

PROCESSES AND RELATIONSHIPS WITHIN SUBSTANCE USE INTERVENTION:
A PHENOMENOLOGICAL STUDY OF THE MANDATED TREATMENT LIVED
EXPERIENCE

By

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ABSTRACT

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This dissertation explores the lived experience of mandated treatment specific to substance use related adjudication. Background information related to the rise of substance specific diversion courts within the United States is provided, as well as discussion of relevant literature from scholars within the fields of addictions, criminology, law, social justice, and human services. By utilizing a phenomenological approach and convenience sampling to uncover the lived experience of individuals participating in mandated counseling services at a community-based program serving those with a history of substance use, the author hopes to contribute to the sparse amount of qualitative research within the field of diversion court evaluation and evidence-based practice. Findings suggest that rather than solely mediating or facilitating positive outcomes within mandated treatment environments, the State instead acts primarily as a moderator of behavioral change. In response to related research which recognizes the prevalence and importance of *coercion*, *motivation*, and *therapeutic alliance* within mandated treatment ecology and research, the current study uncovers the experiences of these constructs through narratives centered in *wanting*, *deserving*, and *belonging*.

This dissertation is dedicated to all incarcerated persons worldwide,
and to the participants of this study.
Each One Teach One
Abolition is the future.

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TABLE OF CONTENTS

Chapter 1: Introduction.....	1
Coming to the Question	1
Backdrop to the Question.....	3
What is Mandated Counseling?	6
Client-Practitioner Issues Associated with Mandated Counseling	7
Pre-adjudication vs Post-adjudication Treatment and implications on the Mandated Counseling Experience	9
Chapter 2: Need, Purpose and Relevant Literature.....	11
The Structure of Drug Court	11
Need and Significance	15
Purpose of Study	17
Prevalence	19
The Rise of Diversion/Drug Courts	20
Findings Related to the Effects of Drug Courts.....	22
Process of Drug Court.....	26
The Path of Sentencing	27
Example of Programmatic Structure	28
Evolution of Drug Court Process: Shifting from Disease Model to Biopsychosocial Model ..	30
The Adoption of Risk Needs Responsivity Model	31
Intervention & Therapy Modalities	32
Relationships Within the Process.....	35
Theoretical and Framework Considerations	38
Ecological Systems Lens	39
Intersectional Lens	39
Possible Applications of Theoretical Frameworks/Lens/Models	40
Summary	42
Chapter 3: Methods.....	43
Epistemological and Methodological Grounding	43
Phenomenology.....	44
Researcher Bias and Assumptions	45
Research Design and Data Collection.....	47
Interviews.....	47
Research Procedures	49
Institutional Review Board	49
Participants.....	49
Access & Recruitment	50
Informed Consent and Care	51
Confidentiality	53
Data Analysis	54

Participant Profiles.....	57
Zach (he/him).....	57
Brandon (he/him).....	58
Angela (she/her).....	59
Max (he/him).....	61
Nicole (she/hers).....	62
Mark (he/him).....	63
Tim (he/him).....	64
 Chapter 4: Wanting and Deserving: A Dialogue between Punitive and Restorative Approaches to Supporting People with Substance Use Challenges.....	66
First Theme: “I Want to Make a Change”.....	73
Second Theme: “Do I Deserve to Be Here?”.....	81
Summary and Conclusion.....	86
 Chapter 5: Stages of Change: Belonging as a Prevision of Long-Term Recovery.....	88
First Theme: “I Don’t Belong Here”.....	91
Second Theme: “They Don’t Belong Here”.....	103
Summary and Conclusion.....	107
 Chapter 6: “Tell them what they want to hear”: A Discussion of Common Threads within Mandated Treatment Experience and Research.....	110
Chapter Four Findings.....	111
Chapter Five Findings.....	113
Assessing Readiness and Compliance: Tell Them What They Want to Hear.....	115
Common Threads Within Related Work.....	120
Intersectional Lens.....	122
Conclusion.....	129
 Chapter 7: Beyond the “Black Box”: Implications and Recommendations for Future Research, Education, and Practice.....	131
Study Limitations.....	132
Implications for Research.....	133
Implications for Practice.....	135
Implications for Education.....	138
Conclusion.....	139
 APPENDICES.....	141
Appendix A: Interview Protocol.....	142
Appendix B: Research Participant Information and Consent Form.....	143
 BIBLIOGRAPHY.....	146

Chapter 1: Introduction

Coming to the Question

As a first-generation college student, it is quite surreal to find myself in the dissertation phase of my doctoral studies. After graduating from high school at the age of 15, I attended community college and earned my Associate's degree at the age of 18. Feeling that life was more than academic pursuits, I took the next several years to travel around the United States, living in various cities and working in diverse work environments in an attempt to discover where my adult passions and talents lay. In my mid-twenties, following a meaningful interaction with a naturopath, I decided to pursue a career as a clinical therapist, intent on using my experiences and empathy to serve those with mental health issues. To that end, I enrolled at Portland State University (PSU) and completed a Bachelor's degree in Sociology. Towards the end of my last year at PSU I participated in a Capstone course related to sustainable gardening and had the unique opportunity of visiting a correctional facility in the Portland metro area where a group of incarcerated adults grew a significant amount of the fresh produce consumed within the prison. I can clearly remember the first time I entered the prison and the intense, visceral emotions of fear, excitement, despair, and awe that I experienced.

Shortly after my first visit, I became a volunteer for the Lettuce Grow Foundation, which taught gardening techniques to inmates in various Oregon correctional facilities and helped to manage food production for prison gardens. Like 50% of Americans, I had at least one family member in prison (US Bureau of Justice, 2018), yet I had never thought of incarcerated individuals as part of my community. I am a trauma survivor, and while I experienced many hardships growing up, at 24, I remained naive and disconnected in that I still viewed my trauma as my own, rather than a shared experience so many of us have endured. It helped me to

understand that privilege and opportunity play a staggering role in the lifespan, and solidified a worldview that every single human is worthy of love, respect, and support, regardless of choices they may have made. I began to recognize the importance of service as justice. I believe that working within the Oregon prison system, where it became clear to me very quickly that the individuals I interacted with, many of whom were trauma survivors themselves, were suffering from myriad injustices and that mental health services within the correctional facilities were shockingly (to me) sparse. Furthermore, the individuals I interacted with inside the prison had an extremely high rate of disability, whether physical, cognitive, or psychiatric in nature. And so, I began searching for a program of study that would allow me to achieve professional counselor licensure, while also supporting my determination to specialize in disability in order to serve a population I had become passionate about serving.

During my master's program I became increasingly interested in both micro- and macro-level research, fascinated with the idea that change could be affected through data and determined to be part of that process. I applied and was accepted to the MSU PhD program, and set my intention to explore the intersection between vocation, disability, and incarceration. Along the way, I interned at PAR Rehab Services, was offered a job, and eventually completed my counselor licensure. In 2019, PAR acquired Cognitive Consultants, a community-based agency that had partnered with the various county courts to provide substance abuse treatment and services. Once again, I was introduced to a subset of the incarcerated population that would influence and impact my trajectory. I began working as a substance abuse counselor for those with co-occurring mental health diagnosis, and once more, I felt something subtle yet profound click into place. I was engaging in work where I could combine my clinical skills, social justice orientation, experience with prison and jail culture, and passion for service. It was a perfect

intersection of therapy, incarceration, and disability, but the one ingredient missing was the element of research, and so when it came time to think about my dissertation, I knew that here was my opportunity to engage in research that was personally and professionally meaningful, with the real potential to contribute to the growing canon of person first substance abuse research, education, and evidence-based practice. Throughout my studies, I have grown in my ability to connect the passion I have for my work to broader interpretations through the theories and frameworks of the scholars who have come before me. In particular, the work of Kimberlee Crenshaw and her theory of intersectionality, as well as Bronfenbrenner's theory of ecological systems have had profound influence on the way that I approach learning, teaching, clinical practice, and research. These theories are complimentary in that they are experiential in nature, and allow us to understand how people not only experience, but move through both individual and systemic relationships and processes. In addition to the connections I have made between practice and theory, as a scholar I have begun to recognize the ways in which qualitative methodology is uniquely suited to explore the types of questions I am most interested in. While I am proud of my accomplishments as a scholar, teacher and clinician, I am most proud and dedicated to my role as a learner, who seeks to use my opportunities to listen, observe, understand, and hold space for others in pursuit of lifelong growth. Consequently, I come to this question with a recognition that the experiences and identities of those I serve are complex, nuanced, and impossible to understand and appreciate without deeply exploring the ways in which they experience their lifeworld.

Backdrop to the Question

Substance use and addiction remain a prevalent issue across all facets of American society. The most recent report from the Substance Abuse and Mental Health Administration

Service (SAMHSA) states that in 2015, 27.1 million people aged 12 or older used an illicit drug within the last 30 days, which equates to approximately 10% of the American population. In addition, as of 2017, approximately 19.7 million people aged 12 or older currently meet the qualifications for Substance Use Disorder (SUD) as defined by the Diagnostic Statistical Manual of Mental Disorders (DSM-5). US policies such as the “War on Drugs” perpetuated during the Reagan administration, compounded by mandatory sentencing rules during the Clinton administration, have resulted in a phenomenon known as *mass incarceration*. Currently, the United States imprisons more citizens per capita than any country in the world, at a rate of 698 persons per 100,000, with 1 in 5 incarcerated due to a drug offense. (Prison Policy Initiative, 2020).

To address offenders' substance use treatment needs, “the criminal justice system—in collaboration with the public health system—has placed greater emphasis on treatment programming within correctional facilities and has improved access and linkages to community-based treatment” (National Survey on Drug Use and Health, 2014, p. 2). While an improvement on mass incarceration, increased community supervision practices have created a complicated and unique culture of substance abuse treatment wherein community-based intervention services intersect with local criminal justice systems, creating a tangled web of court-mandated treatment with individuals affected by substance abuse at its core, struggling to navigate myriad processes and relationships in order to remain sober, solvent, and out of jail.

For the purpose of this study the term **mandated treatment** is used to encapsulate any services that are court ordered as a result of substance use charge, and the term **mandated counseling** is used to describe both individual and group evidence based clinical interventions. Based on my experience as a licensed professional counselor working within a community-based

substance abuse treatment center, and witnessing the many ways in which mandated counseling and treatment affects attitudes towards self-concept, participation, motivation, compliance, and long-term recovery, my inquiry is focused on the **lived experiences of individuals who engage in court-mandated substance abuse counseling services.**

In other words, if we as researchers, clinicians and educators want to better understand lived experience, we need to be asking those that experience mandated interventions questions designed to explore the process and relationships of this experience. For example, what is it like to be required to engage in individual substance abuse counseling. How does it feel to be assigned to an individual counselor based on State perceived needs, rather than your own? What is it like to be mandated to engage in group counseling and be assigned to a group of strangers where you are expected to discuss your experience with substance abuse openly and honestly? What is it like to describe your day to day actions with court officials and treatment providers? How do these experiences change as you move through environments? How does the experience of mandated counseling influence your sense of self? How do you experience your identity within various processes and relationships? These questions, coupled with my clinical experiences over the past year, have guided the following study.

It is important to define the intended readership for this study in recognition that there are various and intersecting groups for whom the exploration lived experience of those within State mandated treatment programming may be valuable. As such, the primary goals related to dissemination of this study were a) to write for other qualitative researchers who are passionate and intentional about conducting research that not only describes but humanizes participant experiences, b) to write for practitioners within substance use treatment environments who may not have access to candid accounts of mandated intervention experiences due their positions of

both real and perceived power, and c) to write for educators who are committed to teaching from a position rooted in lived experience and unique narrative accounts in order to provide instruction that is inclusive of diverse identity demographics.

What is Mandated Counseling?

Mandated counseling is an umbrella term that can be used to describe any type of individual or group counseling practices that involve an individual participating in services due to some form of State requirement, wherein State refers to any political entity that has power over the individual. While court-mandated counseling is one example, other examples of mandated counseling occur in the context of reproductive rights, such as the mandated pre-procedure counseling required in Pennsylvania before a woman is able to obtain a legal abortion (Sonalkar et. al, 2017). However, in the context of this study, **court-mandated counseling is focal point, defined as any participating in any individual or group counseling service required by court order.** While court-mandated counseling is prevalent in substance abuse treatment, it also occurs frequently from charges related to domestic violence, child abuse and neglect, sex offenses, and psychiatric evaluations that have determined an individual as a danger to self or others. In addition, court-mandated treatment may be offered in lieu of a jail or prison sentence, or be offered as a component of conditional or early release from a correctional facility (Villines, 2019). The goal of mandated substance abuse treatment is to not only reduce recidivism, but to encourage long term recovery or abstinence from substance use, and so interventions used within mandated counseling programs may vary across courts, yet typically include evidence-based practices such as Cognitive Behavioral Therapy (CBT), Motivational Interviewing (MI), and Moral Reconation Therapy (MRT). These practices are common not only because they have an established history of efficacy within scientific communities for the

treatment of substance abuse, but also because they espouse the general principle of diversion courts: that helping people understand the negative consequences of their behavior and offering tools to make new choices is more effective for long term change than purely punitive practices such as jail or prison time.

To adequately and accurately conceptualize court-mandated counseling, it is necessary to begin by substituting the traditionally held view of the counseling relationship as a dyad between a client(s) and counselor, with a triad relationship between the client, the counselor, and the court (Fig 1.). Historically, the ethical construction of counselor-client relationships requires an emphasis on keeping third-parties removed from the confidentiality dimension, but in the context of court-mandated counseling, confidentiality is extended to include the Court *and* its operatives (Sims, 2005). Therefore, pertinent information within counseling sessions may legally be shared with probation officers, judges, caseworkers, and clinical peers who share clients.

Client-Practitioner Issues Associated with Mandated Counseling

While limited, there is research related to mandated counseling specifically in the context of substance abuse counseling and interventions, finding that the mandated aspect of counseling has not been shown to preclude the benefits of addiction treatment, with age, therapeutic alliance and locus of motivation ultimately exerting more influence than the variable of the requirement (Wolfe et al., 2008). Furthermore, the assumption that mandated clients are somehow primed to resist treatment which therefore must result in poor outcomes has been challenged by researchers such as Pendergast et al. whom studied coercion in over 700 non-violent offenders placed within the legal system as part of a substance use diversion court and found that the overall, the participants felt that the choice they had exercised within treatment was greater than what they had felt coerced to do (Pendergast et al., 2009).

However, by including the State (Court), this triangular relationship can contribute to a broad spectrum of problematic experiences. On one end, communication between all parties is not only legally required, but it is arguably in the best interest of the client to have clear communication from the beginning of treatment between all parties in order to ensure timely service delivery, accurate risk-needs assessments, and appropriate resource distribution. At the other end of the spectrum, this restructuring of the counseling relationship, particularly in the context of confidentiality, can result in clients feeling that no “safe space” exists for them to be completely genuine and vulnerable for fear that information shared in session will be repeated either in court or in a group therapy session without their explicit consent (Sims, 2008). This foundational concept of three-way communication can help to mitigate detrimental experiences for all parties involved, yet ultimately falls short of centering the client’s experiences. For example, if the client is left out of the communication loop, they may feel there has been some sort of “deal” made between the counselor and the court, resulting in a negative attitude towards treatment, and may also validate the perspective of authorities as untrustworthy, manipulative, and untruthful (Sims, 2008). Conversely, when counselors are not fully involved in communications between the Court and client, they may feel disempowered to be of service to clients, resulting in the withdrawal of interest and a “bare-minimum” attitude that seeks only to meet base agency requirements. Finally, if the Court is excluded from communications between counselor and client, such as instances where clients are given permission by the counselor to miss sessions or deprioritize “required” tasks, counselors may be viewed as colluding or plotting with clients, contributing to Court perceptions that counselors have been manipulated by their clients, which ultimately may result in a loss of counselor credibility in the eyes of judges, probation officers, and even agency supervisors. (Sims, 2008). As such, it is the client *experience*

of this spectrum of processes and relationships that my study seeks to explore, rather than simply the variables within.

Pre-adjudication vs Post-adjudication Treatment and implications on the Mandated Counseling Experience

Court-mandated substance abuse treatments are vast, nuanced, and inconsistently applied across the United States. For the purpose of this study, I examined the experiences of both individuals mandated to treatment by substance use specific diversion courts also referred to as “Drug Courts” or “Sobriety Courts,” as well as individuals referred to treatment as a condition of probation stemming from substance use related criminal charge and conviction. It is important to differentiate the two at the outset of this study in order to appropriately and equitably relate the narratives shared with me, because while there are similarities in the structural experiences of both, there are also significant differences.

