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A Qualitative Exploration of a Massachusetts Drug Court: How are the 10 Key Components Applied?

ISABEL MARTINS PIRES

Abstract

Due to drug policy changes in the 1980s, the criminal justice system was forced to create diversion programs to deal with the rising numbers of drug offenders in the system. Based on "therapeutic jurisprudence", drug courts began opening across the county in 1989, using the "ten key components" as a guide for policy implementation. The purpose of this study was to analyze how closely a Massachusetts drug court adheres to drug court's 10 key components. Drug court participants' perceptions on the application of the 10 key components were acquired by an in-depth, face-toface interview session. This research also used court observation to study drug court as an alternative to incarceration. This study found that although this Massachusetts drug court adheres to the 10 key components, there is room for improvement.

Literature Review

In 1989, Florida was the first State to create a drug court (NADCP, 2004; Olsen, Lurigio, & Albertson, 2001). Court professionals began to feel frustrated concerning the presence of the same people in the courthouse for the same offenses. They realized that they had to do more than process the cases; they had to offer these people what they needed most, which was substance abuse treatment (DeVall, Gregory, & Harmann, 2012; NADCP, 2014). By acknowledging their failures, the criminal justice professionals were able to expand the current systems into different methods of dealing with this population (DeVall et al., 2012). Records show that as of June 2013, there were over 2,800 drug courts in the United States (NIJ, 2014). Since then, there has been a significant amount of research, more than any other criminal justice program (NADCP, 2004; Olsen et al., 2011).

The drug court model was based on "immediate interventions, a nonadversarial process, a hands-on judicial role, drug treatment with clearly defined rules and goals, and a team approach" (Olson et al., 2001, p 174). The focus of drug court was to be more therapeutic than punitive (Hiller, Belenko, Taxman, Young, Perdoni, & Saum, 2010). Drug court also was created based on the theoretical model of Therapeutic Jurisprudence. Therapeutic jurisprudence "is an interdisciplinary approach to legal scholarship that has a law reform agenda....Therapeutic jurisprudence is not only concerned with measuring the therapeutic impact of the legal rules and procedures, but also of the way they are applied by various legal actors-judges, lawyers, police officers and expert witness testifying in court, among others" (Winick, 2003, p. 1063).

Therapeutic Jurisprudence was first created in the late 1980s by Wexler as a legal theory that was mostly implemented in the field of mental health law to assure that mental health patients received proper treatment. However, currently therapeutic jurisprudence is being used in a variety of fields - correction, probation, healthcare, etc. (DeVall et al., 2012; Winick, 2003). Studies have shown that the 10 key components were derived from the Therapeutic Jurisprudence Theory. In addition to the therapeutic model, drug court was created as a way to enhance the speediness and effectiveness of handling cases (Olson et al., 2001). The 10 key components were developed in conjunction with all the above factors. The 10 key components separate drug courts from traditional courts in regards to their operationalization (Hiller et al., 2010).

Table 1

The 10 Key Components of Drug Court

	10 Key Components (Lutze & Wormer, 2014; NADCP, 1997).
1	Drug courts integrate alcohol and other drug treatment services with a justice system case processing.
2	Using a nonadversarial approach, prosecution and defense counsels promote public safety while protecting participants' due process rights.
3	Eligible participants are identified early and promptly placed in the drug court program.
4	Drug courts provide access to a continuum of alcohol, drug, and other related treatment and rehabilitation service.
5	Abstinence is monitored by frequent alcohol and other drug testing.
6	A coordinated strategy governs drug court responses to participants' compliance.
7	On-going judicial interaction with each drug court participant is essential.
8	Monitoring and evaluation measures of achievement of program goals gauge effectiveness.
9	Continuing interdisciplinary education promotes effective drug court planning, implementation, and operations.
10	Forging partnership among drug court, public agencies, and community-based organizations generates local support and enhances drug court program effectiveness.

The initial idea was to use the components as a guideline. Currently, they are being used to implement policies, and as a way to measure the effectiveness of drug courts (Hiller et al., 2010). Studies have shown that drug courts throughout the United States may run differently from one another but they commonly share the same rules and regulations (Hiller et al., 2010; Marlowe, Festinger, Dugosh, Benasutti, Fox & Harron, 2003, 2013). This model was created to be flexible for the courts to implement in a way that fits the population served (Carey, Finigan, & Pukstas, 2008). In some courts, a guilty plea is entered, and once the participants graduate, the case is dismissed. If the participants do not graduate, the guilty plea will be officially submitted (Marlowe et al., 2003, 2013). Many research projects have shown drug courts that do not faithfully follow the 10 key components usually fail (NADCP, 2013).

According to Marlowe et al. (2003), there is not a lot of research on the effectiveness of the 10 key components. The research is uncertain about which of the components is more important than others. The studies that are usually conducted on drug court are comparisons between drug court and traditional court. Therefore, there is not a lot of research that analyzes only the 10 key components to discover which component is crucial to the success of drug courts (NADCP, 2014; Olson et al., 2001). Hiller et al. (2010) conducted a research analysis where they measured drug court structure and operation. Their analysis indicated that the 10 key components were applied in all of their sample data of drug courts. However, they suggest perhaps the 10 key components should be revisited and revised since they were created over 15 years ago.

Many research projects have shown the success of drug court in other ways. For instance, drug courts have shown to be effective in reducing crimes related to substance abuse with little cost to the state budget. Due to the way drug court is set up, there are fewer probation violations and fewer re-arrests (Marlowe, 2010). Drug courts also have shown to be successful regardless of the participant's main drug choice, age, or race (Marlowe & Carey, 2012). Olson et al. (2001) conducted a study where they compared three different drug courts' implementation of the 10 key components and found that drug court staff interactions with different program providers, especially the treatment providers, were extremely beneficial because of the experience they received regarding addictions. Additionally, they found when judges failed to recognize the importance of teamwork in drug court, it caused friction between staff members. Drug court processes of handling addicts are different than the regular courts. Drug courts address the main issue, which is addiction, in a collaborative way with drug court staff and treatment providers.

Most drug courts consist of a judge, public defender, prosecutor, probation officer, and case manager (Guastaferro & Daigle, 2012; Marlowe, 2010; Melnick, Wexler, & Rajan, 2014; Olson et al., 2001), and treatment providers. They have a staff meeting (staffing) before the court session to review the progress of each participant. According to Marlowe (2010), the drug courts that have every member of the staff participate in the meeting have shown to be successful in achieving their goals. There has been tremendous amounts of criticism regarding drug court's participants' due process. However, currently, most drug courts have a full-time public defender on staff to assure the participant's due process is not being violated (Guastaferro & Daigle, 2012). Research also has found drug courts that have both defense and prosecutor participation in the staff meeting were more successful because of expedited decision making (Carey et al., 2008).

