al., 2002). Supportive comments from the judge are associated with significantly better outcomes in drug courts (Cissner et al., 2013; Senjo & Leip, 2001), whereas stigmatizing, hostile, or shaming comments are associated with poor outcomes (Miethe et al., 2000). A national study of 23 adult drug courts, the Multisite Adult Drug Court Evaluation (MADCE), found that greater reductions in crime and illicit substance use were produced by judges who were rated by independent observers as being respectful, fair, attentive, enthusiastic, consistent, and caring in their interactions with participants (Rossman et al., 2011).

These findings are consistent with a body of research on procedural fairness or procedural justice. Studies indicate that criminal defendants and other litigants are more likely to have successful outcomes and favorable attitudes toward the court system when they are treated with respect by the judge and other court officials, given an opportunity to explain their side of factual controversies, and perceive staff as being unbiased and benevolent in intent (Burke, 2010; Frazer, 2006; Tyler, 2007).

An obvious question is whether these findings are gender-specific or reflect a greater or different influence of perceived support for female participants. Some evidence suggests that perceptions of fairness and support may, in fact, exert a greater and more consistent impact for female drug court participants. Post hoc analyses from the MADCE revealed that perceptions of fairness and support were significantly greater for female drug court participants than for male participants and were more robust to the severity of their substance use symptoms (Somers & Holtfreter, 2018). Among male participants, severe substance use disorders were associated with lesser perceptions of fairness and support in the programs, whereas no such relationship was found for female participants. Women may respond more consistently and favorably to proffers of support and encouragement by staff, whereas males with severe substance use problems may be more likely to misperceive, overlook or take less heart from such expressions.

Notably, both men and women in the MADCE perceived less fairness and support when they were experiencing clinically significant depressive symptoms, suggesting that depression may negatively 'color' or detract from perceptions of social support (Somers & Holtfreter, 2018). Because women in drug courts are more likely than men to report depressive symptoms (Gray & Saum, 2005), finding ways to communicate support through a veil of dysphoric affect may yield particularly beneficial results for female participants. More research is needed to understand how expressions of support and encouragement are perceived by drug court participants, the degree to which this process may be impacted by gender, how clinical symptoms may color perceptions of support, and what actions drug

court staff can take to convey expressions of empathy and support in a more convincing and impactful manner.

Promoting parenting resources and motherhood

Childcare responsibilities are well-documented psychosocial stressors for women in the criminal justice and substance use treatment systems – responsibilities not shared equally by many men in similar circumstances (Bogart et al., 2005; Gallagher & Nordberg, 2017; Morse et al., 2015; Stanton et al., 2016). Few substance use treatment programs, including residential programs and recovery homes, can accommodate clients' children onsite or offer collateral services for dependent children (Stewart et al., 2007; Taylor, 2010). In many programs, an absence of affordable childcare is not viewed as an acceptable excuse for missing treatment sessions and may incur punitive consequences for nonattendance (Morse et al., 2013). Evidence also suggests that stigmatization of substance use may be particularly acute for pregnant and parenting women due to concerns about potential harm to the child or unborn fetus as well as idealistic views held by some people about the assumed inviolability of maternal selflessness (Meyer et al., 2019). Pregnant women may even face legal repercussions from disclosing substance use or participating in substance use treatment. Nearly half of U.S. states and territories consider substance use during pregnancy to be child abuse under civil child welfare statutes and require health professionals to report suspected incidents to authorities (Guttmacher Institute, 2020). These provisions may inadvertently put women with substance use disorders at odds with their healthcare practitioners, interfering with the therapeutic alliance and undermining treatment goals and child welfare.

Rather than threatening removal of a child for substance use, the drug court model calls for family counseling services and parenting classes to be delivered alongside substance use treatment to teach participants effective child rearing and disciplinary practices. Studies confirm that drug courts are more effective and cost-effective when they offer parenting and family services as part of the core curriculum (Brook et al., 2015; Carey et al., 2012; Cissner et al., 2013; Henggeler et al., 2006). Results from the current study indicate that such practices were welcomed warmly by participants and credited with enhancing their outcomes. Recognizing that parenthood can be a protective factor that enhances recovery if participants have the requisite skills and resources, drug courts seek to strengthen the mother-child bond, help participants adopt a self-identity as effective caretaker, and build a repertoire of successful parenting competencies.