The terms *probation*, *parole*, and *community supervision* are often used interchangeably, yet necessitate clear definition. *Probation* can best be conceptualized as a suspended sentence of imprisonment, in that when a crime is committed and an individual is charged with that crime, they may be sentenced to probation in lieu of jail or prison. In this instance, the State retains control over the individual but relies on community services and resources to support rehabilitation. *Parole*, however, refers to a conditional release wherein the individual has been sentenced to incarceration for their crime, but released before their full term is served (often due to issues of overcrowding, or “good behavior”) in order to slowly reintegrate the individual back into the community. Both parole and probation have similar organizational and structural characteristics; in some states, these departments are combined into one entity, and officers of the court carry caseloads representing a blend of individuals on probation and parole

(Schmallegger, 2019). Consequently, *Community Supervision* is an umbrella term encompassing both probation and parole practices and refers specifically to correctional programming and policies that occur outside the walls of prisons and jails, yet remain deeply connected and reliant on both state and federal criminal justice policy.

In the context of this study, those mandated to treatment typically fall into one of two categories, *deferred prosecution* or *post-adjudication* (King & Pasquarella, 2009). Deferred or “diversion” prosecution models place individuals charged with a crime, regardless of its nature, and who meet the eligibility requirements, into the drug court system before they plead to their charge in court. Ergo, it is possible that a mandated counseling participant in this study may either be on probation as a result of a sentence and referred for substance abuse related treatment, or they may be participating in substance abuse related treatment to avoid a jail or prison sentence. Regardless of the origin of the mandate, all participants will engage in substance-specific treatment, and experience the unique factors related to drug court structure.

Chapter 2: Need, Purpose and Relevant Literature

Drug courts emerged in 1989 to address the growing number of persons incarcerated in jails and prison for substance-related crimes and was further expanded under the Violent Crime Control and Enforcement Act of 1994, which earmarked federal dollars for planning, implementing and enhancing drug treatment courts (Turner et. al, 2001). The prevalence of drug courts has been steadily increasing, with 3,057 unique courts established between 1989 and 2014 (Huddleston et al., 2008), many targeted towards specific populations such as juveniles or veterans, as well as specific offense, such as Driving under the Influence (DUI) or Operating While Intoxicated (OWI) (Marlow et. al, 2016).

With the increase of drug courts in the United States, a shift has also occurred in the structure and ideology of the criminal justice system, as seen in the emergence of *therapeutic jurisprudence*; “the study of the extent to which substantive rules, legal procedures, and the roles of lawyers and judges produce therapeutic or antitherapeutic consequences for individuals involved in the legal process” (Hora & Rosenthal, 1999, p. 442). In addition, court hierarchies have been restructured from the traditional system wherein defendants and prosecutors follow an objective set of rules facilitated by a judge based on a presentation of facts, ending with a determination of guilt or innocence. Instead, the structure has been re-worked into a system wherein attorneys, prosecutors and judges work *with* defendants towards to an “optimal recovery plan” (Turner et. al, 2001 p. 1491).

The Structure of Drug Court

In 1997, the National Association of Drug Court Professionals (NADCP) published a list of ten “key components” that differentiate drug court models from traditional court models. These components (further defined in Chapter 2) reflect the theoretical foundation of the drug

court movement, namely that drug use and abuse are related to **physiological, psychological, behavioral, and social factors**, which parallels modern biopsychosocial models of substance use, rather than the long-held “moral model” that explains drug use as a character flaw or undesirable personality trait. In theory, drugs courts should model

“the use of a courtroom-based team approach to case processing that incorporates a central role for the judge, a significant role for substance abuse treatment providers, the assumption of cooperative rather than adversarial roles by prosecution and defense, and recognition that noncompliance with court conditions is expected and should not necessarily result in the immediate application of traditional dispositions, such as revocation and/or imposition of regular adjudication and sentences” (Hiller et. al, 2010, p. 934).

A major difference of note in the drug court structure, as opposed to traditional court practices, relates to component 3 which states that “*Drug courts provide access to a continuum of alcohol, drug, and other related treatment and rehabilitation services*” (US Department of Justice, 1997), wherein involvement in drug court relies on individually targeted interventions as the primary source of “change” or “rehabilitation,” rather than a reliance on purely punitive practices such as a prison or jail sentence. However, while drug courts offer alternative sentencing choices for judges and prosecutors that more closely align with biopsychosocial frameworks, the view of participants remains rooted in the criminal justice system in that individuals, and their physical bodies, remain under the jurisdiction and supervision of the State. This is demonstrated by component 6, which articulates that *abstinence is monitored by frequent alcohol and other drug testing* and component 7, which states “*a coordinated strategy governs drug court responses to participants’ compliance*” (US Department of Justice, 1997).

While these general statements may sound innocuous, they can have significant punitive repercussions on participants. Consequently, if a participant fails to attend a drug test, has a positive urinalysis for drugs or alcohol, or submits a “diluted sample” (meaning there is an indication that the sample has been tampered with), sanctions are almost always levied, regardless of the reason given for these occurrences. Sanctions related to drug court policy violations, designed in part to underscore the importance of accountability and also related to the recognition that long-term recovery from drug and alcohol use rarely occurs linearly and often include relapse (Hora et. al, 1999) are an integral element of the drug court structure and vary by jurisdiction. Sanctions typically include: increased testing (ordered to submit to urine analysis 3 times per week as opposed to once a week) increased contact with a probation officer, increased contact with group or individual counselors, reflective writing related to reasons for the violation, assignment to Peer Recovery Coach (PRE), community service requirements, house arrest, electronic monitoring, and jail time (Fulkerson et al., 2012). Many sanctions revolve around increased support, such as more contact with counselors or recovery services and so theoretically, sanctions are designed to contribute to rehabilitation and recovery, in that jail time is usually ordered as a last resort when participants have repeatedly violated drug court policies. While sanctions related to increased support operationalize the concept of therapeutic jurisprudence by allowing the judge to determine sanctions not only based on individual actions but also including input from those who are in direct daily/weekly contact with the individual being sanctioned, they also continue to mirror the traditional court practices of punitive reinforcement. As such, concern remains that drug courts do not fully account for financial and psychosocial barriers and, much like the cash bail system, may sanction individuals who are unable to participate in mandated services due to financial, transportation, childcare, and job

retention concerns. I have personally heard many stories of individuals sanctioned for missing a drug test due to issues such as these, rather than a willful disregard for the rules.

Within the drug court structure, participants often have the opportunity to speak to the judge and their intervention team regarding a rule violation before sanctions are levied. However, the judge retains ultimate decision-making power in regards to sanctioning, resulting in incongruent sentencing across substance abuse programs such as mine, who may work with as many as 4 different judges, depending on how many counties the program serves. Here then is another example of the ways in which the experience of processes and relationships may differ significantly across participants. For example, in a mandated counseling group of 12, members may have 3 different judges between them, resulting in confusion about expectations, and hindering the efficacy of peer support and resource sharing. Especially for those new to drug court, the requirements and structure can be extremely overwhelming, and the lack of consistent sanctions due to difference in judge, parole officer, or prosecutors can exponentially add to this confusion.

In addition, emerging work from the movement for jail and prison abolishment highlights the fact that by merging justice systems with community interventions, the drug court system expands the State control of those involved in the criminal justice system, resulting in increased opportunities for government bodies to inform and affect the private lives of citizens (Eaglin, 2016). Finally, concern remains that while the biopsychosocial framework of the NDACP represent a more holistic approach, the concept of therapeutic jurisprudence remains rooted in the disease model of substance use in that “the judge does not ask whether the state has proven that a crime has been committed but instead whether the court can help to heal a perceived pathology (Drug Policy Alliance, 2011). It is just these types of concerns that contributed to the

formation of the current study. Through my exhaustive review of literature related to drug court structure, implementation and efficacy, the overwhelming tone of research has been and continues to be a prescriptive and binary examination of **whether or not drug courts reduce recidivism** (renewed contact with the criminal justice system).

Need and Significance

Currently, the majority of studies related to mandated counseling focus on outcomes rather than experience, and generalizable quantitative research in this area is limited by the reality that drug court structure and implementation vary wildly across the United States. Particularly in the field of substance abuse, measures such as motivation, recidivism, treatment completion, and self-efficacy are utilized to demonstrate the *effectiveness* of court-mandated counseling, rather than the *experience* of court-mandated counseling. Specifically, the three fundamental clinical concepts of coercion, therapeutic alliance, and motivation are consistently associated with mandated counseling (Wolfe et al., 2013). Results from studies conducted by prominent researchers in the field of counseling such as DiClemente and Nidecker, suggest those with alcohol and drug use disorder share common characteristics such as severe cognitive impairment, poorer insight and decision-making skills, and diminished ability to identify the need for treatment (DiClemente & Nidecker, 2008). These findings have contributed to a global research agenda predicated on the belief that working towards goals and facilitating positive behavior change is particularly challenging within the mandated population (Wolfe et al., 2013), yet these concepts should simultaneously remain the primary goal of programming. Recognition of the impact coercion has on individuals has been well documented and discussed in academic circles, yet the focus largely remains on coercion as a moderator for variables such as motivation, engagement completion etc., rather than a desire to understand the experience of

coercion itself. Therefore, this phenomenological inquiry endeavored to explore not a correlation between mandated counseling and substance abuse abstinence, recidivism, or treatment completion, but to fundamentally explore the lived experiences of those participating in mandated services in order to add to the collective knowledge of how those we serve are living, thinking, feeling, and *being*, within the construct of required programming. The purpose of this study then was not to determine whether or not mandated counseling “works”, but to uncover the essence of the mandated counseling experience by exploring the process and relationships within the unique culture of drug court.

Within the context of mandated substance abuse treatment research, there is lack of both quantitative and qualitative research on addiction treatments for those under community supervision, due to most studies examining the treatment services within prison environments, rather than community settings (Shaul et al., 2019). Although there are a plethora of quantitative studies related to substance abuse in general, particularly in the context of abstinence and community cost, there remains a dearth of qualitative studies related to the lived experience of individuals engaged in community-based court-mandated treatment, despite a few recent exceptions (Narg et al., 2013; Gallagher & Norber, 2017; Gallagher et al., 2019). One such study utilizing an open-ended question survey method to explore the experiences specifically related to components one, two, four, five, six and seven, of the NDACP 10 Key Components found that: “Overall, participants viewed the drug court team as supportive, and they felt that praise from the judge was one of the most helpful incentives they received. Some participants noted that the frequent and random drug testing system deterred them from using drugs and resulted in positive, cognitive changes that supported their recovery. The most common challenges associated with frequent and random drug testing were that some participants thought that it was

too expensive and time-consuming which they felt could delay their progress in the program, or even their graduation” (Gallagher et al., 2019, p. 909). And yet, this study, while utilizing qualitative methodologies such as narrative and phenomenological analysis, remains rooted in an exploration of “what worked” within the drug court rather than “how were these mandated requirements uniquely experienced.” Indeed, this study (one of only two qualitative studies in this area) known to Gallagher et al. at the time of publication (Gallagher et al., 2019) recognizes the nuanced experiences of the individual, yet falls short by not thoroughly discussing the ways in which mandated treatment processes and relationships are experienced in terms of identity and systems. Like its predecessors, this study remains prescriptive in tone, asking participants to describe their experiences, but still treating them as if they belong to a homogeneous group of “substance abusers,” as if the only value in their stories is by their contribution to a problem that needs solving, rather than an opportunity to be understood. I believe these stories and experiences have the power to profoundly affect the ways in which we as educators, clinicians and researchers understand and those with substance abuse issues, but only if this research is framed in language and intention that centers the storyteller, rather than the “problem of substance abuse.”

Purpose of Study

In recognition of the lack of qualitative work in this field, I am passionate about contributing to this body of work not only in an attempt to bridge the methodological gap, but because I fundamentally believe that the only way to move best practice forward in a meaningful and ethical way is to uncover and *amplify the voices of those being served*. What do we miss when we view subjective experiences as unreal? What do we exclude when we treat lived experience as a researcher's objective observation? What harm do we cause to people's lives by

creating policies based on an objective quantification of identity and experience? As such, to design a study rooted in the scientific expertise of this field, yet share the findings in the voice or attitude of those experiencing the phenomena, is my ultimate goal. “Phenomenology offers a methodology for dealing with societal problems that have confounded analysts and policymakers by relying on the understanding of those most knowledgeable about the problems and their causes” (Waugh & Waugh, 2004, p. 406).

I was primarily interested in the ways that individuals experience the relationships and processes of mandated counseling. Namely: relationships with self, counselors, court officials and program facilitators, psychosocial factors such as community support, stigma, financial concerns and resource access, the process of moving through mandated requirements, and the impact the intersectional identities of participants may have on those experiences. I hoped to understand and share the nuanced stories of participants in order to a) contribute to counselor education, by exploring the ways in which court-mandated services impact the counseling relationship, and b) add to the sparse body of qualitative work within the field of substance use research and policy. Thus, the purpose of this phenomenological study was to uncover and describe the *meaning* of the mandated counseling experience for individuals at a Midwest substance abuse intervention agency. Subsequently, I conducted a hermeneutic phenomenological inquiry predicated on the question:

What is the lived experience of those participating in court-mandated treatment as a result of substance use?

It is my sincere hope that the current study will offer an opportunity to shine a light on the experiences of participants, beyond the narrow construct of efficacy, by uncovering the ways

they navigate their own systems and identities, within the broader context of drug court processes and relationships.

Prevalence

Of the 19.7 million people over the age of 12 who meet the DSM qualifications for a SUD, 14.5 million people had an alcohol use disorder and 7.5 million people had an illicit drug use disorder (SAMHSA, 2015). Yet, while the number of clients in treatment on the survey reference date increased by 21 percent from 2005 to 2015, from (1,081,049 in 2005 to 1,305,647 in 2015), as of 2016, an estimated 21.0 million people aged 12 or older needed substance use treatment. (SAMHSA, 2015, 2017). This means that only 5-10% of Americans living with SUD are receiving any type of treatment, yet does not account for the forty-seven percent (81,900) of sentenced federal prisoners and 15% (197,200) of states prisoners who have had been convicted of a drug offense as their most serious crime (Carson, 2016).

While the “War on Drugs” of the 1990’s resulted in an astronomical number of individuals incarcerated due to low level and non-violent drug crimes (Alexander, 2010), the 21st century has ushered in new and innovative approaches to addressing the intersection between substance abuse and crime. Recognizing that long term incarceration neither significantly reduces addiction patterns, nor does it contribute to long term recovery, and further recognizing that the cost of incarceration and overcrowded prisons create a severe burden on local governments (Harrison, 2001) many federal and state policies have shifted to utilizing community supervision (probation/parole) and/or diversion courts as an alternative to immediate jail or prison sentences for drug offenses. Untreated substance use disorders among probationers and parolees can lead to relapse and a path toward continued criminal behavior, which can lead to probation/parole violations and an increased risk of reincarceration. In fact, the number of

individuals on probation or parole in 2011 was approximately 4 times greater than the number of individuals on community supervision in 1980, with substance use being a primary behavioral health concern. Furthermore, drug law violations account for the most common type of criminal offense in the United States (NSDUH, 2014) and of the 3,789,800 adults on probation in the US at the end of 2015, 25% (approximately 947,450 people) had a drug charge as their most serious offense (Kaeble & Bonczar, 2015, Table 1, p. 3, and Table 4, p. 5).

The Rise of Diversion/Drug Courts

"The drug court movement reflects a desire to shift the emphasis from attempting to combat drug crimes by reducing the supply of drugs to addressing the demand for drugs through the treatment of addiction. Drug courts use the criminal justice system to address addiction through an integrated set of social and legal services instead of solely relying upon sanctions through incarceration or probation" (King & Pasquarella, 2009, p. 1).

At the close of 2007, 2,147 drug courts had been implemented in the United States (Huddleston, et. al, 2008) and the most recent available data shows that at the close of 2014, there were 3,057 drug courts in the United States, a 24% increase over the previous five years. While adult drug courts were the most prevalent (over 50%) juvenile drug courts made up 14%, with family courts (10%) veteran-specific courts (9%) DUI specific courts (9%) and co-occurring disorder courts (3%) comprising the remainder (Marlow et al., 2016). The most significant differences between traditional adjudication of drug-related crimes and the drug court specific approach can be understood in a few ways.

First, the restructuring of the traditional court hierarchy into a system wherein attorneys, prosecutors and judges work *with* defendants towards an "optimal recovery plan." (Turner et al.,

2001, p. 1491). This reordering is particularly important as it relates to the role of the judge, who instead of being asked to simply rule one way or the other, is now situated in a position closer to that of a case manager, receiving reports and feedback from counselors, agency supervisors, probation officers' attorneys, and most importantly, participants themselves, before ruling and/or handing out sanctions. A product of recognition by court systems that mental health plays a significant role in criminal behavior, this restructuring is rooted in the aforementioned concept of *therapeutic jurisprudence* and further reflected in the "key components" articulated by the National Association of Drug Court Professionals (NADCP) which specify that

1. Drug courts integrate alcohol and other drug treatment services with justice system case processing.
2. Using a non-adversarial approach, prosecution and defense counsel promote public safety while protecting participants' due process rights.
3. Drug courts provide access to a continuum of alcohol, drug, and other related treatment and rehabilitation services.
4. Eligible participants are identified early and promptly placed in the drug court program.
5. Abstinence is monitored by frequent alcohol and other drug testing.
6. A coordinated strategy governs drug court responses to participants' compliance.
7. Ongoing judicial interaction with each drug court participant is essential.
8. Monitoring and evaluation measure the achievement of program goals and gauge effectiveness.
9. Continuing interdisciplinary education promotes effective drug court planning, implementation, and operations.