Drug courts must collaborate with treatment providers for the success of the participants (Lindquist, Krebs, Lattimore, 2006; Marlowe et al., 2013). However, the roles are clearly defined. The treatment providers are there to provide services to participants. While the criminal justice system is responsible for keeping the public safe, it will, therefore, use punitive measure to obtain compliance (Marlowe et al., 2013).

Drug court should be reserved for people who are at a greater threat of re-offending, and people who present more antisocial behaviors (Dugosh, Festinger, Clement, & Marlowe, 2014; Marlowe, 2010). Drug court also should be reserved for people with severe substance abuse/dependency illness, and people who are nonviolent (Olson et al., 2001).

People with substance abuse or dependency are more prone to involvement in the criminal justice system (Gallagher, 2012). Research has shown incarceration has a negligible impact on alcohol and drug user rehabilitation (NCADD, 2014). Participants in drug court need to be closely monitored for the first 30 days (Gallagher, 2012). They need to feel safe, have a weekly court attendance, have random drug tests, and be provided a progress report for program attendance such as therapy (Lindquist et al., 2006; Lutze & Wormer, 2014; Marlowe et al., 2013). Drug testing is extremely important as frequent drug testing is the best indicator of program and treatment compliance (Lindquist et al., 2006). To be effective, drug test results ought to be collected immediately after the test is conducted (Carey et al., 2008).

The earlier people begin treatment, the better the results (Gallagher, 2012). It is important that treatment be offered to offenders with serious drug addiction. Otherwise, there is a high possibility of recidivism. Providing treatment to participants who are not addicts can have a reversed effect since it can expose them to peers who display anti-social behaviors (Dugosh et al., 2014). Research has shown that for the first 6-12 weeks, participants had a higher rate of drug use especially cannabis. Therefore, frequent drug testing is important because most violations occur due to relapse and participants' struggles with their sobriety (Marlowe et al., 2013; Guastaferro & Daigle, 2012).

Drug court deals with criminal issues, but it also provides extra support for participants. While going through drug court, participants receive assistance with treatment, education, work, mental health treatment (if applicable), transportation, childcare, housing etc. (Lutze & Wormer, 2014; Marlowe, 2010). Participants have the opportunity to earn several incentives. However, they also can be sanctioned for probation violations. Incentives are less specific than sanctions and may include gift cards, reduced court appearance, unsupervised visitation with their children, praise, and more. Drug courts also may provide incentives and rewards to promote positive changes and accomplishments (Gifford, Eldred, Vernerey, & Sloan, 2014; Lutze & Wormer, 2014). Praise was reported to be the number one incentive in the drug court program (Lindquist et al., 2006).

Sanctions and incentives have shown to encourage participants to succeed with the drug court requirements and change their lives (Lindquist et al., 2006; Marlowe, 2010). Although, incentives are widely used in drug courts, program violation will incur sanctions. Sanctions are imposed to punish the violation and attempt to modify bad behaviors. The primary objective of sanctions is to punish minor violations to prevent serious violations. For sanctions to be effective, they must be imposed swiftly, steadily, and properly (Guastaferro & Daigle, 2012; Lindquist et al., 2006). Drug courts try to avoid using incarceration as a form of punishment; removal or threat of removal of custody is often used as a sanction. However, incarceration can be used to encourage compliance and finish treatment (Gifford et al., 2014; Lindquist et al., 2006).

The judge has the discretion to implement several sanction options. However, in most drug courts, the team makes the decision, and the judge delivers the sanction (Guastaferro & Daigle, 2012).

Guastaferro and Daigle (2012) conducted a research study on the use of graduated sanctions in felony-level drug court, and they found that 60% of the sanctions imposed were incarceration, and 50% were community services. The reasons for the sanctions were normally positive drug screening and violations of the testing policies. They also found nearly three quarters of participants (71%) had an average of four sanctions during the course of the program.

Lindquist et al. (2006) also conducted research to study the key factors associated with applying sanctions. They found the most frequently punished violation was drug test failure; 66% of their participants were sanctioned for positive drug screening. Other violations included failure to attend treatment, bad manners, and sometimes, but not frequently, escaping/hiding. They also found jail was the most frequently used sanction. Sanctions could be implemented anywhere from a weekend in jail to 30 days in jail. Most participants understood sanctioning and it's process. However, some participants reported not understanding sanctions, and which infractions could lead to sanctions. Graduation is heavily weighed on the completion of treatment.

Failure in drug court does not always mean the participants are not compliant but could mean that the types of services received were not tailored to their needs (Marlowe et al., 2013). Research also has shown when participants are forced into treatment, there is low probability of compliance. Therefore, the probability of relapse is extremely high (Brocato & Wagner, 2008). Participants who graduate from drug court have indicated a decrease in drug and alcohol use. Drug court participants also have been able to improve their relationship with their families (Marlowe, 2010).

Research has shown a good relationship with treatment providers and court staff is important to ensure graduation. According to Brocato and Wagner (2008), graduation is linked to participants' motivation to change their lives, therapy compliance, satisfaction, and good relationship with court staff (judges, probation officers, case managers, and their attorneys). Therefore, it is important that drug courts keep the same staff especially the same judge for better results (Carey et al., 2008). However, the most important aspect in graduation is the participant's motivation to change and live a drugfree life. Research has shown several participants who completed drug court discontinued personal relationships with people who were still addicts. Participants have conveyed that drug courts not only helped them with their addiction and criminal conduct, but they also had a positive influence on participants' personal lives (DeVall et al., 2012).

It is important for drug court members to collaborate and coordinate to assure the participants are receiving the best treatment possible. For example, the prosecutor and the public defender should have common goals for the participants (Carey et al., 2008; Melnick et al., 2012; Olson et al., 2001). Studies have shown working together for a shared goal is important. However, the staff's credentials are important as well (Carey et al., 2008; Melnick et al., 2012; Olson et al., 2001). Staff should be encouraged to receive continued training and education to maintain the program's commitment and honesty (Carey et al., 2008; Lutze & Wormer, 2014; Olson et al., 2001). Studies also have shown failure of a new program is positively associated with poor application, not understanding drug court model and not being able to find answers for differences between colleagues (Lutze & Wormer, 2014).