Individualized counseling addressing trauma and mental health issues

Women in the current study attributed positive outcomes to the receipt of individualized counseling services addressing mental health and trauma symptoms. Studies confirm that outcomes are significantly better in drug courts when participants meet with a treatment provider or clinical case manager for at least one individual session per week during the first phase of the program (Carey et al., 2012; Rossman et al., 2011). Many participants are unstable clinically and in a state of crisis when they first enter drug court. Group sessions may not provide sufficient time and opportunities to address each participant's clinical and social service needs. Individual sessions may reduce the likelihood that participants will fall

through the cracks during the early stages of treatment when they are most vulnerable to mental health symptoms and drug cravings.

In the current study, participants' preferences for individual counseling were expressed most often in relation to the processing of traumatic themes and mental health issues. Approximately two thirds of drug court participants report experiencing serious mental health symptoms and roughly a quarter have a major psychiatric disorder, most commonly major depression, bipolar disorder, post-traumatic stress disorder (PTSD), or other anxiety disorder (Cissner et al., 2013; Green & Rempel, 2012; Peters et al., 2012). Among female participants, studies have reported that more than 80% had experienced a serious traumatic event(s) in their lifetime, more than half were in need of trauma-related services, and over a third met diagnostic criteria for PTSD (Messina et al., 2012; Powell et al., 2012; Sartor et al., 2012).

Drug courts and other criminal justice programs are significantly more effective and cost-effective when they offer mental health and trauma-informed services (Carey et al., 2012; Gray & Saum, 2005; Kissin et al., 2014). Whether it is preferable to deliver these services individually, as advocated by participants in the current study, or whether such services can be delivered as or more effectively in gender-specific groups remains an open question. Gender-specific trauma-informed groups have consistently demonstrated positive outcomes in drug court evaluations. In a randomized controlled trial, female drug court participants with trauma histories who received manualized cognitive-behavioral PTSD treatments – *Helping Women Recover* or *Beyond Trauma* – in gender-specific groups were more likely to graduate from drug court, less likely to receive a jail sanction in the program, and reported more than twice the reduction in PTSD symptoms than female participants with trauma histories who did not receive these treatments (Messina et al., 2012). In another study, female drug court participants receiving similar interventions – *trauma-focused cognitive-behavioral therapy* or *abuse-focused cognitive-behavioral therapy* – reported substantial reductions in substance use and mental health symptoms and improvements in housing and employment (Powell et al., 2012). Other PTSD treatments, including *Seeking Safety* and *eye movement desensitization and monitoring (EMDR) therapy*, have also shown promising results in drug courts (Brown et al., 2015). Gender-specific groups may convey to participants that they are not alone in experiencing these issues, provide camaraderie and support from similarly situated peers, and model effective coping strategies that have been employed successfully by co-participants. Further research is needed to understand how it is best to deliver trauma-informed services in drug courts, and whether the modality of treatment (individual vs. gender-specific groups) should perhaps be altered based on women's individualized clinical needs or trauma histories.

Performance monitoring and external motivation

Women in the current study reported that they entered drug court primarily for extrinsic reasons, such as avoiding incarceration or regaining or retaining custody of their children. Such extrinsic motivations are reported commonly by drug court participants (Fulkerson et al., 2016; Patten et al., 2014) and studies suggest that intrinsic motivation for change is not essential at entry or in the early phases of the program to achieve positive outcomes (Cosden et al., 2006). Intrinsic motivation for change appears to develop gradually in drug courts,

becoming a critical prognosticator of long-term improvement by the time of graduation (Kirk, 2012).