10. Forging partnerships among drug courts, public agencies, and community-based organizations generates local support and enhances drug court program effectiveness (US Department of Justice, 1997).

Although these 10 components were designed to provide a universal foundation for drug court operations, organizational and structural differences remain prevalent within drug court implementation, contributing to the difficulty of generalizability studies and program evaluation. Specifically, differences in admission criteria, type and duration of drug treatment, degree of judicial monitoring and applications of sanctions make it difficult to draw conclusions about effectiveness (GAO, 2011), resulting in a lack of reliable research discussing the “efficacy” of the drug court model. Studies that possess the resources to utilize control groups, longitudinal design, and strata sampling are often government funded and reflect a bureaucratic value system primarily focused on the economic impact of substance use (GAO, 2011; Urban Institute, 2011, 2016). However, regardless of funding sources, the canon of drug court research relies heavily on measures related to *recidivism rates* (Spohn, et al., 2016; Shaffer, 2011; Bouffard, et al., 2010), *cost benefit analysis* (Roman, 2013; Downey & Roman, 2014) and *use reduction or abstinence* (Roll, et al., 2005; Prendergast, et al., 2008; Rossman, et al., 2011; Stanger, et al., 2017).

Findings Related to the Effects of Drug Courts

Formative to the creation of this study is the work of Goldkamp, White, & Robinson (2001) and Schaffer (2001). In their seminal article “Do Drug Courts Work? Getting Inside the Drug Court Black Box” Goldkamp et al. seek to develop a causal model of drug court impact by separating the study into two distinct analyses in order to examine both whether drug courts “work” as well as “how” this is accomplished. They begin by recognizing “the challenges for

research gauging the full impact of drug courts on the philosophy of justice, the operations, of the justice system, and the function of the criminal and civil courts, not to mention the health and behavior of addicted criminal offenders, are simply huge” (Goldkamp et al., 2011, p. 28) and point to earlier research arguing that assessment of drug court impact is best understood through some type of conceptual framework or working typology that identifies key components believed to be responsible for positive outcomes such as recidivism reduction or decreased substance use. The retrospective evaluation compared two prominent drug courts, one in Portland, OR ($n = 401$, comparison $n = 401$) and one in Las Vegas, NV ($n = 499$, comparison $n = 510$) over the course of three years. Utilizing a stratified sampling method, this study included descriptive data such as observations of the court and treatment process, interviews with principal drug court employees, and focus groups with participants, as well as archival data that showed changes in population of participants, workload and outcome assessments.

Throughout the study and subsequent discussion, Goldkamp et al. repeatedly underscore the difficulty of drug court evaluation not only because of the myriad ways one might operationalize “working” but the also the reality that the most common measurement utilized by public officials to determine efficacy and utility is crime reduction, followed closely by cost reduction, illustrated in the statement, *“When public officials ask “Does it work?,” their question implies a comparison: “Compared to how the judicial system was doing without a drug court, is the addition of drug court an improvement?” Implicitly, the “does-it-work” question involves at least three basic considerations: 1) “it;” 2) “working;” and 3) a comparative analysis. The functional ingredients of the drug court model—the composite “it”—* (Goldkamp et al., 2001, p. 31). Predicated on the question “do drug courts work, better than not having drug courts?” and operationalizing the variable of *work* as *impact*, the Goldkamp comparison study found in both

the Las Vegas and Portland models a “dramatic and consistent crime reduction effect, with drug court graduates generally showing lower re-arrest rates over two periods from entry than non-graduates” (Goldkamp et al., 2001, p. 32). However, the authors go on to caution that these styles of studies are highly misleading because they are biased in the direction of positive results and ultimately show that successes succeed and failures fail, without truly understanding why or how. The second analysis aimed at examining “how” the impact of drug court is explained, found that appearances before the judge, treatment participation, and sanctions appeared to affect participant behavior, yet conclusions about why these experiences were impactful could not be drawn (Goldkamp et al., 2001).

Although based in evaluation rather than experience, this study is included to demonstrate how once again, although researchers have attempted to broaden the scope of inquiry, and even utilized qualitative methods such as focus groups and interviews, the emphasis remains on narrow outcomes confined by their reliance on comparison of loosely operationalized markers of success. However, a critical finding influencing the proposal at hand is the claim that “In short, the impact of the drug court—the “drug court effect”—is believed to be derived from a collection of instrumental elements, the salience of which is likely to vary over time in a particular jurisdiction and to vary from location to location as the elements of the drug court model are adapted to different settings” (Goldkamp et al., 2001, p. 42). The authors conclude their study by reiterating that while their findings show some support for the hypothesis that drug courts contribute to a crime reduction effect, ultimately, “Offender attributes and external factors influence drug court treatment measures directly and later offender behavior directly and indirectly through drug court treatment. Later offender behavior (reduced offending) is

influenced by the drug court experience but also, itself, has an influence on treatment (which affects offending)” (Goldkamp et al., 2001, p. 67).

These findings underscore the need for qualitative methodology that seeks to explore the lived experience and essence of mandated relationships and processes within the drug court model, in order to contribute to knowledge about drug court experience and impact that goes beyond quantitative comparison. Uncovering the ways these factors are experienced both in the moment and over time, as well as within the context of systems and identity, can help to present a more nuanced picture of drug court processes, centering the stories and experiences of those most affected. Most importantly, qualitative findings offer rich descriptions of experience that can be utilized to improve person first practice and counselor education.

Ten years later, following a significant expansion of drug courts across the United States, Deborah Shaffer performed a meta-analysis of 115 articles related to drug court evaluations. Building upon the findings of Goldkamp et al, *Looking Inside the Black Box of Drug Courts: A Meta-Analytic Review* included articles meeting the following criteria: 1) the study evaluated a drug court program using an experimental or quasi-experimental design, 2) the study included a distinct comparison group, and 3) the study used at least one measure of criminal behavior as an outcome measure with a minimum 6 month follow up period (Schaffer, 2011). Findings from the meta-analysis support claims that in general, drug courts moderately reduce recidivism, and that variation between drug courts can be explained by differences in Effective Intervention (EI) and Therapeutic Jurisprudence (TJ). While dimensions with most significant explanatory power include type of offender served, leverage held over participant, expectations placed upon participants, the author reports that quality of staff and staff characteristics encompass both EI and TJ (Schaffer, 2011). In fact, while treatment within the drug court model was only

moderately related to effectiveness, the measures related to treatment did not measure quality of services, an important aspect of the drug court efficacy conversation. Schaffer suggests that because few of the drug courts reported using evidence-based intervention practices a likely explanation for this low correlation is due a lack of quality treatment. This particular finding is important to the proposed study for two reasons. First, it underscores the lack of evidence-based treatment in many drug courts and the resulting difficulty of reliance on comparison studies. Second, it highlights the importance of relationships as moderating factors within the drug court model. The current study seeks to address both of these concerns by including narratives of individuals who participate in evidence-based assessment and treatment, while simultaneously exploring the relationships experienced when navigating these processes.

In summary, the drug court system is diverse not only in application, but outcomes and evaluation. To address the importance of concerns highlighted by Goldkamp and Schaffer among others , this study aims to explore the process and relationships that are experienced by participants at a Midwest community program. In recognition of the disparate nature of these courts, the following discussion will be framed within the specific operations of this program to ensure that the reader is provided relevant information from which to draw conclusions and connections.

Process of Drug Court

In order to conceptualize the processes of the drug court experience, it is necessary to understand how individuals are placed within the program, the treatment requirements they must complete, and the therapeutic tools and modalities found within those requirements. Beginning with the path of sentencing, I then lay out a typical participant schedule, as well as information

related to clinical intervention and assessments utilized in order to orient the study in terms of process, before moving into a discussion of relationships within those processes.

The Path of Sentencing

In the context of this study, those mandated to treatment typically fall into one of two categories, *deferred prosecution* or *post-adjudication* (King & Pasquarella, 2009). Deferred or “diversion” prosecution models place individuals charged with a crime, regardless of its nature, and who meet the eligibility requirements, into the drug court system before they plead to their charge in court. For example, Mariah may be charged with a property crime, motivated by a need for funds to purchase illicit substances. When Mariah meets with her lawyer and her history of frequent low-level charges related to a possible diagnosis of Substance Use Disorder (SUD) comes to light, her lawyer may recommend an assessment to determine the diagnosis, then advocate for Mariah to be placed in a diversion court, with the understanding that if and when Mariah completes all requirements she will not be required to plead guilty (her charges will be dropped, and they will not appear on her permanent record).

Stephen, on the other hand, has been charged with breaking and entering and has pled guilty. In the post-adjudication model, the judge may decide during sentencing that based on evidence of SUD diagnosis or related behaviors, Stephen would benefit more from treatment than jail. The judge sentences Stephen to probation, with specific requirements related to SUD treatment and the provision that if Stephen completes all requirements, his charges may be reduced (felony becomes misdemeanor), his sentence may be waived (no further probation requirements after completion) or his charges may be expunged (no criminal record of the offense). Of note, approximately 21% each of state prisoners and sentenced jail inmates report their most serious current offense was committed to get money for drugs or to obtain drugs, and

even larger percentage of prisoners (39%) and jail inmates (37%) held for property offenses report they committed the crime for money for drugs or drugs than other offense types (Bronson, et al., 2009).

Example of Programmatic Structure

Once individuals have been deemed eligible for substance use related services, they are referred to either inpatient services (IP), or intensive outpatient services (IOP). Examples of inpatient services include residential rehabilitation programs typically lasting between one to three months, or hospital-based programs such as medical assisted detox. If IP is not deemed necessary, individuals are referred to our community-based program that offers various forms of IOP programming including individual counseling, psychoeducational groups, gender specific weekly sobriety groups, and substance specific recovery groups. The following is an example of a common procedural path:

- Referral Client is referred by court or attorney, or self-referred
- Intake/Assessment Client attends an intake or assessment, depending on court expectations and/or insurance requirements. Intake session includes biopsychosocial history, informed consent, and orientation to program expectations.
- Enrollment Client enrolled in- a) Sobriety Group (gender-specific and high risk-specific available); b) Phase 1 / Basic CBT Group; c) Phase 2 / Advanced CBT or MRT Group (some higher risk clients might do both); and individual therapy.
- Risk Needs Responsivity Assessment (RNR) Client attends a criminogenic risk, needs, and responsivity assessment using the Ohio Risk Assessment System

(ORAS) within 2 weeks of intake/assessment. Client attends a second RNR assessment at the five-month mark of treatment

- Treatment Plans A treatment plan based on ORAS results and clinician discretion is generated as soon as possible and no later than one month following intake/assessment. Treatment plans are updated at least every 90 days.
- Length of Treatment Sobriety Group length is six-nine months depending on initial risk / needs, progress on treatment plan, and updated risk assessment. Clients also need at least 90 days of documented sobriety to be eligible for discharge. CBT Group length is 16 weeks. MRT Group requires successful completion of 12 workbook assignments, so the group is at least 13 weeks but longer as needed. Individual therapy is typically weekly to start and decreases in frequency over time as the client progresses. At least monthly sessions are required.
- Ancillary Services 12-step or other equivalent recovery support meetings / activities, at least 3 times per week, are also expected throughout treatment. Clients are referred for other services as needed, such as medical, employment, educational, etc.
- Completion Process Once approved after the second RNR assessment for final Sobriety Group presentation, clients attend a discharge/continuing care session, at which time a completion report is generated and forwarded to the court and attorney of record. A continuing care plan, which might include monthly Sobriety Group (free), individual therapy, recovery meetings, etc., is generated during this session.

- Discharge Appropriate documentation is sent to the court and attorney of record indicating that the client has completed all IOP requirements. Depending on charges and completion time, the client may still have weeks, month, or years left until probation completion.

Evolution of Drug Court Process: Shifting from Disease Model to Biopsychosocial Model

At the community site where participants were recruited, processes are designed to incorporate evidence-based assessment and practices while still allowing adaptive flexibility to meet the individual needs of clients. It is important to remember that evidence based practice (EBP) is not a requirement of drug court procedures, and not all court systems partner with community agencies who are rooted in EBP. After referral, clients attend an intake session with a program employee where they are asked to complete various assessments related to a biopsychosocial model of addiction. A multitude of models for understanding and treating substance abuse have emerged over the years, beginning with the moral model, which criticized substance users as immoral and having poor character. In the early 20th century, a shift occurred towards a disease model of substance abuse which instead characterizes substance abuse as a medical issue as a result of genetic and biological markers, which in turn gave way to psychological models focused on mental or emotional states of drug users and the possible existence of unconscious motivations within all of us that explain substance abuse. Similarly, sociological models of abuse that utilize social learning theories to explain use and abuse by focusing on how factors external to the drug user affect drug use have become increasingly well recognized in the last 50 years. While all explanations, excepting the moral model, provide beneficial conceptualizations for practice and programming, in the

last decade a synthesis of theories has resulted in a biopsychosocial model of substance abuse being recognized as the most holistic and comprehensive model for understanding and treating those with substance abuse concerns. The biopsychosocial model of substance abuse incorporates physiological, psychological, behavioral, and social factors in order to identify both risk and protective factors of this disease by recognizing standalone components of each domain, as well as areas of overlap and intersection.

The Adoption of Risk Needs Responsivity Model

Following the intake session during which clients are provided with an initial schedule of required programming they must attend, they will then complete an assessment based on the Risk Needs Responsivity (RNR). First introduced by Andrews & Bonta in 1990, the RNR has two basic principles comprising: a) risk and b) need. Risk is conceptualized as use of a reliable and validated risk assessment to predict criminal behavior and appropriately matching level of service to the assessed level of risk. Need is conceptualized as the use of interventions and programs that focus on criminogenic needs, further defined as factors directly relating to offending behavior that are amenable to change (Andrews & Bonta, 2010). The premise of the RNR model is founded on the theory that interventions and programming (need) should directly address individual factors (risk), based on responsiveness (unique barriers to treatment) rather than “one size fits all” approach. An RNR profile is then compiled using the Ohio Risk Assessment System (ORAS) by a program employee trained in ORAS administration. The ORAS was developed in 1990 by the Ohio Correctional Systems to facilitate program delivery consistency and increase communication between criminal justice agencies. The primary goal of the ORAS system is to determine both dynamic and static criminogenic needs of

individuals in order to match them with the most appropriate services. Dynamic needs are defined as factors that when changed, have been empirically shown to reduce recidivism (Latessa, et al., 2010). Dynamic factors are connected by their potential for change and include antisocial/pro-criminal associates; antisocial personality pattern; family/marital factors, such as lack of social support, as well as neglect and abuse; low levels of educational, vocational, or financial achievement; a lack of pro-social leisure activities; and abuse of drugs and alcohol (Taxman, et al., 2013). Conversely, static factors are considered those that have informed the current behavior but are not susceptible to change through programming or intervention such as prior arrests, incarcerations, revocations, and educational attainment (Taxman, et. al, 2006). Once the RNR profile has been created, it is placed in the client's file where it remains accessible to relevant treatment providers such as individual counselors or group facilitators.

Intervention & Therapy Modalities

Between intake and the beginning of individual counseling or assignment to a CBT/MRT group, clients have most likely begun participating in some form of programming. While dependent on administrative factors, the most common point of entry is a gender specific weekly sobriety group that clients are required to attend for a minimum of 6 months, usually not in excess of 9 months. Sobriety groups are 90 minute informal, open and rolling groups facilitated by a licensed or limited license therapist or social worker. Meeting time largely consists of check in and identifying opportunities for peer support, but also includes a predetermined topic identified by the facilitator. Group attendees may be assigned homework to complete before the next group, depending on the facilitator's discretion. Similar to Alcoholics Anonymous, these sobriety groups are

not considered evidence-based interventions, but rather designed to address the common dynamic factor related to a lack of pro-social environments. Shortly after intake, clients will begin attending a Phase Group or MRT Group, sometimes both, if they are deemed high risk.

Phase Groups are differentiated by Phase 1) duration of 4 weeks and provides a foundational introduction to CBT theory and practices, and Phase 2) duration of 16 weeks builds upon prior foundational concepts and provides in depth discussion/application of CBT tools and skills. The use of cognitive behavioral therapy to address substance use is well documented and meta-analysis regarding the efficacy of CBT as an effective intervention for substance abuse and or substance abuse and co-occurring disorders are plentiful (Magill, & Ray, 2009; Hides, et al., 2010; Magill, et al., 2019). Cognitive Behavior Therapy has been defined as a “time-limited, multisession intervention that targets cognitive, affective, and environmental risks for substance use and provides training in coping skills to help an individual achieve and maintain abstinence or harm reduction” (Magill et al., 2019, p. 1095). CBT practices that are of particular use in substance abuse populations include identifying and challenging thought distortion, an emphasis on outcome thinking, and the role of the counselor or facilitator as an identifier of unhealthy coping skills, while simultaneously demonstrating and disseminating healthy coping skills.