Drug courts must have a cohesive agreement about the mission, objective, and structures of the program (Lutze & Wormer, 2014). The court must not stigmatize or embarrass the participants. Courts should have smaller programs to assure the best service possible, and they should focus on the positive and not the negative, using participants' strengths to succeed (Lutze & Wormer, 2014).

Consensus is important in drug court because of the diverse discipline and variety of responsibility to the public and drug court participants (Melnick et al., 2012). Although, there is much research that can account for the successes of drug court, it is important to note that there are points that need to be kept in mind. For instance, drug court should not have more than 125 participants because it has been shown that more than 125 participants decreases the effectiveness of the program (Marlowe et al., 2013). Drug court should be kept small for individuals to receive individualized attention from their probation officer. Drug courts should also utilize assessment's criticism of their program to make changes (Carey et al., 2008).

Methodology

Qualitative Research

This study used a qualitative approach to study drug court. Qualitative research can be described as "ethnographic, naturalistic, anthropological, field or participant observer research" (Key, 1997). This method provides the ability to obtain information about drug court from the participants themselves and by observing participants.

This study used two different approaches for data collection: face-to-face interviews and court observations. Drug court participants were observed during five different drug court sessions, where field notes were taken in five court observations. Face-toface interviews as well as court observations were used to measure drug court policies and procedures. Interviews were conducted in a semistandardized interview process (Berg, 2007).

Interview questions were broken down into 10 different categories and were derived from previous research conducted by the National Drug Court Initiative (Heck, 2006): Demographics, Education, Criminal Activities, Defense/Prosecutor, Drugs and Alcohol, Family, Treatment, Drug Court, Relationships with Drug Court Personnel, Sanctions and Incentives, and Other Services.

In addition to interviews, this research used naturalistic observation (Dewey, 2014). Observations were discret to minimize the observer's influence on court proceedings.

Bridgewater State University's Institutional Review Board (IRB) approved this study. This study included contacts with living subjects for the purpose of data collection. Therefore, it had to be approved by IRB to assure the rights and safety of the participants were not violated.

Participant Recruitment and Sample

A total of eight participants agreed to face-to-face interview sessions. However, only six interviews were completed. Taking into account the similarities after the sixth interview, the study reached "saturation." Saturation is defined as "the point at which no new information or themes are observed in the data" (Guest, Bunce, & Johnson, 2006, p. 59). Saturation has served as a guide for many qualitative researchers to establish an acceptable data sample size. In many qualitative studies, once the study reached a point where there are no new themes emerging, the data is deemed sufficient for analysis (Francis et al., 2010; Guest et. al, 2006). According to Mason (2010), a study can reach its goal with a small sample. Guest et al. (2006) reported that it is "recommended [for] at least six participants for phenomenological studies" (p. 61).

In this present study, the researchers used purposive or a non-probability sample technique. This sampling method can lead researchers to obtain rich information from a small sample of cases that were specifically chosen for the study conducted (Teddlie & Yu, 2007). The characteristics of the participants interviewed in this present research study can be found in Table 2. The primary reason for this research was to study how closely a Massachusetts drug court adheres to the 10 Key Components.

The audio recordings of the interviews were transcribed verbatim. While transcribing the interviews, different themes that emerged within the transcription were coded. The researchers read

Table 2 Characteristics of Participants								
Participant A	28	Single	Caucasian	Marijuana and heroin	15	About 20 times		
Participant B	34	Single	Caucasian	Marijuana, alcohol, ecstasy, cocaine, & opiates	12	About 10 times		
Participant C	47	Single	Caucasian	Reported he has tried everything "except for crystal meth and exotic things kids are doing these days"	12	20-30 times		
Participant D	47	Single	Caucasian	Marijuana, alcohol, "pills", & heroin	13	About 15 times		
Participant E	46	Single	Caucasian	Marijuana, cocaine, & LSD	18	About 10 times		
Participant F	34	Single	Caucasian	Alcohol, marijuana, cocaine, ecstasy, and prescription medications	12	4 times		

the transcriptions and the written court observations multiple times and documented relevant concepts and their relationship to drug court's 10 key components. Different categories and patterns identified within the data included: similarities of age of first illicit drug use, the attendance of multiple substance abuse treatments prior to drug court, and the lack of support from the defense attorney and the prosecutor.

Consistencies in the interview questions and contradictions and relationships within the answers were identified to further test the

Method of Analysis

Analysis of qualitative data included listening to the tape recording several times, getting familiar with the data obtained, understanding the data, and transcribing the interviews verbatim. The answers were reviewed to find common themes and patterns. All data collected for the purpose of this study were locked in a cabinet in the investigator's and co-investigator's possession. Once the transcription was completed, the recordings were erased. Participants also were observed during five drug court sessions. Field notes were taken on all five observations. This technique helped the researchers understand how the 10 key components were applied.

The participants' answers were reviewed to find common ideas and patterns to enable the researchers to arrange the data in different categories. Once the patterns were identified, the next step was to select the ideas that were relevant to the study. The researchers carefully researched if there was a connection between different ideas (Taylor-Powell & Renner, 2003). emerging categories. The fundamental categories in drug court were treatments, sanctions, incentives, and participants' behavior. As the relationships between the different categories became more evident, the fundamental category that described how the different categories were linked was identified. As a result of this process of ongoing analysis, the procedure of how a Massachusetts drug court adhered to the 10 key components was identified.

Results

This study has identified the common practices of a Massachusetts drug court as it relates to the National Drug Court Institute's 10 key components. The results presented in the following sections were derived from observing actual drug court sessions and in-depth, face-to-face interviews. Court observations and interviews data are presented and discussed by defining each of the 10 key components, and how each component relates to court observations and the interviews. The observation was used to compare participants' experiences with drug court and researchers' observations of participants' experiences. This study was conducted to contribute important information to the criminal justice system by providing drug court participants with an opportunity to express their sentiments about the policies and procedures of drug court as well as the importance of having drug courts. This study offers a new and different approach on future research on drug courts.

Drug Court Environment

Courtroom Set-Up

The following description illustrates how drug court operates differently than traditional court. Participants enter the courtroom through double doors by the court officers. There are two rows of benches. The left side benches are reserved for the participants and the right side for treatment providers, interns, media, family, and guests. The probation officer space is located in front of the judge's area. The defense attorney sits behind the probation officer. This process illustrates the importance of the second key component, which stresses the significance of a nonadversarial approach between defense and prosecution. In traditional court, the setup is more adversarial. The prosecutor and the defense counselor have an oppositional role. The defense and prosecution sit on opposite sides of the courtroom.