Monitoring procedures employed routinely in drug courts, including drug testing, are critical for keeping participants law abiding and engaged in treatment until they can develop effective problem-solving skills and intrinsic motivation for long-term recovery (Gottfredson et al., 2007). Studies reveal that drug courts are significantly more effective and cost-effective when they carefully monitor participant performance and impose indicated treatment adjustments, incentives or sanctions based on their progress (Marlowe, 2011). Outcomes are significantly better when drug courts conduct urine drug testing on a random basis at least twice per week during the initial phases of the program (Carey et al., 2012) or employ other testing technologies such as continuous alcohol monitoring bracelets (Flango & Cheesman, 2009) or ethyl glucuronide (EtG) and ethyl sulfate (EtS) urine testing, which extend the time window for detection of alcohol use (Gibbs & Wakefield, 2014). Consistent with these findings, women in the current study endorsed drug testing and other surveillance practices as being critical to their success in the program and instrumental in helping them to stay on course while gradually adopting pro-recovery attitudes and values that can maintain treatment gains after discharge from the program.

However, an important caveat raised by these women, which should be apparent to most drug court professionals, is that passing drug testing costs on to participants may unduly increase their financial burdens and stress level, thus contributing paradoxically to poorer outcomes. Drug courts cannot hope to achieve their critical objectives if they erect additional barriers to success for participants with limited resources and undermine their treatment goals.

Limitations and future research

There are several limitations with this study that are important to mention. First, while this QIMS amassed a robust participant sample size, like all qualitative research, the sample is not representative of all women in drug courts and the findings are not generalizable. Second, the QIMS method is based on secondary published data. Therefore, it relies on partially and decontextualized reported data from previous studies which, clearly, may not offer a comprehensive assessment of women's lived experiences in drug court. However, by analyzing and interpreting across studies and locations, the contextualization of these experiences is sacrificed in order to gain a broader view of participant experiences, which is, at least partially consonant with the standardization toward which DTCs strive. Third, there is a lack of data from southern states, with Florida being the exception in Moore et al. (2017), and a cluster of data from unspecified Midwestern states, thereby amplifying the voices of women in the U.S. Midwest, while excluding the experience of women in many other parts of the country. Our sample was predominantly midwestern (5 of 8 studies), with studies from Northern California, Pennsylvania, and Florida. However, there are states throughout the US and DTC heavy states such as Michigan) and those with larger populations (like Texas) are not included (National Drug Court Resource Center (n.d.CRC), 2020). For states or regions that have different demographic make-ups than the Midwest this may also indicate that this sample may exacerbate the marginalization of women of color with greater representation in other regions (such as Latinx women in Texas and Southern California or Native American and Pacific Island women in the Dakotas and Hawaii).

Finally, three of the five researchers in the QIMS coauthored at least one of the eight articles included in the analysis, introducing the potential for bias which we mitigated through peer debriefing and bracketed as noted in the methodology section above. It may also be argued that inclusion of so many of the authors' previous works may point to selection bias. We mitigated this possibility by establishing the inclusion criteria before searching for suitable studies to include and that inclusion criteria did not change. Also, we created an audit trail and asked methodological experts (unrelated to the included studies) to review our process.

This work begins to form a broader picture of women's lived experiences in drug court and points to several avenues of future work. First, it is recommended that future researchers report quantitative and qualitative findings by gender to expand the knowledge base related to women's experiences and outcomes in drug courts and other treatment courts, such as mental health courts, veterans courts, and family treatment courts. Second, this work stresses the multiple strategic identities (e.g., motherhood) that women carry with them as they navigate treatment for their substance use disorders and the criminal justice system. Future studies should focus on mothering among drug court participants and how to best incorporate therapeutic components of parenting into drug court programming. Third, data from all regions (and ideally all states) are needed and women's experiences in rural and urban contexts should be explored, perhaps through focus groups, which would allow researchers to compare and contrast findings among rural and urban drug court participants. Finally, based on the findings from this QIMS, it would be beneficial if future researchers explored and identified the mechanisms of change that support drug court participants in moving from external to internal motivations for recovery. Developing an understanding of the change process will surely support social workers, counselors, criminal justice professionals, and others in providing best practices to all drug court participants and in helping participants sustain their recovery and improved quality of life.

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