Motivational Interviewing (MI) is a common intervention within substance abuse treatment. Particularly within individuals counseling sessions at the specified agency, it is likely that tools and techniques from both CBT and MI theories will be utilized.

Motivational Interviewing (MI) utilizes directive person centered counseling with the aim of eliciting change in behavior by helping clients to explore and resolve ambivalence towards the problem by first recognizing that a problem exists, and then taking

responsibility for that problem. Myriad meta-analysis studies demonstrating the effectiveness of MI as a substance abuse intervention have been conducted (Jensen, et al., 2011; Carroll, et al., 2006; Lundahl & Burke, 2009). Four basic principles have been indicated as central to positive outcomes in substance abuse treatment. The first, “expressing empathy” requires that the counselor shows genuine concern in order to demonstrate a sense of security and safety for the client. The second, “rolling with resistance” requires the counselor to maintain a calm and safe environment so that setbacks or relapses are seen not as a failure but as a part of the recovery process. The third, “developing discrepancy” requires the counselor to explore discrepancies between the client’s goals and actions (continuing to use substances while applying for jobs that require a clean urine test) in order to help the client understand where opportunities for change behavior exist that in turn will result in accomplishing set goals. Finally, the fourth component “supporting self-efficacy” requires the counselor to help the clients gain self-confidence and readiness needed to achieve short- and long-term goals (Wagner & McMahon, 2004). Together, these four foundations of Motivational Interviewing offer clear and effective counselor strategies for not only identifying real time problematic outcomes related to substance abuse, but for working towards long term or future abstinence.

Although slightly less well known, Moral Reconciliation Therapy (MRT) is also a form of cognitive behavioral therapy designed to enhance the moral reasoning abilities of individuals by improving their social, moral, and behavioral processes (Wilson, Bouffard & Mackenzie, 2005). MRT is predicated upon research that shows levels of moral reasoning are lower for those who commit crimes as opposed to those who do not (Little,

2010) and has been validated as an evidence-based practice for diverse populations including substance use (Townsend, 2017), veterans (Blonigen et al., 2018) and juvenile offenders (Armstrong, 2003).

As described, the IOP programming is designed to incorporate evidence-based practices throughout treatment, particularly in the context of assessment and group interventions. However, the primary purpose of this study is not to understand efficacy, but rather experience. Background and relevant research related to the processes of drug court has been included to highlight the extraordinary level of participation required to successfully complete these programs, and to underscore the reality that the way in which clients experience these processes are wildly different, depending on the systems and communities they belong to, their current lived experience, and the various identities they hold. Compounding this is the reality that as clients navigate and experience these processes, they are also interacting individually and collectively with many other individuals, forming both short- and long-term relationships as they move through the required processes.

Relationships Within the Process

Individuals referred to the IOP program will interact with, and be accountable to, a diverse group of service providers, court officials, law enforcement, and peers, all with a diverse assortment of skill sets, training, education, and understanding of substance use.

These interactions and accountability checkpoints are the foundation of the drug court model, most prominent the relationship between participant and judge, but mirrored in all relationships within the mandated system. Often highlighted as a possible reason for positive outcomes, the drug court model requires an extreme level of dedication both in

terms of physical time, financial burden, and personal motivation. The requirements for a participant in the early stages of treatment are substantial, often making it difficult for participants to maintain employment, act as primary caretaker for family members, or pursue educational goals. An example of the mandated requirements for a client in the first month of IOP treatment is as follows:

Daily:

- must call every morning between 6am-8am to determine whether urine analysis is required that day - typically number is called 3 times per week

Weekly

- CBT group attendance (90 minutes)
- Sobriety Group attendance (90 minutes)
- Individual Counseling session (30-60 minutes)
- Alcoholics Anonymous or Narcotics Anonymous meeting x 3 (60-90 min)
- Peer Recovery Coach Check (3-5 times per week)
- Sponsor check in (3-7 times per week)
- Meeting with Probation Officer (30 min)

Biweekly

- Court appearance, check in with Judge (2-3 hours)

Monthly

- Tether Check/download

As a requirement of the court, each task represents not only an opportunity for treatment, but also an opportunity for sanction. Missing any of the required appointments or tasks can result in sanctions as mild as writing an essay for the judge, or as extreme as

30 days in jail. Continued non-compliance will result in expulsion from drug court or revocation of probation, at which point it is likely that individuals will be sent to prison or jail to serve their original sentence. Most importantly, in the context of this study, each requirement also represents a relationship and interaction between the participants and the various service providers. Not only do participants navigate the processes and requirements of drug court, but also the complex relationships and power dynamics found within. In any given week, a client may interact with a judge, probation officer, peer recovery coach, sponsor, group facilitator, therapist or social worker, urine analysis monitor, in addition to their peers in drug court (CBT groups), as well as the community (AA/NA meetings).

While it is the essence of the individual mandated counseling experience that guided me to the phenomenological questions at hand, these peripheral relationships and interactions have a profound effect not only on what the client brings into session, but also the ways they view their own autonomy and power. Although sparse, qualitative research exploring drug court experiences demonstrates the salience of these relationships and interactions. Both Gallagher & Nordberg (2017) ($n = 25$) and Fischer et al. (2007) ($n = 11$) conducted phenomenological studies based on the experience of women in drug court. Fischer et al. found that the strongest aspect of drug court for these women was the supportive staff network (Fischer et al., 2007), while Gallagher and Nordberg uncovered a similar theme, that the women interviewed found the drug court team to be passionate and empathetic, which they stated contribute to their success in the program (Gallagher & Nordberg, 2017). As one can imagine, navigating these relationships may require significant code-switching, mental fortitude and emotional labor. Recalling that

Schaffer's meta-analytic review pointed to the influence of staff support and qualifications on participant success (Schaffer, 2011), lends further weight to the argument that understanding how these relationships are experienced has the potential to add rich and important knowledge to the library of drug court research.

In summary, quantitative methodology is insufficient to explore the "black box" of drug courts and mandated counseling in that the existing models rely on measuring processes and relationships, without endeavoring to explore how those relationships and processes are uniquely experienced by the people they aim to serve. The exhaustive processes clients are required to navigate their way thorough, coupled with the multitude of professional and personal relationships formed during that journey, are central to understanding the experience of mandated counseling. These experiences then form a complex and unique narrative for each individual, providing a rich source of knowledge and meaning that I, as the researcher and witness, hope to uncover.

Theoretical and Framework Considerations

After much thought, I intentionally decided not to choose an apriori theory or framework for the study at the proposal stage in order to remain open during the data collection process and avoid projections of themes or constructs within the interview process. However, within hermeneutic approaches theories can help to focus inquiry, inform decision making about sample criteria, provide guidance about the ways that research questions can be explored, and ultimately aid in understanding and describing the findings of the study (Lopez & Willis, 2004). Therefore, in addition to the biopsychosocial and risk-need-responsivity framework previously mentioned, I have also included a brief introduction to Ecological Systems Theory (Bronfenbrenner, 1997) and Intersectional Theory (Crenshaw, 1989) in order to highlight the ways in which these

theories impacted how I came to the questions at hand, as well as how they could prove relevant during data analysis and discussion.

Ecological Systems Lens

Bronfenbrenner's ecological system theory posits that human development is shaped by the interaction between the individual and their environment (Bronfenbrenner, 1994). While conceptualized as a way to conceptualize facets of child development, this theory remains applicable throughout the lifespan in that individuals continuously experience their lives within distinct yet overlapping systems. These systems are defined as:

Microsystem: institutions or systems that directly affect or impact an individual in a single, immediate setting : *family, school, friends, church groups, AA groups*

Mesosystem: interaction between two or more settings that an individual actively participates in: *interaction between home and work, work and court*

Exosystem: Settings where the individual may not actively participate, yet events occurring here have the potential to impact them: *economic systems, health care, education systems, legal systems, social/multimedia*

Macrosystem: widely shared systems: *cultural beliefs, norms, laws and policies, values, customs*

Chronosystem: How these systems are experience through time: *changes in the ways the mesosystem is experienced over time, changes in the microsystem throughout the lifespan*

Intersectional Lens

The concept of intersectionality, initially formed within Black feminist scholarship (Combahee River Collective, 1977, 1995), and later named by Kimberlé Crenshaw (1991), is rooted in feminist theory and was developed to provide a way of recognizing and describing

disproportionate discrimination experienced by women of color (specifically, Black women) as a result of the intersection of two marginalized identities: being women, and being people of color (Crenshaw, 1989). Besides race and gender, an intersectional approach recognizes identities such as ability status, history of substance use, criminal records, socio-economic status, religious affiliation, etc. These identities “are *not* separate, additive, dimensions of social stratification but are mutually defining, and reinforce one another in a myriad of ways” (Warner & Brown, 2011, p. 1237). This recognition subsequently allows a more comprehensive and meaningful understanding of the systemic stigmas and inequalities people with multiple minority identities may experience.

Possible Applications of Theoretical Frameworks/Lens/Models

The ecological micro, meso, macro, and exo systems provide a lens in which to understand not only the ecological systems that clients operate within, but also the ways in which those systems overlap and intersect. Specifically, in the context of this study, Broffebrenner’s Ecological Systems Theory may provide an effective model for conceptualizing both processes and relationships by placing the individual at the center of these systems and uncovering how they experience mandated counseling as they move within and through. For example, how does Stephen experience mandated counseling within his mesosystem? If his employer is aware of his drug court requirements (as many are due to the need for extended time off to attend appointments), how might this impact both the processes (possibly missing work or court) and his relationships (how his employer views and treats him due to these requests)?

In addition, the Crenshaw’s Intersectional Theory allows us to understand the ways in which Stephen’s unique identities may impact the ways in which he experiences

his mandated relationships. If Stephen is Black and is assigned to a group made up of only white men, how might his racial identity impact the ways in which he participates and forms relationships in that group? How might his racial identity impact the way in which he is perceived by the judge and other service providers? How does Stephen's socio-economic status impact these processes and relationships? How might his awareness of certain identities change as he moves within and throughout ecological systems? It is these types of questions that led to the formation of this study, therefore while an ecological and/or intersectional framework may not ultimately be appropriate for analysis and discussion, they are included here as demonstration of my thought process and decision making throughout the proposal process.

Lastly, in order to connect participant experience to common clinical practice, mention of Prochaska and DiClemente's Stages of Change Model is included. In the world of helping professionals, Prochaska and DiClemente's Stages of Change Model (1983) is widely understood and accepted as an evidence-based model used to predict and explain the human experience of change. The premise that change is not instantaneous but instead requires micro-decisions embedded in the macro-movement of behavior is well represented in the field of counseling and is applied to myriad modalities and interventions. The widely utilized stages of change model posits that change requires not only a weighing of consequences, but also an accurate label of action. Therefore, the stages of change, particularly in substance abuse treatment, are used not only as a guidepost for determining a person's *readiness*, but also as an evaluative tool to determine their ability to engage in, and sustain, "maladaptive" behavior change. This

model, then, may be helpful to contextualize how study participants experience the external expectations of change within mandated treatment.

Summary

In summary, the rise of the drug court model has created opportunities for innovation within substance use treatment, yet in many ways remains grounded in a traditional criminal justice framework. By detailing the rise of drug court, barriers to effective program evaluation, and providing specific examples of how individuals move through the process within the context of processes and relationship, I have demonstrated both the need for the current study and justified the decision to utilize qualitative methodology. In addition, a brief introduction of relevant theoretical frameworks and models orients the reader to my rational and decision-making process, and supports the future possibility of applying an ecological and intersectional lens to the data analysis process.

Chapter 3: Methods

Epistemological and Methodological Grounding

Throughout my study, the ultimate goal was to understand and share the lived experiences of my participants, or storytellers. Fundamentally, I hoped to hear stories of what it is like to experience mandated counseling, which may include how various and unique identities intersect in the context of lived experience, and the ways in which the experiences of mandated treatments show up in the context of ecological systems. While I have emphasized the point that research related to substance abuse and drug courts focuses heavily on quantitative outcomes related to abstinence, prevention, and the effect of an individual's use on broader society, recognition of the importance of individual experiences is growing, and qualitative studies designed to highlight the voices of those in the substance abuse and recovery communities are becoming more prevalent as social scientists embrace humanistic methodology that seeks to understand the nuance of human experiences in order to implement sustainable interventions, rather than solely seeking quantitative data to justify punitive and restrictive policies (Mitchell et al., 2012; Sevigny et al., 2013; Tanner-Smith et al., 2016).

As a graduate student at Michigan State University, for the past four years I have had the privilege of teaching an undergraduate course designed to provide an overview of the physical, psychological, and socio-cultural effects of psychoactive substance use and abuse. Topics include the history of psychoactive substances, pharmacokinetics, models of addiction, patterns of use, diagnostic and treatment information, cultural perspectives, socio-political issues, prevention and education. Consequently, it is not only my position as a clinician, but also my experience as an educator within the field of substance use that informed and influenced both the formation of the study and subsequent application and analysis. As such, I come to this study

with both practical and theoretical understating of the ways in which substance use impacts individuals, communities and boarder political systems. Subsequently, my experience with students and the biases, questions, and beliefs they had regarding those who use substances helped to guide my analysis and discussion, by providing a context for the ways in which these study findings can be best translated into practical and effective student instruction.

While understanding that the sharing of stories can be transformational for the storyteller, I did not attempt to design an intervention in this study, nor test, measure, or alter my participants in any way. I sought only to understand their lives with the belief that sharing the stories and experiences of a marginalized, stigmatized, and underserved population is necessary to inform all members of this field, and contribute to the foundational tenet of evidence-based practice beyond simply **what** works best, but also **for whom, when** and in **what context** (Nielson & Miraglia, 2017).

Phenomenology

Max van Manen states that phenomenology differs from almost every other science in that it “attempts to gain insightful descriptions of the way we experience the world pre-reflectively, without taxonomizing, classifying, or abstracting it” (van Manen 1997, p. 35). This search for insight is also categorized as capturing the *essence* of a phenomena, namely, what makes a thing that which it is. Phenomenology does not seek to ask “How did a graduate successfully from drug court?” But rather, “What was the essence of the experience of navigating the processes and relationships of drug court?” We are less interested in concrete steps it took for them to graduate, and ultimately interested in her journey of learning—that is, stories that the person tells about her own life. Subsequently, in this study I did not aim to simply describe the particular resources or supports that impact a participant’s experience, but rather I

hoped to understand and share how individuals are experiencing their lives while engaged in mandated counseling in our moments of interaction, both individually and collectively.

Therefore, in order to ensure this study recognizes and centers socially developed understanding, I have utilized a phenomenological approach, grounded in the epistemology of interpretivism. The interpretivist approach, as opposed to the positivist approach which suggests that people are a product of the social norms and environments they occupy, instead proposed that individuals understand and experience reality in myriad ways. Subsequently, people with similar demographics occupying similar environments may have different experiences of the “same” event (Pham, 2018). This approach was particularly relevant in my study as I sought to understand the ways in which a group of people who belong to the same broad community uniquely experience and conceptualize the phenomena of court-mandated group and individual counseling. Therefore, the question and sub-questions that guided me in my phenomenological inquiry are:

What is the lived experience for those participating in court-mandated counseling as a result of substance use?

- *What is the story of your mandated treatment experience?*
- *What do meaningful relationships within mandated treatment look like to you?*
- *What do you find motivating within the required treatment?*
- *What is difficult or easy about required counseling? (Appendix A)*

Researcher Bias and Assumptions

The purpose of describing how I came to the phenomenological question at hand in such detail in Chapter 1 was to underscore the fact that I came to this project not only as a trained researcher and qualified clinician, but as a human deeply invested in the autonomy, success, and

well-being of the participants that I seek to hear and understand. Consequently, in order to ethically participate in the hearing and sharing of stories I hope to uncover, I must first recognize my own social position and privilege and also recognize the ways in which my experiences may impact and influence my hearing, analysis and dissemination of these narratives (Creswell, 2016). I do this not to identify and eradicate bias, but to explore, identify and communicate my *purpose* as a researcher in this study.

I hold a Master's degree in Rehabilitation Counseling and am a Licensed Professional Counselor and Certified Rehabilitation Counselor in the state of Michigan. I have an extensive background working with individuals involved in the criminal justice system, as well as over 4 years of experience working as a limited license and licensed mental health counselor. I have taught multiple courses related to Substance Abuse at the undergraduate level and have provided mental health and substance abuse counseling to individuals on probation stemming from charges related to substance abuse, as well as facilitated numerous court mandated psychoeducational groups providing cognitive behavioral techniques and skills for individuals on probation resulting from various types of felony charges.