Component 1: Drug courts integrate alcohol and other drug treatment services with justice system case processing. According to the NADCP (2004), component 1 is the fundamental and initial process of drug court. Participants are given information about their responsibility in drug court. The judge plays a crucial role in the participants' rehabilitation process by praising good behavior and immediately reacting to a probation violation.

Observations: When participants were having trouble remaining sober, regardless of what phase they were in, they had to report to drug court more frequently until they were stabilized. During drug court, each participant was required to attend numerous groups such as "Living in Balance", "Advanced Living in Balance", "Relationships in Recovery", and counseling. Participants were instructed to meet with the substance abuse service provider and make appointments. Different programs/recommendations were made depending on the individual's needs. Two treatment providers' representatives from the Gavin Foundation were always present at court to transport selected participants to groups.

The treatment liaison was also always present during drug court sessions and stayed until court finished. The treatment liaison was in charge of transporting new drug court participants and returning participants to the residential program when released from jail. The three treatment providers that were frequently referred to were the Gavin Foundation, the Salvation Army, and MASS Rehab. The court staff seemed to have a good rapport with the treatment facilities.

Interview: Following admission to drug court, participants were required to be admitted to a residential program or a halfway house. Participants could be referred to a halfway house by drug court, or they could find it on their own. However, if they found a house on their own, drug court had to approve it before they could move in. Most participants interviewed were referred to the house by drug court. Participants also were required to attend individual and group therapy. According to one participant, the group was called "living in balance", which was a 16-week meeting, and was provided by the Gavin Foundation. The facilitator transported the selected participants to group after drug court sessions and back to their houses.

When participants were asked if the current treatment was better than treatments they had participated in the past, all the participants agreed that the structure and strictness of the house was what allowed them to succeed in becoming sober. One participant believed the longevity of the program was what made the house different than detox or other inpatient facilities. Another participant believed that becoming sober had to be a choice, and it should never be forced. All participants agreed that facility staff had a big impact on their recovery. When staff is approachable, knowledgeable, and caring, participants are more inclined to seek help when facing obstacles that threaten their sobriety.

Component 2: Using a non-adversarial approach, prosecution and defense counsels promote public safety while protecting participants' due process rights. Non-adversarial in drug court means that the defense attorney and the prosecutor are working together instead of having oppositional roles that they would have in traditional courts. According to NADCP (2004), the prosecutor and the defense counsel are responsible for screening and determining eligibility. They also are responsible for explaining policies and procedures of drug court. However, they also have their individual goals. The prosecutor is responsible for protecting the community by ensuring proper screening of each participant who enters drug court. The defense counsel is accountable for protecting participants' due process rights and encouraging compliance.

Observations: When participants were in custody or violated probation, the probation officer was responsible for bringing the case forward. In traditional court, the prosecutor is responsible for presenting the case to the judge. There were several defense attorneys in the courtroom. It was unclear who was the official drug court defense attorney. The defense attorneys had access to "lock-up" during court sessions to speak to their clients. When participants had private defense counsel, they were given priority when called to the podium, or when they were in custody.

Interview: Participants were asked several questions about defense counsel, the prosecutor, and their sentiments about drug court. Participants were unsure how to describe the relationship between the defense attorney and prosecutor. All but one participant answered that the defense counsel and prosecution got along.

Another participant had this to say:

I was umm, very suspect then. There was more or less an understanding between my lanyer and the prosecutor that I was going to do what they wanted me to do. I really didn't have much choice. I wanted to argue it. I wanted to be Breathalyzed. I wanted to be urine tested. I was not given the option. I did not want to go to drug court. My intentions were to pay my fines that I owed on the existing case that was about three years old and umm, just go back and keep doing my thing in AA.

All participants reported that meetings with their defense

attorney were brief. They reported talking to their defense attorney only when they were incarcerated, or when probation was violated. The following quotes illustrate participants' sentiments towards their defense attorneys:

Well it was brief, it was just umm, I got a bad urine, and they arrested me, and I went to [jail] for a couple days, and they brought me back to court, and I literally just met this guy for that afternoon, and we talked about it, and he said the option is drug court or jail. And we discussed it, and he told me all about drug court. I accepted it. So I really only met him for maybe an hour, but yeah that was that.

Another participant's perception was more explicit and full of anger when responding to the questions about his relationship with his defense attorney:

Short, brief, and very unprofessional. Umm, she basically told me just go to jail. Drug court is not going to work for you; you'll never make it. Umm, that's probably the one thing that stands out that she said to me aside from her language that was deplorable for a lanyer.

Only two participants believed that having the prosecutor and defense counsel working together gave them the opportunity for a fair defense and was in their best interest. However, the remaining four participants did not believe that they had a fair defense. One participant had the following to say:

Not really cus I had a court-appointed lanyer, if I had a paid lanyer, I wouldn't be in drug court...court-appointed lanyers don't really care, they have so many cases to deal with, you're just a number to them, so no I don't.

Another participant went further and made the following remarks:

I don't think it really does, you know what I mean. Because they're working for a commons umm, goal. You know what I mean, and if they're working for a common goal, then how can you say you're trying to help me and give me a lesser time. You're working on whatever he's trying, you know what I mean. And prosecution don't budge much, see what I'm saying unless you have a good case, so it's basically what they say.

Component 3: *Eligible participants are identified early and are promptly placed in the drug court program.* According to NADCP (2004), people should be assessed immediately following an arrest. An arrest can be a traumatic experience for anybody. Therefore, offering a

life-changing opportunity such as suspended sentence, probation, or rehabilitation can have a tremendous impact on someone's life.

Observation: The researchers did not observe this process.

Interview: Participants' incarceration prior to entering drug court varied from four to ten weeks. After entering drug court, all but one participant was incarcerated prior to entry into a residential drug treatment program. Participants stayed incarcerated an additional two to five weeks, waiting for available treatment facility openings.

Based on the participants' answers, it appeared that participants were identified early after their arrests or probation violations from traditional court. However, all participants had a high number of prior arrests, which could indicate that they were not identified as alcohol/drug addicts during previous arrests. Further research is required to properly answer this question.

Component 4: Drug Courts provide access to a continuum of alcohol, drug, and other related treatment and rehabilitation. According to NADCP (2004), treatment is an ongoing process throughout participants' time in drug court. Drug court needs to be therapeutic in its process. The main focus of drug court should be the criminal behavior and substance abuse.