The primary privileges that I sought to remain aware of during the course of this study were: my ethnicity, educational status, and lack of criminal record history. The power dynamics I sought to remain aware of relate to my position as counselor at the agency I used to recruit, and my position as a "researcher" within the environment of interviews. While recognizing my privileges and power is an important first step, I remained vigilant through the research process to ensure that my own life experiences did not prevent me from ethically, equitably, and truthfully relating the stories of participants. While it is not possible to eradicate these assumptions or bias, nor change my positionality as it relates to power and privilege, it was

imperative that I remained aware of my views throughout the research and analysis process in order to ensure my research purpose remained undiluted and my engagement remained wholehearted. In alignment with the hermeneutical practice of phenomenology, I did not seek to bring awareness to my experience and bias in order to “bracket” myself out the research process (Moustakas, 1994), but instead to recognize that just like my storytellers, I cannot shed my “lifeworld” simply by positioning myself as a neutral and unbiased researcher. In fact, it is my past experiences and knowledge that have led me here, therefore I must acknowledge my preconceptions in order to reflect on the ways in which my subjectivity is part of the narrative analysis process (Nuebauer et al., 2019).

Research Design and Data Collection

“The goal of phenomenology is to describe the meaning of this experience—both in terms of what was experienced and how it was experienced,” (Neubauer et al., 2019, p. 92). By engaging in a phenomenological study, the data that I collected was in the form of collected narratives, or lived experience accounts (van Manen, 1997). In order to capture *how* and *what*, rather than the *why*, it was necessary to provide space for storytellers to share their experiences in an attitude that closely mirrors the experiences being shared. As I attempted to understand and describe the experience of participating in court mandated counseling, it was imperative that I provided participants an opportunity to share their story with me in narrative form so that the data they provide resembled the natural attitude in which these stories were initially experienced.

Interviews

“The lifeworld, the world of lived experience, is both the source and the object of phenomenological research” (van Manen, 1997, p. 53). Therefore, in keeping with phenomenological philosophy, I used loosely structured conversational interviews to engage in

narrative inquiry practices rooted in my research question(s). By utilizing conversational interviews, I used my position as a researcher not to describe, but rather capture while providing appropriate structure to ensure that the stories shared align with the research questions, as well as keeping the focus on how the phenomena was experienced in real time. van Manen (1997) suggests that a conversational interview should open with a prompt that initiates the conversation, but allows the storyteller to share the narrative in the way that they choose. I opened interviews first by reviewing consent, then explaining the purpose of my study to ensure participants understood the research goals. I began with the prompt “Thinking about your experience as a having a beginning, middle and end, what is your story of mandates treatment?” Participants responded enthusiastically to this question, and by setting my up inquiry as an interest in their whole story, rather than what they liked or didn’t like, it allowed participants to share what they felt was most meaningful about their experience in an expansive way. I occasionally followed up with reminders to remain experience-oriented, such as “ what was it like when?”, “can you provide me an example of ?” or “what did that experience remind you of?” However, for the most part, the interviews unfolded naturally and effortlessly. All participants were eager to tell their story, and dedicated to being candid, honest, and thoughtful in their sharing of experiences. In addition, it was particularly important for me to remain aligned with the attributes of interpretive, or hermeneutic, phenomenology within the conversational interview so that I could create an environment conducive to sharing the reflective grasp of the phenomena I am exploring, as well as the story teller’s pre-reflective lived experience. I also relied heavily on my professional training as a counselor to maintain an environment of trust, acceptance, and safety while utilizing listening and reflective micro-skills to elicit candid and meaningful responses.

Interviews were conducted through video conferencing as a result of the COVID-19 pandemic, and lasted approximately 60-90 minutes. In recognition that phenomenology is in essence a writing exercise (van Manen, 1997), in addition to recording the interviews, I also took field notes immediately following the interview in order to capture instances of non-verbal communication, and atmospheric emotions. This process served me in my data analysis stage by allowing me to connect my impressions and observations of non-verbal communication to the finished transcription, providing a richer representation of the interview.

Research Procedures

Institutional Review Board

Following the approval of the study proposal by my dissertation committee I applied to the Michigan State University Institutional Board (IRB) to obtain approval to conduct human subjects research. Due to the vulnerable nature of this population, the IRB process was quite lengthy, taking over two months from submission to approval, and ultimately requiring that I go before the full board to further articulate the ways in which I would ensure confidentiality and ethical practice. In consideration of the board's concerns, the consent form was revised to include an acknowledgement that research findings may be used up to 3 years after completion of data collection, and I agreed to store all participants data on a separate encrypted hard drive.

Participants

The focus of this study was to understand the lived experiences of people who participate in court-mandated substance abuse counseling. The selection criteria for phenomenological studies suggest that while all participants do not need to come from a specific site, they must be individuals who have experienced the phenomena of interest (van Manen, 2014). Additionally, "the more diverse the characteristics of the individuals, the more difficult it will be for the

researcher to find common experiences, themes, and overall essence of the experience for all participants” (Creswell & Poth, 2018, p. 153). With this in mind, I endeavored to recruit individuals from a single substance abuse agency in order to mitigate the influence of structural and organizational practices. Additionally, recognizing the power dynamics in place and the necessity for ethical consideration specifically related court-mandated programming I recruited participants with whom I did not have a current counseling relationship, either individually or in a group setting. Subsequently, the selection criteria for my participants was: any adult who has engaged in at least 6 court-mandated group sessions and at least 3 individual court-mandated counseling sessions as a result of a criminal conviction related to substance use. Furthermore, I hoped to, and did in fact, include participants who both paid services out of pocket, as well as those who utilized community funding in the form of county dispersed grants. In addition, by recruiting within sobriety groups, which may be required for six-nine months, participants who had completed intervention groups and/or their individual counseling requirements were also included. By including both, I hoped to capture stories grounded in both current and past experiences in order to explore this contrast in my thematic analysis, adding to my understanding of how mandated counseling is experienced both in time and in space. Profiles introducing each participant are included at the end of this chapter.

Access & Recruitment

After receiving IRB approval, participants were recruited with the assistance of Cognitive Consultants. As a result of the COVID-19 pandemic, all groups were being held virtually at the time of recruitment. I began by sending an email to all practitioners who facilitated a sobriety group, explaining my study, purpose and recruitment criteria. These practitioners then checked with group members to ensure they were comfortable with my “drop in” before I proceeded.

Once invited to the group, I spent approximately five minutes describing the aim of the study, confidentiality measures in place, and the incentives provided. In order to maintain confidentiality, I provided my phone number and email address to all group members so that individuals were interested in participating were able to contact me privately. All selected participants were to be provided with a 25\$ cash card as a thank you for their participation and in recognition of their labor. However, due to an excess of funds at the time of interview, all participants were compensated with \$35 in cash or via electronic deposit. Over the course of one week, I “visited” 7 virtual groups, with each group consisting of approximately 6-10 members for a total recruitment pool of approximately 46-52 individuals. In order to meet my screening criteria only recruited from groups that I knew would include individuals who had potentially participated in both individual and group counseling. Although it was not possible to contact all participants within the community program, by visiting as many groups as possible and including different days of the week and times of the day, I ensured as much as I was able to that participation opportunities were provided to those who held diverse identity demographics.

In alignment with a qualitative methodology that utilizes a small number of study participants, and following specific recommendations for phenomenological study design (Creswell & Poth, 2008), I endeavored to explore the narratives of 6-10 individuals, ultimately ending up with a total of seven participants who were available for interviews and met screening criteria.

Informed Consent and Care

During the recruitment process, potential participants were provided clear details related to the purpose of my study, as well as the measures taken to ensure confidentiality so that they were able to freely decide whether or not to take part. I recognized that because my proposed

study necessitates the voices of individuals who are involved in the criminal justice system, there may be real and justified concerns regarding privacy, as well as fear of backlash in the form of sanctions or restricted access to services. It was therefore imperative that all proposed study materials related to recruitment and consent emphasized the researcher's value and understating of confidentiality. Furthermore, once participants contacted me and expressed interest in participating, an informed consent form (Appendix B) was provided via email. Participants were encouraged to review the form and reach out with any questions and to vocalize any concerns, before the conversational interview took place. After informed consent has been reviewed, if a participant chose not to proceed for any reason, they would still be compensated, however all participants expressed contentment with the consent as described and engaged in the interview process. Before the interview commenced and before recording began, the consent form was reviewed, and space for any questions or concerns was provided.

In recognition that historically those from marginalized communities have not been treated fairly by the criminal justice system, and in recognition of my own positionality, I was candid with participants regarding my own background, and the limits of my experiential understanding. Knowing that my ability and attempts to "provide a safe space" is superseded by the individuals own lived experience, (i.e. I cannot provide a safe space, only the individual can determine whether they feel safe or not), by being forthright and honest about my *past* role as educator and clinician, versus my *current* role as researcher, I made my best attempt to ensure that all participants felt comfortable and supported in the sharing of their stories.

While I did not foresee significant risk to my participants, due to the emotionally laborious nature of describing lived experiences that may include reference to current or past physical, emotional, and mental trauma, I was prepared to stop the interview at any time if the

individuals exhibited any behavior, emotions or language that indicated distress in order to direct them to appropriate resources. All interviews were completed in one sitting, however one participant was experiencing a moderate amount of pain during the interview due to chronic injury. I expressed concern and asked repeatedly if he would like to reschedule, but he preferred to continue. After the transcription process has been concluded, I sent the transcription to participants who requested I do so to ensure that their narrative was captured authentically. Only one participant requested this and did not contact me further.

Confidentiality

This study was designed with confidentiality as its central foundation. One way that I used my own lived experience to inform this study was by recognizing that even within counseling sessions where confidentiality has been repeatedly explained, individuals still express fear and concern that the feelings shared with me will somehow be related to their probation officers of court affiliates. This is a sentiment that I recognize and respect, resulting in a hyper-focus within this study's design on the most effective ways to convey protection, confidentiality, and privacy. To that end, interviews took place in a space and time of their choosing, via virtual interviews conducted on a secure platform. The interviews were recorded on a password protected device, which will later be deleted after the three year timeline approved by the IRB. Interviews were transcribed by a third party vetted by myself and my faculty advisor who has shown a demonstrated dedication to professional and ethical transcription services. Before being sent to this third party, all identifying information was removed from the files, and I was careful to not use names while recording took place. Instead, participants were asked to provide the desired pseudonym which I used to address them in the interview, and was also used to label any subsequent files and materials. If a participant chose not to provide a pseudonym (as the

majority did) I selected one after the interview. In addition, during the analysis and subsequent write-up of this study, I made every reasonable effort to protect the identity of my participants by intentionally removing any identifying information within selected quotes unless it was pertinent to the experience being captured.

Data Analysis

After collecting the lived experience narratives of my participants, data analysis began with an initial reading of the transcripts, followed by a re-listening of the actual conversations and review of my post-interview notes. This process allowed me to re-experience their stories, and also to re-orient myself to the nonverbal communication expressed by participants, while also identifying other markers such as pauses, tone of voice and expression of emotion.

When analyzing these narratives, I utilized the hermeneutic phenomenological reflection approach described by van Manen which relies on the element of thematic analysis. Van Manen (1997) states that “the notion of a theme is used in various disciplines in the humanities, arts, and literary criticism. In literature, “*theme* refers to an element (motif, formula, or device) which occurs frequently in the text. The term “theme” often applies to some thesis, doctrine or message that creative work has been designed to incorporate. *Thematic analysis*, then, refers to the process of recovering the theme or themes that are embodied and dramatized in the evolving meanings and imagery of the work” (van Manen, 1997, p. 78). In keeping with the philosophy that the data collected is by nature a story related, theme analysis was a particularly salient method for this proposed study as it allowed me to recover *the essence* related to me. This was accomplished by utilizing to some degree all three of van Manen’s identified thematic approaches.

1. The *holistic* or *sententious* approach: viewing the transcription as whole guided by the question “What sententious phrase may capture the fundamental meaning or main significance of the text as a whole?”
2. The *selective* or *highlighting approach*: reading the text multiple times while highlighting text, guided by the question “What statement(s) or phrases(s) seem particularly essential or revealing about the phenomenon or experience being described?”
3. The *detailed* or *line-by-line* approach: looking at every single sentence or sentence cluster, guided by the question “What does this sentence or sentence cluster reveal about the phenomenon or experience being described?” (van Manen, 1997 pp. 91-92).

I intended to, and did indeed, utilize all three approaches, somewhat prioritizing the *selective* (2) and *line-by-line* (3) approaches to best serve my ultimate goal of accurately describing the essence of experienced mandated treatment. A co-coder was not feasible due to time and budget constraints. While I had initially planned to use a qualitative oriented software program (Nvivo) to organize and isolate thematic findings, this ultimately proved unnecessary and counterintuitive to the line by line analysis I wanted to conduct. Instead, I used an application (LiquidText) which allowed me to highlight, organize and group participants experiences both within and across the multiple participant narratives.

In the following section, each of the seven study participants will be briefly introduced. In the following chapters, we delve into the stories of these seven participants, and while the experiences shared are discussed within the context of themes, ultimately I strive to humanize participants by relating the *story* of their experience, as opposed to only analysis of findings

presented within the framework of a particular social theory. Consequently, the findings of this study should be read and experienced in an attitude that more closely resembles that of the humanities, which studies the inner world of *self* and how individuals perceive the surrounding environment, as opposed to social science which seeks to understand how individuals relate to and with *others*.

Participant Profiles

In the following section, study participants are introduced. It is imperative to recognize that those who so graciously granted me access their story are not merely “samples” in this study, and their lives and experiences are much more than “data points.” The stories shared are unique, subjective and full of personal meaning. The purpose of this study was never to generalize, but rather to uncover experience in order to increase and develop understanding of those mandated to treatment. That being said, based on my own experience as a clinician in this setting, the experiences related to me during interviews have been echoed within many, if not all, individual and group settings that I have facilitated. Furthermore, as we will see in the discussion chapter, the narratives shared support many qualitative findings within similar studies. As such, while this methodology cannot not claim to generalize, as a clinician, I would argue that these experiences are fairly common within drug court participants stories, yet it is the *meaning* ascribed to these experiences that remain the focal point of this study.

Lastly, although the purpose of phenomenology is not to describe how someone arrived at an experience, relevant background information related to how they ended up in mandated treatment is provided in order to best orient readers to the participant’s lifeworld.

Zach (he/him)

Zach is a 41-year-old male, first-generation Polish-American. Prior to his arrest Zach was a paramedic for over 11 years. He is participating in sobriety court due to a domestic violence charge he received during an altercation with his ex-fiancé. Zach was drinking heavily at the time of his arrest and explains his drinking had been escalating for approximately 3 years. The year before, Zach lost his dad to cancer and shared that towards the end, as primary

caretaker, *“basically at this point, I was looking at my Dad as more of a patient than my dad. I’d rather drink my problems away than deal with them.”*

After seeing the photos of his fiancé after their altercation, Zach says he experienced deep shame and felt that he had reached his rock bottom. Although he had not been charged with a crime yet, he checked himself into in-patient treatment, where he remained for 45 days. During that time he participated in individual and group therapy, and reports that he was heavily medicated stating *“there’s three weeks in June that I can’t really tell you what happened.”* It was during this time Zach had his first court date for the domestic violence charge, which he does not recall. After release from inpatient care, he began seeing an individual therapist, and slowly discontinued pharmacological treatment.

As a result of his charge and arraignment, Zach experienced various forms of loss, including his housing, his relationship with his fiancé, the circle of friends they had built, and his license to work as a paramedic. Overall, Zach finds Sobriety Court to be mostly helpful, positive, and meaningful. Today, Zach identifies as an alcoholic, he has been sober for over a year and continues to work towards a long term recovery.

Brandon (he/him)

Brandon is a 46-year-old white male participating in Sobriety Court due to a second DUI. *“I had been drinking earlier in the day and I took a nap, then I got up. I was hungry so I ordered a pizza. I was on my way to pick it up. I got pulled over. Went through the whole process. I got arrested that night. I blew .03 over the legal limit, so I was pretty close. I didn’t really feel intoxicated, to be honest. I had just woken up from a nap and I really, honestly didn’t even think about it.”* Brandon was charged with his first (Driving Under the Influence) DUI in 2009, in a rural area of Northern Michigan and shares the experience influenced his assumptions and

contributed to his fear because he did not have a public defender for that charge and so pled guilty. This resulted in a year of probation with fairly strict requirements for AA attendance, community service, probation check in's and court appearances. For his current DUI charge, Brandon was able to secure a public defender who advised him to plead not guilty. This resulted in a much different experience *"the punishment before was way more strict, it was much much worse."*

Brandon has lived with Generalized Anxiety Disorder since middle school, and does not feel comfortable taking medication after repeated attempts to find one that worked well for him. Instead, he uses cannabis and was granted permission to continue cannabis use during probation, as long as he has a medical marijuana card. Brandon was surprised and relieved to hear this, *"I felt kinda good about it because I feel, I mean, I know a lot of people have a lot of opinions about the court systems and the ways things work and the way judges are. I felt good that he was willing to listen and be understanding about it, like I said I know he doesn't have to do that. He could've just laughed in my face and it would've been totally up to him."*

Brandon does not consider himself to be an alcoholic but recognizes the ways he has used drinking in the past to cope with his anxiety, particularly in social situations. Overall, he finds the program to be punitive in nature and costly. He has struggled to find meaning in the group counseling requirements and states that he chose to participate in Sobriety court because he was terrified of going to jail.

Angela (she/her)

Angela is a 34-year-old white female participating in Sobriety Court. She is a mother of two who currently doesn't have custody of her children due to her charge and subsequent sentencing. *"I was arrested in February of this year, I had been drinking and my daughter, I was*

drinking at home. My daughter got angry with me. She ran away, she's 11. We lived in the country. I drove around the corner, I found her. But I was very intoxicated. I blew like a .28."

Angela had called her ex-husband when her daughter ran away, and he called the police. The police called Angela, and though she told them her daughter had been found and was fine, they came to the house anyway to ensure the child's safety. At that point, they observed that she was drunk, gave her a breathalyzer and arrested her for Driving Under the Influence as she admitted she drove around the corner to find her daughter.

Angela also has a 3-year-old son, and each of her children's fathers were granted temporary custody when she was arrested. Although she now shares 50/50 custody of her son, she is still seeking custody of her daughter. Angela describes a history of domestic violence and abusive relationships with both of her children's fathers, as well as with her father. *"I have always had a lot of issues with trauma and my dad was abusive, my daughter's dad was abusive, my son's dad was abusive. It was just that repetitive cycle. I've always been really interested in why I choose the men I do, why I react the way I do. A lot of it boiled down to not having any self-worth, so I drank."* Angela shares that she had been drinking at home for years and had been engaged in individual counseling before her charge, but had never received substance-specific interventions as she was not honest with her therapist about the severity of her drinking. She stated that *"I think initially you know, just kind of being found out because I had been drinking in secret was the hardest, but also the most, just like refreshing thing I had felt in a long time. It was like a weight lifted off my shoulders."*

Angela's primary motivation for participating in Sobriety Court was to regain custody of her children. Although her first substance assessment was difficult to face, she now self-identifies as an alcoholic, and is committed to lifelong sobriety. She views sobriety court as the

first thing she has done for herself in a long time and has experienced a significant increase in self-worth and growth throughout the program.

Max (he/him)

Max is a 26-year-old Black male, participating in Sobriety Court due to a second Operating While Intoxicated (OWI) charge. Although he caught his charge in November of 2019, due to COVID-19 he was not arraigned and entered into the program until July of 2020. This waiting period was difficult for Mx, *“ I didn’t know, it was a pretty depressing time for me, just cause it was like a feeling of impending doom, kind of felt like.”* During this time Max admitted himself to an inpatient mental health facility, due to severe depression. Max does not identify as an alcoholic but connects his second charge to his history of depression, peer pressure, and bad decision making. After completion of sobriety court, this charge will be dropped, Max’s primary motivation for participating. Because Max is a college student, with one class left to graduate, he worries about background checks and how they will affect his future job prospects, he believes the first charge is explainable as an immature mistake, but worries that two charges on his record will result in a negative label by future employers. Although Max does not feel he struggles with sobriety, he recognizes that his mental health issues had gone untreated for a long time, and the charge and subsequent experience of sobriety court has illuminated issues he had not necessarily identified prior to his arrest. *“Cuz you can only hide so much and hold so much stuff in. Yeah, if you’re checking in to Pine Rest, there’s obviously something you’re not talking to other people about.”* Max struggles to situate his cannabis use in terms of sobriety court, recognizing that it is not allowed, but also that historically it has been the only consistently effective tool for his depression. He has tried pharmacological interventions in the past, but strongly disliked the side effects. During the time between his charge and sentencing,

Max continued to use cannabis, resulting in a violation immediately upon entering the Sobriety Court program. Since then, Max has ceased all cannabis use but plans to resume as soon as he completes probation.

Nicole (she/hers)

Nicole is a 34 years old white female participating in Sobriety Court. At the age of 25, Nicole was pulled over during a “drug bender” and charged with marijuana and cocaine possession. The cocaine charge was later dropped, but Nicole was placed on probation for one year. She struggled to remain compliant, as she was still in active addiction and had difficulty with the structure of probation requirements. *“I was into drugs and so I was an addict at the time, I didn’t really comply well. I would run and then I would come back. I’d run and come back. Any time I would feel like I was gonna relapse, I’d just run instead of like telling them. I had a really hard time doing the probation.”* During this time Nicole spent time in jail due to violations, as well as 90 days at an inpatient rehab facility. Ultimately, Nicole ended up violating her probation by leaving the state in order to move with her then partner, who was following a job opportunity. During the three years Nicole was out of state, she attempted to quit her drug use multiple times, and ultimately achieved sobriety through a combination of methadone treatment and family support. As Nicole built a sober life for herself out of state, she began to worry about her existing charge, and the potential loss of the sober life she had built for herself. *“I have actually been clean for the last three years, and I have so much to be grateful for. I have three Great Danes, I have a boyfriend. I have my relationship with my family back. All of that. I decided that it was time to take care of this charge that I had been running from for so long because I didn’t want to ruin any of the stuff that I had going for me.”* Upon her return to Michigan, although the judge could have revoked her probation and jailed her for her original

marijuana use charge, he instead offered Sobriety Court as an option. Although Nicole did not understand the difference between sobriety court and probation at that time, she was grateful for the opportunity and took it. Today, Nicole anticipates graduating from Sobriety Court and maintaining lifelong sobriety.

Mark (he/him)

Mark is a 26-year-old white male on probation due to a DUI charge. After drinking at a club while he performed a DJ set, Mark was pulled over for a loud muffler and arrested for DUI. In exchange for reduced court fines, Mark was sentenced in a public hearing held at a local high school, described as an educational opportunity for young people to observe the consequences of drinking and driving. Mark recalls attending these events as a high schooler himself, and viewed the experience as an opportunity to give back to the community. *“Of course, no one wants to be in that situation, it was yeah, it was cool. I mean, I appreciate giving to that learning environment. No sweat off my back, so definitely positive as far as it could’ve been.”* After an initial violation for drinking after a rough breakup, Mark recommitted to compliance and continued to complete all probation requirements. Before his charge, Mark had a job opportunity lined up out of state for the fall of 2019, but was unable to accept due to probation requirements. He filed multiple appeals but was denied, and describes feeling powerless and frustrated, which ultimately led him to drink and violate again. As a result, Mark was ordered to attend an alcohol class through the department of transportation, which he describes as a turning point. *“Thinking back, even to the initial events that I was arrested for, it probably could be avoided that if I had known the things I learned in that class.”* Although Mark struggles with what he calls the “one size fits all approach” of the court system, he has ultimately decided to tackle his requirements with a positive attitude, and learn as much as he can during the process.

Tim (he/him)

Tim is a 55-year-old male of Cherokee, Sioux, Black and white descent. Tim was arrested on a domestic violence charge due to an altercation he had with his girlfriend's adult son. Tim was given probation and required to participate in outpatient services at Cog, where he initially struggled to connect with others as he was often the only one in groups not there for substance use. Tim has lived with multiple disabilities for some time, the most significant being an injury to his C spine that results in debilitating headaches. Although Tim described the issues and his possible need for accommodations to his public defender, he was disappointed to learn that were not explained to the judge or taken under consideration at sentencing. Tim describes that on the day of his sentencing, he was experiencing a significant amount of pain. *"The first trial day, I had one of those headaches in the morning, I just. I thought about it and I just wanna get through this. I really shouldn't have put hands on him to make him sit down. I never punched him or anything. Just wrestling to sit down. Upon sentencing, the real thing, I just plead guilty, just wanted to get it over with."* However, during sentencing, a victim's statement was read claiming that Tim had actually punched the man, and had also done so previously throughout their relationship. Tim disputes this claim and believes it largely contributes to the severity of his sentence, which made him angry and frustrated. *"When I got into the group [at Cog] there, when I really read that thing, I was like this is why I'm here. I got a little bit more angry. Then I just thought about it. I was like, well, still, I'm angry....maybe, maybe there's a reason I'm in this because I was able to get mad. Somebody was able to push my buttons. Let me just shut my mind up and look at it."* Tim states that because he quit using all drugs in the early 2000's, he struggled to fit in with his peers in the program, and find value in the group at individual interventions. However, has come to recognize during the program that he could apply much of

the psychoeducation and tools to his history of anger and unprocessed trauma and “*how I allow that anger to usurp my better psychological wherewithal.*” For Tim, the greatest burden of probation is financial, as he could not work at his regular job due to COVID-19. He currently lives in his van, and relies on community resources such as food banks, in order to ensure he can afford all court expenses.

Chapter 4: Wanting and Deserving: A Dialogue between Punitive and Restorative Approaches to Supporting People with Substance Use Challenges

In this chapter, we turn to the stories of individuals struggling with substance-use challenges. Typically, the courts treat such folks in a paternalistic fashion, positioning themselves as the entity that not only “knows better,” but also “knows best.” Additionally, the mandated treatment experience differs from the traditional dyad model of treatment provider and receiver, instead operating as a triad wherein the court, treatment provider and treatment receiver are all in relation with each other (Sims, 2008). Although specialty courts recognize this triad, and are rooted in the theory of therapeutic jurisprudence which posits that adjudication should go beyond punishment to include treatment, current research literature continues to support the need and efficacy of drug courts primarily through program evaluation focused on government spending cost-benefit analysis, and reduction in recidivism.

This literature primarily draws upon quantitative data seeking to understand the constructs that contribute to “successful outcomes.” For example, “In short, the impact of the drug court—the “drug court effect”—is believed to be derived from a collection of instrumental elements, the salience of which is likely to vary over time in a particular jurisdiction and to vary from location to location as the elements of the drug court model are adapted to different settings” (Goldkamp et al., 2001, p. 42). While current findings show some support for the hypothesis that drug courts contribute to a crime reduction effect, ultimately, “Offender attributes and external factors influence drug court treatment measures directly and later offender behavior directly and indirectly through drug court treatment. Later offender behavior (reduced offending) is influenced by the drug court experience but also, itself, has an influence on treatment (which affects offending)” (Goldkamp et al., 2001, p. 67). Thus, the view of the court system is an

acknowledgement that the “success” of drug court is heavily moderated by “offender attributes” and “external factors,” yet the claims of efficacy do not include a thorough discussion of what these attributes and factors are, and how they are experienced and navigated by individuals being adjudicated.

As we shall hear from the participants themselves, these external factors represented here as the attitudes and power of the court system, contribute in no small way to the internalization and experience of *wanting* and *deserving* the treatment required of them. In addition, the “offender attributes” that are unexaminable through quantitative research are explored, uncovered, and made tangible through the candid and vulnerable stories shared by the participants in this study.

Ultimately, we will see that various themes and subthemes which expand the current understanding of the mandated treatment experience emerge through the telling of participant stories. Among them, the experiences of **wanting** and **deserving** emerged in numerous ways. Wanting and deserving were never simple experiences for the participants in this study. They were experiences that were highly mediated by the judgements and beliefs of those around them—that is, the experiences of participants always passed through the other. The stories shared go beyond what the typical understandings of court-mandated treatment—that a person will get better “when given the opportunity”—and uncover a wide spectrum of experiences in between. By illuminating the ways in which their unique human experience cannot be categorized into simplistic formulations, the participant’s stories of wanting and deserving paint a complex picture of healing and recovery. Subsequently, the following narratives are the data we will use to explore, uncover, and analyze the ways in which wanting and deserving is experienced within the processes and relationships of the mandated treatment ecology.

Mandated treatment for substance use and specialty courts are predicated on the belief that those who have committed crimes or made mistakes due to their substance use are deserving of an option beyond incarceration, which is supported by research and statistics of the past three decades suggesting crime related to substance use is often born of desperation rather than a desire to harm (NSDUH, 2014). By offering probation or sobriety court programming in lieu of jail and prison, the State positions itself as the recognizer of *want* and the decider of *deserve*. From the perspective of the State and its actors, all who use drugs should want to stop, and by extension, they then become deserving of the non-punitive approaches that might better allow them to do so. Of course, they must also “be ready” to undertake the recovery journey, meaning that the state recognizes that sobriety court programming is not the best option in every instance. Most importantly however, is the belief that society at large both wants and deserves to be free from the effects of those that commit crime. The attitude of the court, then, is complex, simultaneously acting as the protector of society, while also positioning itself as the protector of the accused from their own “delinquency.”

However, in the narratives shared, there is also support for the idea that these individuals came to believe they were deserving of support or sobriety through their relationships with themselves and with loved ones. In this way, participants themselves had to come to believe they deserved help--and that they wanted to go on living. Deserving is not just something a court decides, but is also something that participants must come to recognize in themselves (this is especially important in a society that routinely treats human beings as disposable and unworthy of a living wage, housing, and the like). Consequently, internal experiences of wanting and deserving prove to be much more complicated than the external transactional model provided by

the court. In order to understand the outcomes provided by such courts, we must understand the experiences of those who pass through them.

From the court's perspective, once a person is placed under supervision of the legal system, the responsibility of the State is to protect the greater societal good by delivering an agreed upon punishment—and labeling it as justice. Although there has been a shift in the last few decades in recognition that peer support, tool acquisition, and skill-building are beneficial to those under supervision and an increase in evidence-based interventions, the purpose of the court remains to punish, regardless of the type of crimes committed. For example, someone with a domestic violence charge may be sentenced to complete anger management classes, but this is a requirement, not a suggestion. In addition, not only do they bear the cost of State supervision (ankle monitors, drug test, etc.), but most of these court requirements are also not covered by insurance and must be paid out of pocket by the probationer. So, while biopsychosocial research may have contributed to an increase in evidence-based interventions for probationers, due to the nature of mandated treatment, it is quite difficult—if not impossible—to separate the element of punishment and rehabilitation in the probation or drug court experience. Even if one “is ready” to begin treatment, wants to improve one's life, and believes one is deserving a new start, there are elements in the system that continue to make it feel punitive. In sobriety court, punishment is reframed as treatment, yet the delivery model remains the same. Person A is convicted of a crime, and sentenced to a minimum of 18 months of substance-use-specific probation (that is, drug court). The responsibility of the court—as the recognizer of want and decider of deserve—is to disperse treatment through third party community partners, monitor progress, recognize violations, and hold accountable through sanctions those under their purview. Person A comes into the program, is told what their substance-use treatment should look like, what their legal

requirements are to remain in good standing with the court, and notified of the repercussions for failing to adhere to any or all expectations. Upon successful completion, Person A is handed the only product that the court can provide: expungement or reduction of charges. Whether it is their aim or not, the court processes do not and cannot deliver sobriety, improved mental health, increased self-knowledge, changes to sense of self, or community connections—all prominent elements that were uncovered in the sharing of stories.

Instead, it is the relationships with others and with self that make up the essential elements of these experiences. As we will see, a transactional exchange of treatment for reduced or expunged charges is much more nuanced and complex when viewed through the eyes of participants. Subsequently, it is helpful, then, to view wanting and deserving as moderators of the mandated experience.

The common social narrative surrounding mandated treatment, much like incarceration itself, is fairly reductionist: people have “done bad,” and, as such, they should be required to do whatever it takes to absolve them of this bad by proving that they can and will, “do good.” While views endorsing general incarceration tend to center around the need to “pay your debt to society,” or to “keep you from harming others,” views on mandated treatment align more closely with the rhetoric of “they don’t know any better,” and/or “they don’t have the resources to change” The supposition, then, is that if individuals have access to treatment and an environment supportive of sobriety, they will logically want to be sober, choose to cease criminal activity, and invest in healthy individual and community relationships.

The current scientific narrative surrounding these concepts is similar, but incorporates evidence-based findings that recognize sobriety is not as simple as making a choice. This includes a more complex understanding of decisional balance, and takes into account a

biopsychosocial model that reframes addiction not as a moral failing, but a result of biological, psychological, and socio-environmental mediators. However, the element missing from both of these narratives is an acknowledgement of the unique and differing ways in which this socially-desired behavioral change is experienced. By divesting from the concept that wanting sobriety is a simple and straightforward reaction to criminal charges, the conversation surrounding mandated treatment is then necessarily expanded to include the understanding that wanting sobriety may in fact have nothing to do with the State, and that deserving help and a second chance may have more to do with self-concept and acceptance than a judge's ruling.

Through the words of the participants in this study, the experience of wanting and deserving is uncovered and explored, through the lens of two subthemes: *I want to make a change*, and *do I deserve this chance?* Through the stories shared, we see that while some participants describe the experience of *wanting* a second chance, many grappled with the symbiotic feeling of not believing they *deserved* it. That is, a feeling is followed by a doubt, thereby revealing the strong role that the mediation of the other plays in these sorts of experiences. Through the stories related, variations of this theme show how both wanting and deserving connect not only to the experience of mandated treatment, but also the experience of working towards abstinence and recovery.