Observations: The judge asked each participant about his or her progress at his or her selective treatment provider and was knowledgeable of each participant's treatment provider. This was apparent by her referencing the name of the house instead of saying "sober house" or "halfway house." When participants were asked, "How are you?" by the judge, they always immediately spoke about their treatment process. Participants reported on the prior week and spoke about their struggles and successes during that week.

Interview: When asked if the court helped or referred them to any other services such as housing transportation, vocational, educational, public assistance, medical, and family, all but one participant responded yes. A participant had this to say about receiving additional assistance from drug court:

Yeah, I mean we do the outside classes but you know [probation officer] is always, you know, giving me, umm, you know ideas on like what else to do. It's not mandatory but you know it doesn't hurt. The participant that had answered no to the question about additional services had this to say, which indicates that additional assistance is offered:

No, they offer umm, Mission Forward. They actually require you to go to Mission Forward program, and they will help with anything that your house doesn't help you with... it's run by the Gavin Foundation, and they will help you get umm, health insurance. They will help you get outside counseling. Umm, they will help you with a lot of stuff. They'll go to court for you if you, umm, have custody issues with your children and stuff, and they'll really help you with everything that the court doesn't, you know.

All but one participant indicated he had been in other treatment programs prior to drug court. The reasons for failure at other programs were: the program was not long enough, there was no structure, not enough support, he was arrested again for new charges, or believed he was "better" and did not need to continue to attend AA meetings. Most common treatment providers used by participants prior to drug court were: detoxes, AA, and being sanctioned to an inpatient treatment facility by the traditional courts.

Component 5: Abstinence is monitored by frequent alcohol and other drug testing. According to NADCP (2004), it is important that participants are tested frequently and accurately for alcohol and drugs. The agency administering the tests needs to observe participants while taking the test for accurate record of chain of custody, value, and reliability of the method.

Observations: The judge was very open and approachable. She expressed her understanding of how difficult it was to remain sober and the difficulties of addictions. The judge also stressed the importance of using drug court staff, treatment providers, peers, and sponsors when dealing with any issues that could possibly cause a relapse. When the participants were called to the podium to speak to the judge, all reported doing well. During one court observation, a participant had an overdose and died. Overdose is very common in drug court. During the length of this study, there were two overdoserelated deaths.

Interview: Participants were asked about the frequency of drug testing, and the method of testing to which they had to submit.

All participants reported being tested for drugs. Some participants were tested randomly, and some participants were tested on set days. One participant reported having to submit to a random Breathalyzer test when he first entered the halfway house. The participants were tested at their respective halfway house or sober house. However, one participant reported the probation officer has the right to ask him to submit to a random drug test.

Component 6: A coordinated strategy governs drug court responses to participants' compliance. According to NADCP (2004), it is important to understand that addiction is difficult, and relapse is part of the disease. Abstinence from drugs and alcohol is a learning process, and it takes time to master. It is essential for drug court to reward good behavior and punish bad behavior. According to NADCP (2004), participants must have a verbal and written explanation of incentives and sanctions when they are accepted to enter drug court. Incentives and sanctions can vary in nature.

Observations: The judge was always pleasant. She gave praise to every participant, even participants who were on "the dock." This was evident by the following quotes by the judge: "I'm proud of you." "You can smile, it's okay, I allow that, in fact, I encourage it." These quotes were said to a participant who was having problems at his house because he felt that The Salvation Army was aggressively pushing him towards God. Other quotes used by the judge were: "I'm giving you a lot of freedom here... you know what we require here...you understand that you are not in charge." The quotes were powerful because they showed that the judge treated the participant as an adult and gave him responsibility. Yet, she made it clear that she was in charge and would do what was necessary to ensure compliance.

The following sanction was used for probation violation, although the researchers were unclear about all the violations that occurred. One participant was ordered to write an essay on her state of mind when she relapsed (smoked marijuana). The reason she had this sanction was because she told staff at her sober house that she had used, and she also informed the probation officer that she had used drugs. The judge and the probation officer felt that because the participant was honest and admitted to her mistake before she had to be drug tested was a testament of what drug court was.

Interview: Participants were asked if they had been sanctioned for probation violation, and what was the sanction imposed. Participants were unclear about this question because drug courts operate on a range of different options for sanctions. It was stated that a sanction has to fit the punishment, and having one type of sanction for different types of violations is counterproductive. However, the participants were all aware that if they violated probation, they would be sanctioned. All participants reported that incarceration was the most frequently applied sanction. One participant was sanctioned to eight hours community service when he failed to present a progress report during his court hearing. He had the following to say about his sanction:

I didn't take drugs so you know what I mean. It shouldn't be an issue because I'm sober you know what I mean, and that's how I feel. Yeah people are gonna get in trouble, but it might be for a low fraction stuff, and you shouldn't treat them like a piece of shit you know. You shouldn't cus I seen it happened, dudes forgot, I forgot my paper when the other judge was here, and he gave me 8 hours community service.

Another participant was sanctioned to jail when he left his sober house and was on the run. He believed this sanction was especially hard because during the time he was on the run, he was sober. He made the following remarks:

When I was in drug court, I was at violation, and I was on the run so I had a warrant but umm, I was doing the right thing. I was going out to dinner. I was paying my bills. I was spending time with my son. I had money in my pocket. I was working. I was living normal, which I haven't done in so long, and it stunk I had that warrant, so when they picked me up, I was kind of upset that they didn't take any of that in account that I was sober... maybe they can give me a different way of handling rather than throwing me back into a halfway house. That's just my situation.

Participants were asked to give their opinion about sanctions. One participant had the following to say about sanctions: Being on drug court, it's never happened to me, but when I see it happen, I know that they're not just doing it to throw you in jail. They're doing it to benefit you, you know. They want people to get sober. They don't want people to be incarcerated, but I know you do get locked up if you violate, but they, for the most part, find you another treatment program to go to.

Participants were asked to give their opinion about incentives in drug court. All participants reported that the biggest incentive they received from drug court was being out of jail. They also believed that having a judge who cared made them feel good about themselves. Some participants reported receiving gift cards not only from drug court but also from the Gavin Foundation for completing six-month, individual counseling sessions. One participant reported that he did not expect any incentives from drug court. The fact that he was sober, clean, and able to repair relationships with family and friends was sufficient for him.

The following quote not only illustrated the importance of incentives in drug court, but it also showed that participants did appreciate being praised for doing well:

Like I said, I mean just the recognition itself is an incentive, you know what I mean. When somebody says hey, like this judge she said you're doing good, you know what I mean, you're a good guy, stuff like that makes you feel good. Doesn't make you feel like a judge is out to get you, and like see what you're doing wrong, or see if you're being sneaky, or you know what I mean.

Component 7: Ongoing judicial interaction with each drug court participant is essential. The judge is what connects participants with treatment providers and the criminal justice system. "This active, supervising relationship, maintained throughout treatment, increases the likelihood that a participant will remain in treatment and improves the chances for sobriety and law-abiding behavior" (NADCP, 2004, p. 15). According to NADCP (2004), regular status hearings, especially during the initial phases, are very important because they reinforce drug court procedures and guarantee successful supervision.

Observations: Once the court was in session, the clerk began to call participants one by one. Each participant walked to the microphone and handed progress notes to the probation officer. The probation officer then handed the progress report to the judge. The judge skimmed the notes while asking the participant questions. The dress code was informal. Participants went to court dressed in jeans and t-shirts, which was different from traditional court, where it was expected for defendants to dress appropriately when they made a court appearance. Frequently participants had dirty clothing covered in paint indicating that they came to court straight from work. It was required that participants work while in drug court. Participants' interactions with the judge took between five to ten minutes depending on how much information they disclosed to the judge. The interaction was never rushed, and they were free to speak uninterrupted about any topics.

The judge was always engaged and interested in what the participants had to say. This was evident by her actively listening to what participants had to say. Participants seemed to be comfortable with the judge, and the judge had a wealth of knowledge about her participants. Both participants and the judge made jokes during court hearings. The judge was always friendly and inviting. During one court observation, she held a participant's baby while she spoke with her. However, the judge also was firm and honest about her expectation from the participants. She told one participant that drug court "is not only about being clean and sober, it's also about behavior and surrender. If you're not able to surrender yourself, then drug court is not for you." She explained that honesty was very important in drug court. The participants appeared to respect the judge and her advice. This was evident by participants' responses to the judge; they listened to her without interrupting. They spoke to her in a professional manner.

Interview: Court appearances were determined by each participant's phase in drug court. There were three participants in phase 1, two participants in phase 2, and one participant in phase 3. Participants in phase 1 had to report to court once a week; phase 2, every other week; and phase 3, every third week. They also met with the probation officer. Participants reported that if they needed to meet more often with probation officer, the option was available.

When asked if they felt they had a choice in participating in drug court, all but one participant responded yes. They felt that they could have elected to serve time rather than going to drug court, and they believed they made the right choice to participate. Before admission to drug court, staff assessed participants. When participants were asked to describe their relationship with the judge and the probation officer, all responses were positive. Although they had different ways of defining their relationships, the themes were all very positive. For instance, one participant referred to the judge and the probation officer as counselors and not law enforcement. He believed that the judge and the probation officer were there to help him, and they cared. One participant described the relationship as being cordial, friendly, and respectful.

Participants were aware that if they violated probation, they would be sanctioned despite having a good and close relationship with the probation officer and the judge. One participant put it this way:

No matter how much caring you have when you're in a [probation officer] position, you still have a job to do, so you can't let anything personal come between you and that job. So there's a big duality with what she does."

Participants also were asked about their interaction with the judge during court sessions. Three participants reported feeling nervous when speaking to the judge. However, they also expressed that they knew there were no reasons to be nervous because they had not violated probation. Two participants described the encounters with the judge as being informal and pleasant. They believed that since the judge was very welcoming, there were no reasons to be nervous. They believed the judge had knowledge of addiction and understood that the participants made mistakes, and that they were worthy of love and care.

One participant had the following to say regarding the same question:

[Judge's name], yeah she really know what the hell, you know what I mean. When she says so how's your kids, and they are still playing, you know what I mean, she know that from like three weeks ago. When I said it last year, the judge didn't' try to work with you. It's umm you know what I mean. Everybody like screws up, and it doesn't have to be with drugs. That was one of the things I was gonna say today. If I was gonna get a bomb, I was gonna tell her I didn't know that this was driving without a license court. It's drug court you know what I mean.

Component 8: Monitoring and evaluation measure the achievement of program goals and gauge effectiveness. It is important to manage and monitor the success or failures of drug court by frequently collecting important data. Data collected can serve to evaluate the effectiveness of the program and its accomplishments. Drug court also should have internal and external evaluations to obtain accurate and measurable results (NADCP, 2004).

Observations: This particular drug court is adhering to the 10 key components by allowing external evaluations. The probation department welcomed this study. The probation department also showed enthusiasm and excitement in reading participants' sentiments about the department's policy and procedures once the study is completed.

Interview: Although not directly correlated to component 8, participants were asked if there was anything they wanted to add that they felt drug court could provide in order to make their treatment process more effective. The researchers felt that since this component discusses evaluation, it was imperative and significant to this research that participants give their evaluation of drug court. The following quotes emphasize the effectiveness of drug court according to participants' view:

Probably not having to go to drug court every other week or as often as we do, and probably like incentives like gift cards to Dunkin that would be pretty cool.

One participant believed that most programs were not long enough to achieve sobriety. Unlike one of his companions, he believed 18 months was just right to learn coping skills and other practical skills in becoming drug free. He had the following to say: Honestly, like drug court's been the most effective, you know, treatment program that I've been through yet, you know I think it's great that it's 18 months, cus like I said earlier, sometimes 6 months ain't enough, it's not long enough, you know. These 18 months you get that foundation where you learn to be an adult again, you know, but I really don't have any complaints about how drug court's run, how they operate, and you know, I think they're great.

Another participant believed that drug court is saving lives because of how the program is implemented. One participant had the following to say regarding improving services:

Yeah I would like to see incentives... that if you're doing well, that you should be allowed to go to a sober house, or umm be out of a sober house and on your own

longer. Like if you're doing the right thing, you should be moved along. This 18 months, it's a ridiculous amount of time. You know, by the time a year and half rolls around, and sobriety, you don't need to be babysat by the court.

Another participant stated that drug court is a good program, and it is helping people live drug free. One participant had the following to say about improving services:

Umm, I mean I think somebody said that you have to pay \$150 dollars for a DNA test at the end of drug court or your hair tested, whatever the heck it is. I don't think we should have to pay for it...I don't knom, yeah, I just think it's crazy. I'm like, don't you know how many bills I got [laughs]. Yeah I mean it's just another thing to worry about. You shouldn't have to worry that far into recovery cus that just bring you back out.