For example, Nicole told her story of absconding from her initial probation program three years ago due to violation, getting “clean” on her own, then returning to Michigan to complete the program because she did not want the threat of a warrant hanging over her for the rest of her life. However, she struggled with the fear and uncertainty of whether the court would think she deserved a second chance. During the interview, she spoke at length about the ways she needed

to mature and grow before she could seriously commit to sobriety and how, after years of struggle, she's finally able to say, "I do deserve a good life."

And yet, throughout the interview, it becomes clear that the primary reason she ultimately committed to sobriety was for her two Great Danes, who would suffer if she was dead, in jail, or gone for long periods of time. "I had to kinda force myself through all that. Just stick with it. Really, a big thing that helped me was getting, getting my dogs." For Nicole, a significant element of her experience relates to believing that she deserved a good life after she had come to believe her dogs deserved a good life. As such, in what other ways have participants internalized the belief that they deserve sobriety and treatment, only after they have projected "deserving" onto another? "They really gave me that motherly instinct and gave me a reason to want to do better for them."

Although not all participants wanted treatment prior to their arrest, it is worth noting that in several stories, participants shared they had either been engaged in counseling services prior to adjudication or had been contemplating counseling services before sentencing. So, for some, the wanting existed prior to conviction, but what kept them from seeking that support? We must consider access of course, in terms of finances, health insurance, and the like, but it appears there was also an element of uncertainty about whether or not they deserved this care. In such cases, the mandated court intervention served an important purpose.

In what follows, then, we explore both wanting and deserving, seeking to uncover in what ways the desire to make a change is mediated by the judgements and beliefs of others.

First Theme: “I Want to Make a Change”

In this section, the subtheme of *wanting to make a change* is explored through the narratives of participants who describe the myriad ways in which this wanting for themselves is experienced within the processes of mandated treatment.

For many entering mandated treatment related to a criminal charge, there is an element of uncertainty both in terms of what will be required, as well as what constitutes a successful outcome. In the narratives shared in this section there was a sense of confusion as to how their unique story fits into the larger narrative and uniform processes of drug court treatment. For some, the focus was purely on compliance, (no positive drug tests, no missed meetings, etc.). For others, this was an opportunity to make a significant life change by utilizing supports they either could not or would not access prior to adjudication.

For example, for Zach, the want for change was experienced in various contexts. First, as a general realization of what kind of person he wanted to be in his relationship with others, and then as a realization of what kind of person he did not want to be for himself. In reference to the domestic violence charge that landed him in the criminal justice systems, he explains:

at that point in March...was when it really showed and I actually grabbed her, made her listen to me. I didn't realize just how drunk I was at that point. In my head, I'm thinking it happened this way. And when I saw the pictures that I caused bruises on her arms where I grabbed her and stuff that's said, I'm like, "Well, I'm not gonna fight it. This is what happened. At that point, that was pretty much my rock bottom."

When confronted with tangible proof of the harm he had caused, Zach experienced not only shame and regret but was also able to be honest with himself about the severity of his alcohol addiction for the first time.

He went on to say, “I basically came to the conclusion that I'm my own worst enemy at this point, that I need the help that I need to get to.” For Zach, the want for change began when he confronted his behavior within himself and began grappling with his identity as an alcoholic, an identity he had somewhat acknowledged prior to his arrest while caring for his ailing father, but not an identity he had embraced or explored. After viewing the photos of his girlfriend, Zach shared:

At that point, I really had to struggle with admitting I'd become an alcoholic. That I became something I'd never, ever want to be. That's the reality check that I had come to with myself. That was the first step. Court was then supposed to start in May...but I admitted to the problem that I had...that's when I got into inpatient rehab for 45 days.

The experience of wanting to make a change and seek voluntary treatment began with the recognition of what he wanted for himself, but also impacted the way he experienced both processes and relationships once engaged in the required treatment.

In the beginning of his interview, Zach stated that he came into this program “pretty much more open-minded than a lot of other people” due to the fact that he had checked himself into a 45-day inpatient rehab prior to his sentencing, and had already accepted that he had a severe drinking problem. When engaged in group counseling he often felt that many of his peers, especially the younger ones, did not want to be there and had little to no interest in changing their life in a meaningful or sustainable way. The group experience of treatment solidified his

belief that success in the program required a significant element of wanting something different for oneself, yet also made him feel isolated at times from his peers.

Angela experienced a similar grappling of identity when arrested after admitting she was intoxicated while driving around looking for her runaway daughter:

I think initially, you know. Just being found out because I had been drinking in secret which was the hardest, but also the most, just like, a refreshing thing that I had felt in a long time. It was like a weight lifted off my shoulders.

In a way, Angela had been hiding from herself, afraid to admit the extent of her alcoholism to others, because it would mean acknowledging and admitting it to herself. Through her arrest and forced disclosure, Angela eventually came to feel her charge was a gift; an opportunity to receive not only the addiction treatment, but also the mental health treatment she felt that she so desperately needed. “Almost like it was my drinking had become a cry for help.”

However, Angela initially grappled with the choice to accept the offer of sobriety court, worried about the intensity of the court program, yet recognizing her own desire to change and the opportunity the program could provide:

I definitely debated it. I was still not fully, I wanted help and I was thankful that it happened, but of course, I’m like, this was my first OWI. I don’t wanna do anything more than I should. I saw 15 months and I was like, I shouldn’t be charged. I wasn’t even dri--they didn’t even catch me driving. I went through all of those, how do I get out of this, panicked thoughts...because in order to be in sobriety court, you have to do the, you have to be charged properly and you have to have the assessment, the psychological assessment. I had that done. She

definitely thought I had, you know, tendencies or whatever. It would be a good fit for me. I think reading that was really hard, her assessment.

Even though Angela recognized that she wanted to make a change, reading an assessment that labeled her as an alcoholic was extremely painful and difficult; forcing her to, at least externally, accept an identity she had been avoiding for a significant amount of time in order to access the help now offered. Although Angela had been in counseling for years as a survivor of domestic violence, she explained that she had never opened up to her therapist about her drinking:

For years, I went to therapy and that was just the missing piece of the puzzle that I needed to sober up because I would go to therapy. I would tell her this and this and this is happening. She'd give me all the tools. But in the back of my mind, I'm thinking you need to quit drinking, but I wouldn't tell her that.

For Angela, the processes and relationships of therapy prior to adjudication were colored by her own inability to disclose the severity of her drinking, which she connects not solely to addiction, but also to her learned threat response of people-pleasing. She shared:

I would never, yeah, I would never tell my therapist how bad it really was because it's sad. You go into therapy, not feeling judged but even wanting, as a people pleaser, even wanting to please them. A perfectionist. Even wanting to be perfect for them. It's like you're only hurting yourself. [laughs] But I did that for a long time.

Due to the forced disclosure and strict regulations of her probation, Angela began to experience wanting differently, shifting from a space of wanting to be honest with treatment providers that was motivated by guilt and shame, into a space of wanting to be honest because she began to believe that she deserved the help it would facilitate. Angela attributes much of this change to

her connection with peers within the program, as well as her ultimate acceptance and understanding of the relationship between her low self-worth and substance use.

There are many catchphrases, acronyms, and colloquialisms in the recovery community, but one most relevant for Angela and many others was the idea that *the honesty you show is equal to the help you receive*:

Well, to me, it's so simple. If you don't care about yourself, and love yourself and take care of yourself, then yeah, you're not gonna eat right. You're not gonna care what you put into your body. You're not gonna exercise. You're not going to take care of something you don't think is important or deserves it. When you just keep feeling like crap every day, you're like, I deserve to feel like this. Then you wouldn't reach out for help because you don't wanna waste anybody's time.

In this way, the spiraling of negative feelings and pain can only be broken by a sense that one is, at the core, worthy of love.

This transformation of experience was also witnessed in the stories of other participants such as Tim, who, like Angela, had spent a fair amount of time grappling with his own self-actualization and psychological health prior to his arrest:

Throughout my life, I've done a lot of self-actualization. Not just self. I completely attribute God, Jesus, higher power to it. When I was 20, I really thought about things and then I stopped doing all these things. Brenna, I did a lotta stupid stuff. If I woulda kept on that path, I would've been, yeah, [laughs].

Tim is in his late 50's and shared that he has had many issues with drugs over the years, which he feels have been resolved.

However, he also feels a deep need to explore how he relates to others due to his record of interpersonal conflict:

Before I got into any of this trouble, I had a simmering question about my life, of how I keep involving myself with, in social groups of people that we don't share... Why do I keep giving people a chance? Why didn't I just see this early and just cut it off and go my way? I just always found myself just giving lovers the benefit of the doubt or tolerating stuff like that. I end up just self-destructive.

In reference to the time he spent in jail immediately following his arrest, Tim describes feeling confused and regretful to find himself in a cell after three decades without significant police contact:

Yeah. For like 35 years, I was just like wow. I spent like 22 hours in there. I got out and I was just like wow, I'm back in the system. Oh, my gosh, it's over this. Maybe I shouldn't've come back from on my way to Denver in 2015, you know, and think that maybe her and I could get it back together. Ultimately, after all this, trying to do good in this relationship, I ended up in jail, back in the system.

In these moments, Tim's want for change was centered less on his own specific thoughts and behaviors, and primarily on how his relationships and the behaviors of his partners had contributed to his current situation. In short, he could acknowledge that he had allowed these relationships to exist, but the change desired was centered on the other.

Like Angela, Tim grappled with the identity the court had required him to accept/embrace, that of an abuser and criminal. Yet the identity he felt prominently connected to, a person with disabilities, was insufficiently acknowledged by the court:

I tried to lean on the fact that I'm partially disabled. I'm not able to work at full capacity anymore. When it came time to, for Zoom court, I had a different lawyer. None of the stuff that my original public defender, we had talked about, none of that stuff was put to use, if you will.

While Tim was eventually able to engage in treatment with a desire to develop increased insight, awareness, and healthy boundaries, initially he had no hope that his probation requirements would do anything but create physical and economic hardship. His want for change, born of his desire to be treated better in his relationships, had shifted into one of self-preservation. How would he financially survive this probation? How would he manage his disabilities and chronic pain without cannabis? If the court was offering an opportunity to self-actualize and explore the irrational beliefs, maladaptive behaviors, etc., that contribute to his problematic relationships, Tim was all in.

However, this was not the deal on the table. Instead, Tim was being treated as a habitual abuser and prescribed interventions for a symptomology he does not endorse. In addition, Tim was irate about his sentencing, believing that it was heavily influenced by a victim statement whose validity he disputed. The day of his sentencing Tim was experiencing a severe headache related to his C-spine injury:

the first trial day, I had one of these headaches in the morning. I just, I thought about it and I just wanna get through this. I really shouldn't've put hands on him to make him sit down. I never punched him or anything. Just wrestling to sit down. Upon sentencing, the trial thing, I just plead guilty, just wanted to get it over with.

Now, Tim's experience of wanting was centered on wanting to get through probation as quickly as possible, rather than wanting treatment, (a sentiment echoed by many during interviews).

Yet upon entering his group interventions, Tim shared:

I was like, why? This is my first offense. I haven't been in trouble in such a long time. I kinda put two and two together. Maybe she's [the judge] looking at that victim statement and saying this guy's really messed up. He just punched this guy in the face over and over again. He really needs to be dealt with. When I got into group, in there, when I read that thing [victim statement], I was like, "this is why I'm here." I got a little bit more angry. Then I just thought about it. I was like, "well, still, I'm angry." I said, "well, maybe, maybe there's a reason I'm in this because I was able to get mad. Somebody was able to push my buttons. Let me just shut my mind up and look at it."

It was through relationships with peers, in combination with the required processes of his probation, that Tim's experience of wanting change became centered not on the other, but on himself. While engaging in a group intervention setting and the relationships formed there, Tim's mandated treatment experience of wanting to make a change evolved from one of wanting to get treatment over with, into once more wanting to evaluate and change his behaviors in service of his own psychological congruence.

As demonstrated by the participant stories, wanting change for oneself had very little to do with the feedback that the court was providing through its judicial proceedings. Rather than developing through punitive measures (I want to be different because I didn't know I had a problem until now) the wanting of change experienced by the participants was primarily formed through relation with others, and acceptance of self. For Zach and Angela, mandated treatment

provided an opportunity for validation and support of their *pre-existing* want for change. For Tim, mandated treatment provided an opportunity to explore behavioral change as somewhat of a concession: if I have to be here, how can I apply these interventions to goals I have already set for myself? For these three participants, then, the experience of wanting was moderated by the court, yet ultimately impacted most by the relationship with self and others.

Second Theme: “Do I Deserve to Be Here?”

In the last section, the theme of “I want to make change” was explored, highlighting the ways in which the internal and pre-existing want for change was experienced within drug court processes. In this section, we shift to the theme of deserving. While the narratives thus far reflect the ways in which the experience of wanting is more nuanced than simply being provided the opportunity to change, the experience of deserving, both in the context of punishment and treatment, are also prevalent in the stories shared. As we will see in the next chapter, some participants have difficulty accepting the punishments and requirements due to feelings of not deserving the treatment prescribed to them. However, as we will hear, others struggle with feelings of not deserving the grace of a “second chance.”

As Angela described, before coming into sobriety court, for years she dealt with shame and guilt related to her drinking and relationship patterns. Her lack of self-worth, due to a long history of physical and emotional abuse, carried over into her treatment, where she struggled not only to adapt to the demanding court requirements, but also to connect with others. Through peer interactions and group interventions, Angela has come to believe that, “a huge part of this program and AA and things like that is just acceptance. And when we’re not accepting ourselves, it’s really, really nice to have that safe place to--where other people are gonna love you until you love yourself.” For Angela, the love and acceptance she experienced through her mandated-

treatment relationships created a model of the love she wanted to show towards herself. It wasn't until others treated her as deserving of love that she was able to view herself as deserving as well. This *deserving* was experienced by Angela as an internal shift, helped along by external validation and support. In this way, the abstract concept of self-love was proven true over time and through self-reflection.

Nicole describes her experience of deserving in more concrete terms. The first time she was placed on probation, Nicole says, "I was actually a really bad addict. I was into everything, prostitution. I was probably gonna die within the next couple of years if I didn't get some kind of help." She felt that the court viewed her as a young girl whose crimes were related to addiction rather than criminal intent, and believed she was offered sobriety court on a first charge because the judge saw potential for her to make a shift with the proper treatment and support. "I think what they were thinking was maybe they could help this girl and get her on the straight path to sobriety." However, like Angela, Nicole had almost zero belief in her ability to be successful:

It was more just because I was scared. I didn't even, I didn't want, I was scared of failing. I didn't wanna, I didn't wanna mess it up and then end up getting it revoked. I knew I was doing bad. I knew I wasn't in it wholeheartedly. I was struggling. I knew something was gonna happen. I downed my...I wasn't very good to myself. I was really mean to myself. I downed myself and I always told myself, I wasn't good enough for it. I couldn't do it. I was never gonna make it. "I'm gonna fail," stuff like that, I always told myself that kinda crap.

She violated repeatedly, and continued to use drugs throughout her probation:

I didn't, I didn't really comply really well. I would run and then I would come back. Then I'd run and come back. Any time I would feel like I was gonna

relapse, I'd just run instead of, like, telling them. I had a really hard time doing the probation.

Nicole finally absconded one day after using cannabis, knowing that she would fail her next drug test and afraid to face the court and subsequently moved to Indiana with her then-husband who was following a job opportunity.

Unlike Angela, this transition did not include the help of peers or a treatment plan, or a space where she was accepted and loved until she could believe it herself. While Nicole used methadone for a short time, the bulk of her recovery was done on her own, based on abstinence:

for a good amount of time, probably even like a year after I left, I was thinking about wanting to get high and trying to figure out ways to get to it. If I ever had any money, like a good amount of money, I would try, I would even try to like call people that I knew that could get me something and pay them to bring it to me and stuff like that. I was still struggling. It took quite a while. I don't really know what clicked. I really think, I think that it was the dogs. When I got the dogs, that was the decision maker. I was like, okay, I gotta do this for them. The rest just kinda faded away. I was ready and I needed the change. I knew that if I didn't change, then I was gonna end up dead or in prison.

However, with Nicole's realization and belief that she deserved a good life for herself and her dogs, also came the memory of the probation she had fled and the threat of losing everything she had built due to an active warrant for her arrest.

Now back in Michigan, Nicole had no idea what would happen if and when she turned herself in, but felt that it was the only way to relieve the continual fear of being arrested and imprisoned:

I had it over my head. I always was looking over my shoulder. I never got into any trouble in that three years, but I was always scared of being in a vehicle or going anywhere, doing anything. Yeah, I decided it was time. I had everything going really well. There was no reason why I couldn't take care of it.