One participant felt that the program was very good and organized, however, would like to see more incentives such as gift cards for good behaviors.

Component 9: Continuing disciplinary education promotes effective drug court planning, implementation, and operation. "Periodic education and training ensure that the drug court's goals and objectives, as well as policies and procedures are understood not only by the drug court leaders and senior managers but also by those indirectly involved in the program" (NADCP, 2004, p. 21). According to NADCP (2004), court observation of an existing drug court is a cost-effective way of training a new drug court staff. This method allows new staff to interact with their colleagues and ask questions. Staff should seek further trainings in the drug court process, substance abuse treatment, relapse prevention, basic criminal justice system's policies/ terminologies, and other important topics relating to this population.

Observations: The researchers did not observe any evidence to support this component.

Interview: The participants were not asked any questions to support Component 9.

Component 10: Ongoing partnerships among drug courts, public agencies, and community-based organizations generate local support and enhances drug court programs effectiveness. "As part of and as a leader in the formation and operation of community partnerships, drug courts can help restore public faith in the criminal justice process" (NADCP,

2004, p. 23). This can be achieved by system-wide commitment within the community, not limited to treatment providers, but expanding communications to private community-based establishments. An effective way of achieving such a goal is by creating nonprofit organizations that include all drug court stakeholders as well as outside partners to act as a medium for fundraising and resource attainments.

Observation: There were no data collected during observation to support this component. More research is needed to study this component further.

Interview: Although no direct connection to Component 10, participants were asked how closely they were monitored by drug court, and their answers implied that the court has a good relationship with treatment providers. All but one participant agreed that the court monitored them very closely. The participants reported that the court was in constant contact with the treatment providers, and the participants were required to bring weekly progress notes to the judge. No other questions were asked to directly report if this drug court adheres to component 10.

Discussion

In an effort to study drug court as an alternative to incarceration, this study conducted court observations as well as face-to-face interviews to review a Massachusetts drug court's application of the 10 key components. Prior studies have indicated that drug courts that adhere to all of the 10 key components have better outcomes.

Results from drug court observations suggested that the therapeutic jurisprudence method is implemented in this drug court. In general, the observations revealed that this drug court follows most of the 10 key components. No direct observation was made to support the applications of components 3 and 10. However, this did not indicate that this drug court did not adhere to Components 3 and 10. It suggested that more research was needed. Future research can include interviews of drug court staff, with questions directed to the application of components 3 and 10.

The use of a therapeutic jurisprudence system appeared to be an effective approach to treat substance abuse problems and suppress criminal behaviors. This drug court focused on behavior modification. The judge reminded participants during multiple occasions that drug court was not only about remaining drug free, but it was also about behavior modification. The way drug court achieved behavior modification was by having clear and open communications with the participants. For instance, the judge was always welcoming to the participants. She did not shout or make the participants feel ashamed of their past. This was evident by the way she spoke to each of the participants. The judge had a wealth of knowledge of the participants' personal lives. The judge spent reasonable time on increasing awareness of substance abuse problems, and how participants could avoid relapses. She used their individual struggles as a teaching moment for all participants.

During face-to-face interviews, the researchers noticed patterns and similarities within the participants' answers that were a significant predictor of the court's adherence to the 10 key components. The 10 key components can be broken down into three categories: treatment that includes Components 1, 4 and 5; defense counsel that is Component 2; drug court processes that includes components 3, 6, 8, 9, and 10.

Treatment: All participants in drug court were required to be admitted to an inpatient treatment facility. Most of the participants interviewed were referred to treatment by drug court. In addition to an inpatient treatment facility, participants also were required to attend outpatient treatment programs such as AA and individual and group therapy. All participants interviewed reported that drug court was effective because of its structure and strictness. This finding shows that this Massachusetts drug court adheres to Component 1. Component 1 states that drug courts integrate alcohol and other drug treatment services with justice system case processing.

As stated above, treatment was required in drug court. However, aside from treatment, drug courts provided additional services to the participants. Participants reported receiving a variety of extra services such as help with housing, finding appropriate outpatient counseling, education, medical, and more. However, when drug court was unable to provide other services, participants were referred to other agencies that were able to provide the services needed. All participants reported being able to rely on their probation officer for assistance with their individualized needs. These findings illustrated the importance of component 4. Component 4 states that drug courts provide access to a continuum of alcohol, drug, and other related treatment and rehabilitation. Research has shown that treatment should be the main focus of drug court. Therefore, having multiple drug court components that addressed treatment was important because they demonstrated that treatment must be incorporated in drug court.

Participants were drug tested to ensure treatment compliance. Participants reported being drug tested randomly and/or on a designated date. When participants were drug-tested randomly by their sober house or halfway house, they were tested three times weekly. Participants who had designated test days also were tested three times weekly on Tuesdays, Thursdays, and Saturdays. These participants reported being tested on a random basis as well. Although drug testing took place at the participants' designated house, the probation department reserved the right to drug test participants as well on a random basis. Drug court component 5 explains that abstinence is monitored by frequent drug testing. Therefore, this drug court is indeed adhering to Component 5.

Defense and prosecution: Drug court was designed to operate differently than traditional court. Therefore, Component 2 required that drug court use a non-adversarial approach. Prosecution and defense counsels promote public safety while protecting participants' due process rights. However, according to participants, this component was unclear. Participants reported either no relationship with their defense counsel or a negative relationship with their defense counsel. Participants should have a good and positive relationship with their defense counsel. They should feel that their defense counsel is competent and able to defend their due process. Unfortunately, this was not the case according to all six participants interviewed. This component seemed to be extremely difficult for participants. Four of the participants interviewed reported that they felt they did not have a fair defense. They felt public defenders were overwhelmed and overworked and did not have the time to devote to their specific cases. Most of the participants did not know who the prosecutor was. This was alarming because in drug court, defense and prosecution were supposed to have a non-adversarial approach. Therefore, it is important that this Massachusetts drug court revisit this component.

Drug court process: Components 3, 6, 7, 8, 9, 10 incorporate instructions on the design and policies of drug court. Unfortunately, no direct observation was made to confirm the application of Component 3. However, participants were asked how long they were incarcerated before the criminal justice system offered them the option of drug court. Participants were incarcerated no longer than five weeks before admission to drug court, which could indicate that Component 3 was being applied. Component 3 explains that eligible participants are identified during the arraignment phase and promptly placed in the drug court program. However, most of the participants had an extensive criminal record, which could indicate that perhaps the criminal justice system did not identify participants early and promptly. More research is needed to better answer this question, including asking questions about the details of the criminal charges. Studies have shown drug court participants often have drug charges.

According to Component 6, a coordinated strategy governs drug court responses to participants' compliance. This component incorporates different aspects of drug court such as treatment, drug testing, court appearances, and incentives. There are different research findings on frequent court appearances. Some research has found that it is the best way to monitor participants. Other research has found that frequent court appearances can lead to a judge finding more infractions and violations.

Participants reported court appearances according to their phases in drug court. Participants in phase 1 had to appear in court once a week; phase 2, once every other week; phase 3, once every third week; and phase 4, once a month. Most of the participants understood reasoning for appearing in court as often as they do. However, some participants believed that they should not have to appear in court as often. Participants also believed that drug court should offer incentives when they were compliant with treatment and probation.

There has been much research on incentives in drug court. All participants interviewed did not expect monetary incentives. They believed that praise from the judge was the best incentive they could receive. One participant stated that he knew he had made a mistake, and he was in drug court because he committed a crime. However, he appreciated that the judge was full of praise. He stated that contact with the criminal justice system was scary and having a judge treat him like a human being and not a criminal was very comforting. Participants' answers from the face-to-face interviews suggested that this drug court adheres to Component 6.

Component 7 is an extension of Component 6, which states that ongoing judicial interaction with each drug court participant is essential. As stated above, the participants had designated dates where they had to appear in court. During interviews, all participants reported that they met with the probation officer more than was required. This was due to needing more support. Most participants believed they had a choice in participating in drug court. This finding was important because research has shown that participants who were forced to submit to treatment usually fail. As one participant stated, in order for treatment to be effective, a person must desire the change. He went further to explain that a person has to have a different mindset for treatment to be successful.

Participants reported that drug court was a good program because it focused on treating the addiction. Therefore, it was important to ask questions, where participants were able to give their evaluation of drug court. According to Component 8, monitoring and evaluation measure the achievement of program goals and gauge effectiveness. All participants agreed that the goal of drug court was to help them achieve sobriety and modify their criminal behaviors. Although participants had many positive evaluations of drug court, they believed there was plenty of room for improvements. For instance, participants believed they should receive gift cards as an incentive, although they did not expect it, but believed it would be nice. One participant believed they should not have to pay fees once they graduate from drug court.

Component 9 explains that continuing disciplinary education (learning more about addiction and evidence-based practices) promotes effective drug court planning, implementation, and operation. Unfortunately, this study was not able to confirm if this Massachusetts drug court adheres to Component 9. More research is needed to answer this question. Perhaps future research can develop questions for drug court staff to answer regarding this component. The researchers felt that participants would not have a way to know if this component was being applied in this Massachusetts drug court.

Last but not least is Component 10 that states ongoing partnerships among drug courts, public agencies, and communitybased organization generate local support and enhance drug court program effectiveness. No direct questions were asked to support this component.

Drug court is an approach to criminal behavior and addiction that makes it possible for the judge to teach participants all at once. As mentioned before, participants were not allowed to leave the courtroom after they have spoken to the judge unless they had permission from their probation officers. Therefore, participants were fully aware of one another's struggles. One very notable teaching moment was when one participant from drug court had overdosed and passed away. The judge used this tragedy to reach out to participants to remind them that they had a wealth of support. She explained that participants should reach out to drug court, treatment providers, and/or their sponsors when they were faced with difficult circumstances that could trigger a relapse.

This study used a qualitative method in open-ended interview sessions with drug court participants as well as observations of the participants during their drug court sessions. By using openended questions, the researchers obtained information that was not anticipated. The information was collected through audio recordings that were transcribed to gather information. The data analysis consisted of finding common themes and developing a coding system to discuss the important and thematic variables.

The researchers understood the sensitivity required when doing research involving human subjects. Although, most of the questions asked could have been obtained through public records, the researchers were careful with personal information obtained from participants. The researchers also strived to make certain participants were comfortable with the interview settings. The researchers engaged with each participant. However, they refrained from giving their opinion about drug court. It was important to assure the participants were fully aware this research was voluntary, and their personal information was kept private.

To the researchers' knowledge, this was the first qualitative study that used an interactive interview session, where the participants were the main source of data, to study drug court as an alternative to incarceration. This study added knowledge to the criminal justice system and the drug court. Although this study had many limitations, it can serve as an informative way of knowing how the participants felt about drug court and its processes. This research was designed to add a different approach in studying drug courts.

Limitations

This current study had several limitations. This study had a small sample of participants. Six participants were interviewed, and they were all Caucasian males. The sample size could have been expanded if the researchers offered some type of incentive to participate such as gift cards. Although the study had reached saturation with six interviews, the goal was to interview ten participants. Several restrictions played a role in the study's sample size. For instance, the participants represented a limited range of drug court demographics. The majority of participants in drug court were Caucasian males. During this study, there were six Caucasian females, one African American female, three African American males, one Asian male, and one Hispanic male. The current demographics made it very difficult to receive diverse perspectives of different races and/ or genders. The researchers came across three female participants. Two of the females declined to interview, one had agreed and then changed her mind.

The phases of drug court posed the biggest limitation. The researchers kept encountering the same participants over and over. This was due to many participants being in phases 1 and 2 that required that to have more frequent court appearances. The strict schedule of treatment for some probationers and transportation issues for others were barriers to participating in an interview.

Other limitations included participants committing probation violations or relapsing. This limitation made it difficult to have available and reliable data. One participant had agreed to an interview. However, he committed a probation violation and was incarcerated. For future research, methodology also could include interviews with court staff. Interviews with staff would have answered questions about Component 10.

Conclusion

The drug court program arose over two decades ago in reaction to the overwhelming concerns of substance abuse and amplified imprisonment rates. Historically, the 20 years of studies on drug courts have confirmed progressive outcomes for participants who graduated drug court programs compared to their counterparts who did not attend drug court. This research has shown that this Massachusetts drug court adheres to the 10 key components. Although there were strong predictors of adherence to most of the components, more research is needed to confirm adherence to all 10 components. During court observations, it appeared that the judge and the probation officer were knowledgeable and competent in running a successful drug court. Also, during observations, it was clear that this drug court atmosphere was different from traditional courts. Participants in drug court were more relaxed, and the court sessions felt informal and casual. A copy of this paper was provided to the drug court, which included data that could be used later to improve services to the participants. These were reasons drug courts were created and is imperative that states continue to fund then in order to help people get treatment and to save states money on unnecessary incarceration.

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