Although Nicole had found herself deserving of life and happiness through her recovery, she was unsure and afraid of how the court would respond to her decisions. Would they see her as deserving of a good life too? Would they believe her when she told them about her journey to sobriety, and her hard work and effort to rebuild a life worth living? Or would she be punished, found deserving of prison because she had crossed state lines?. Despite the difficult life changes she made which mirrored those the court had once ordered, what would the court decide she deserved?

Upon presenting herself to officials, Nicole was immediately placed in jail. She described being terrified during her first court hearing, conducted from jail via Zoom due to the COVID-19 pandemic.

I really didn't know what to think. I thought for sure that I was gonna get my probation revoked, just based on the way that he reacted. I thought he would be, originally, I was like, "I've got this." I'm gonna turn myself in. Everything was good. I got a job. I'm clean. I got proof I'm clean. All of this. I thought I had it and that everything would be okay. But when I got there and in front of him, it was like the leaving state part that he was, he was like, "you knew that you were on probation and that you're not supposed to leave state while you're on probation."

Nicole began to worry that he would not give her another chance, that the judge's anger was so strong, he would overlook her recovery and treat her as the same girl who had run three years before:

He was very upset with me, like the very, when I turned myself in and I went to jail, and I actually seen him on the monitor from jail. He was mad. I couldn't even talk to him, really. Everything that I said was wrong. It seemed like I was trying to make excuses and he was not happy with me at all. I was scared. I was scared I was gonna get that revoked and go to jail. I didn't know what to say to make it right or, you know, if I should admit that I knew that I shouldn't've left. "Is that what you wanna hear?" Yeah, I mean, after he ended up, he ended up being like, "you know what? I can't even talk to you right now. We're gonna postpone this until you talk to the probation officer and get, get everything situated." I talked to my probation officer. I told her everything, from the time that I was a child all the way up until now. My background and everything. She was very sympathetic and so was he to where I came from [history of trauma and abuse]. Told her everything, and then she ended up putting it in my report and he read my whole report, and then he was a lot more understanding. I think he, like, was really upset with me for absconding, but he understood from my background, the reason why I probably run from things and stuff like that.

Nicole had been found deserving of a second chance, and her gratitude was profound:

I ran but he gave me another chance, which is godsent. It's a miracle, really, because why? Why did you give me such a nice thing to do to somebody? He

could have just been, “okay, we’re done”. He gave me that chance and he just started me right back where I left off.

As demonstrated by participant stories, deserving, like wanting, was moderated by the court experience and processes, yet ultimately had more to do with “the other.” For Angela, it was her peers and fellow probationers who provided a space where she was loved and supported until she was able to believe that she deserved to love and support herself. For Nicole, deserving a good life began with a belief that her dog’s deserved a good life, working to change her behaviors, environments and relationships into a space that was safe and healthy for them, before she was able to believe that she deserved that same safety and stability for herself. Yet even after that shift occurred, Nicole remained subjugated to the court's decision as to whether she deserved punishment. Punishment that would deprive her of the freedom she required to live the life she had finally come to believe she deserved.

Summary and Conclusion

In this chapter, we have explored the experiences of wanting and deserving through the telling of participant stories. Along the way, we have come to understand the complexity of wanting change for oneself, as well as the ways in which being seen as deserving by self, peers, and the court impacts the experience of mandated treatment. In addition, the concept of acceptance is prevalent throughout all stories shared, whether it be accepting your fate, accepting help, accepting the lack of control, or accepting the loss of freedom.

When viewed through the lens of wanting and deserving, acceptance becomes much more than a concession to the power of the court. Instead, acceptance emerges as a dynamic force, a living thing that evolves and blossoms through relation with self and others. Beyond the

Alcoholics Anonymous (and court-sanctioned) rhetoric of accepting your identity as an addict and accepting a higher power as controller of your fate, the participant stories shared in this chapter demonstrate that, perhaps, wanting and deserving does not require acceptance, but instead creates it. Rather than the punitive measures the court imposes, it is the restorative measures created and enacted within participant relationships that most significantly addressed the challenges of substance use.

As previously discussed, due to its paternalistic nature, the criminal justice system positions itself as the recognizer of want and the decider of deserve. Yet through participant stories it becomes clear that the court alone does not recognize want, nor solely decide what a person believes they deserve. The State requires—at least superficially—acceptance of responsibility for one’s crimes, acceptance of one’s identity as an addict, and acceptance of one’s role in harm to society at large—all in order to receive the expungement or reduction in charges they can offer. Yet, as we have seen from the stories shared, truly life-changing, mind-altering acceptance is not achieved through mandated treatment processes.

Instead, it is the essence of wanting and deserving that ultimately shapes and forms the sustainable self-acceptance necessary to deliver not just a “successful outcome”—but a life worth living.

Chapter 5: Stages of Change: Belonging as a Prevision of Long-Term Recovery

In the last chapter, Nicole's story, among others, demonstrated the complex ways in which wanting and deserving change may be experienced. Nicole's unusual experience of absconding, then returning to complete her requirements, highlights the relevance of individual perception of need within mandated treatment. "So the first time I felt like I had to do it. It was forced by the court. This time, I felt like it was my choice because I turned myself in. I wanted to take care of it." In this chapter, then, we expand the conversation surrounding wanting and deserving to include an acknowledgement of *readiness* and *willingness*. We hear from Mark, Brandon, Max and Zach, uncovering along the way the subconscious dialogue between participants and self, often centered in confusion and frustration about who "belongs" in mandated substance related treatment, and who does not.

In the world of helping professionals, Prochaska and DiClemente's Stages of Change Model (1983) is widely understood and accepted as an evidence-based model used to predict and explain the human experience of change. The premise that change is not instantaneous but instead requires micro-decisions embedded in the macro-movement of behavior is well represented in the field of counseling and is applied to myriad modalities and interventions. For example, Janis and Mann's theory of decisional balance (Janis & Mann, 1973) conceptualizes a conflict model that assumes change is achieved by a mental scanning of potential losses or gains which is then entered into a mental "balance sheet" before engaging in the change process. This binary model of decision-making accounts for the mechanics of making change, but does little to describe the experience. Expanding upon this theory, the widely utilized stages of change model posits that change requires not only a weighing of consequences, but also an accurate label of action. Therefore, the stages of change, particularly in substance abuse treatment, are used not

only as a guidepost for determining a person's *want*, but also as an evaluative tool to determine their ability to *do*. In other words, the Stages of Change model is not included here as a framework to aid in analysis, but rather included to critique the ways in which this commonly used model falls short in capturing the complicated process of change described by study participants.

Yet while mandated treatment at its foundation carries the expectation of change, the narratives shared uncover a deeply complex experience that rarely fits neatly into Prochaska and DiClemente's five stages: precontemplation, contemplation, preparation, action, and maintenance. As they pertain to sobriety court or diversion court, interventions and programming are often not attuned to where the individual *presently* self identifies, or even where they are situated after psychological assessment. Instead, the majority of decisions regarding a person's treatment are decided based on a) how serious the offense, b) history of offense, and c) criminogenic risk level as determined by the Ohio Risk Assessment Scale (ORAS). Therefore, the court and its contracted treatment providers determine services based on criminology rather than psychological readiness, then express disappointment and disbelief when participants are not “fully invested”, “lack acceptance”, “resist treatment”, and “struggle to avoid unhealthy environments/relationships.”

As a result, the most prevalent—if not only—opportunity for a person to contemplate and evaluate their self-perceived place within this five-stage model occurs when the individual is initially offered the option of whether to enter sobriety court or be placed on probation, rather than serve jail time. After this decision is made, they are unable to contextualize, adjust, or re-define their identity as a person with an unhealthy relationship to drugs or alcohol in the eyes of the State. Therefore, for all intents and purposes, an agreement to accept probation or sobriety

court as a result of substance use equates to an acknowledgement and endorsement of the *addict identity*. However, many participants shared that the decision to engage in sobriety court was not solely based on whether they were “ready for help” but due to their desire to avoid jail time, reduce how a charge will appear on their record, or regain their driver’s license.

As we uncovered in the previous chapter, wanting to change has much more to do with a participant's experience of acceptance than the court’s attitude of necessity. How, then, is the phenomena of change experienced both as an abstract response to the court’s expectation of change (doing “good” instead of “bad”)? And how is the concrete movement towards a different set of behaviors, values, relationships, and environments lived out? In this chapter, then, we will hear about the ways in which participants understand their movement towards mandated change both as it is expected and how it is experienced.

Rather than affirming the traditional application of the Stages of Change model, which categorizes and pathologizes the individual in terms of “where they are at,” the stories shared in this chapter serve to paint a picture of change centered not on labels, but on the experience of change within oneself—and the ways in which observing and internalizing the behavior of others contributes to this experience. Through analysis of the themes of “I don’t belong here” and “they don’t belong here,” a picture of experience emerges that addresses the fundamental discrepancy at the heart of mandated treatment: evidence-based practice tells us that *sustainable* change requires individual want and efficacy and is closely tied to readiness (Demmel, Beck, Richter, & Reker, 2004). Yet, here, want has been decided by the State and efficacy is a requirement of pre-determined punishment and the consequences of an inability to change or undesirable attitude towards change results in State-sanctioned control over one’s body, one’s livelihood, and one’s freedom.

First Theme: “I Don’t Belong Here”

As we saw in the last chapter, many individuals that end up in sobriety court express some initial sense of “getting what they deserve.” While it can be difficult to determine the genuineness of this mentality due to the “tell them what they want to hear” phenomena (explored later on), many of the participants in this study candidly shared the ways in which they felt court requirements either did or did not “fit the crime.” For example, for his first DUI, Mark felt the punishment to be extreme, mostly based on anecdotal evidence from peers both within and outside of probation: “just from me being assigned counseling from a first offense, which they said almost never happens, in this county at least.” This belief, coupled with his self-concept of being a person who made a mistake rather than a person with significant alcohol addiction, resulted in feelings of confusion and isolation.

In the beginning, Mark said he:

felt like, just like, “why am I here?”, kinda stuff. I kinda, I’m very honest with the courts and with myself all the time. I know, going to AA even, these people had bad, either habitual drinking problems or life events going on. I didn’t fit in in that way. I just kinda talked about, “I messed up once. I’ve seen how my habits have gotten out of hand at points in my life, but I’m working on it”, kinda thing.

Although he felt misplaced, Mark approached treatment with a positive attitude and dedication to getting out of it what he could.

However, after Mark applied for early release in order to pursue a lucrative job opportunity and was denied, his buy-in declined:

That was kind of a very driving thing for me the entire time. For that to be shut down towards the end? I would’ve liked to have an appeal, even a chance to

advocate for myself. That was a big thing. Felt very without power, without options.

This anger and frustration led to a violation; but more importantly, it changed Mark's attitude about the program as a whole, "I feel like I was kind of pushed through, streamlined. There wasn't a lot of individual—didn't take into account personal situations perhaps."

While Mark initially accepted the court's conceptualization of his needs, after the appeal denial, his experience of deserving became focused on deserving flexibility, understanding, and personalized requirements within his mandated interventions, rather than deserving punishment or treatment:

up until June, I was just kinda riding it through. At that point, it kinda switched to, "it's a requirement now." Felt, like, tedious, I guess. More of a pain than—I did this. The first six months, I was like, "all right, fucked up, follow through, no big deal, don't get mad about it." From that point on, it was like, "come on." It's like all I felt pretty much.

In this way, Mark's initial sense that he did not belong (but would still work on changing this life) hardened into opposition when a moment for genuine life change was denied him by the court.

Similarly, Brandon expressed frustration with knowing that he "deserved" punishment, but simultaneously feeling that, due to paying out of pocket for services, he deserved appropriate and relevant treatment. He explained that "[I] understand that it's punishment. I'm not complaining, but at the same time, if I'm gonna pay that money, then I wanna be getting something out of it. I don't wanna just do this and like, you know, show up [to sobriety group]."

He went on to express frustration with the relationship between court employees and treatment employees:

I also think one thing that is kind of an issue is the courts, you do it because the court tells you to--but then really, your punishment is based on the people at [the treatment center]. Like they can tell you you're done when you're done, or they can say, "no, you need to take more." It's like the court's allowing the people there to decide what your punishment really is.

Just as the State is the decider of want and the granter of deserve, those providing treatment to mandated individuals appear to participants as the deciders of change and the granters of success.

Closely related is the sentiment echoed by many participants that they felt unseen as individuals, treated with a "one size fits all approach" rather than a complex person with unique needs. Most notably, this theme showed up in the context of addiction-specific treatment being required. While Zach and Angela welcomed addiction-specific treatment with open arms, others, such as Mark, Max, and Brandon, had difficulty associating their crime, or "bad choice," with the State-sanctioned label of *addict*.

"I think the court assumes that anyone who gets pulled over for drinking and driving is an alcoholic and an addict." Brandon, who was sentenced to a year of probation following his second DUI, struggled throughout the program to connect his behavior not only to his punishment, but also to the way he was viewed by the court. His first DUI, acquired in 2009, resulted in a year of probation with strict AA requirements, community service, probation officer contact, and court appearances:

It was a lot different, as far as everything, really. I did have to show up to court several times. I had to meet with my probation officer in person. The punishment was way more strict. It was much, much worse.

Brandon attributed his past sentencing primarily to the fact that he had pled guilty out of ignorance of other options: “I’m thinking, it was me. I can’t deny it. I’m just gonna plead guilty. Now everybody tells me you just never plead guilty to anything. That’s just the way, that’s just how it goes. It’s just standard procedure.”

This time around, Brandon had a public defender he describes as: just a good guy. He cares. He’s genuine. He always responded to text messages and emails. He always let me know exactly what was going on throughout the whole process. I thanked him a million times cuz I really didn’t know what I was gonna do. I was pretty nervous and stuff. He set me, he quickly explained everything to me out in the hall and just took a real quick, little bit of history and information about me. Then he went in there with me and he actually, I had to answer just a couple questions, but he pretty much did the talking for me. He’s a real young guy, and I really, really appreciate him. I mean, he, I would pay for his services, literally.

By having an advocate at this stage that not only gave him options beyond a guilty plea but also made him feel heard, seen, and supported, for the first time Brandon was provided with an example of State interaction that felt beneficial rather than punitive.

Subsequently, Brandon pled not guilty and received 9 months probation that consisted of two random drug/alcohol tests per month, and participation in both group and individual counseling through a community partner. However, Brandon had no concept of what those

requirements would entail. On one hand, he was relieved at the apparent reduction in requirements compared to his first DUI, but on the other hand, he was left with a great deal of uncertainty and confusion about what he was supposed to do. More importantly, Brandon was unclear about what change was expected of him.

During his initial meeting with his probation officer, conducted over Zoom due to the Covid-19 pandemic, Brandon explained:

what she told me was I had to make contact with Cognitive Consultants within like a certain amount of time. I didn't really know what it was gonna be, I was gonna be doing a risk assessment to, basically to decide what, where to go from there. What further measures were gonna be taken.

At this point, Brandon was expecting a risk assessment that would determine not only his perceived level of substance abuse, but an intake evaluation that would determine his program requirements.

As a contractor, the court places the responsibility and power of intervention determination on its community partners:

Unfortunately for me, I got real unlucky on my first. It was supposed to be that. It was an intake, and I got a guy who just didn't do his job. He talked to me for about five or ten minutes, and then I wasn't in his file. He didn't have any of my paperwork or anything ready to go. He was like, "well, what did your probation officer tell you that I'm supposed to do?" I'm like, "you're supposed to tell me what I'm supposed to do." You know what I'm saying, that's why I'm here.

Although Brandon was provided with another intake after he lodged a complaint, this first interaction with his assigned community partner left him doubtful of both the practitioners he would be working with as well as the culture of the agency at large.

In stark contrast to his dealings with the public defender who soothed his anxiety in a time of uncertainty, Brandon found himself frustrated and even more confused. “I was really, I was actually a little irritated. He was very unprofessional. He was smoking, a vape, during the whole thing. Blowing the smoke in the camera. He seemed like he was just out of it. I was pretty turned off by that.” Brandon goes on to explain, “Especially considering you gotta pay \$50 for this, and it was supposed to be an hour, and it was like not even ten minutes.” For Brandon, this initial interaction introduced and solidified a cost-benefit analysis, which pared down much of his subsequent experience to a question of whether or not he was “getting [his] money’s worth.” By his own reduction of treatment to a monetary binary of either worth it or not worth it, rather than effective or not effective, Brandon’s experience of change stages had less to do with abstinence from alcohol, and more to do with rationalizing his individual and group counseling as something of generalizable value.

Because Brandon did not consider himself an alcoholic, he had no capacity to explore or experience change through substance-related behavior modification:

I don’t really make a ton of cash, so it’s like, I understand that it’s punishment. I’m not complaining, but at the same time, if I’m gonna pay that money, then I wanna be getting something out of it. I don’t wanna just do this and like, you know, show up. I mean, that’s my biggest complaint about the sobriety group, [it] is, *it’s just not for me*. I don’t have a problem, I don’t have a problem participating. Actually, I like the group setting. I’m naturally a talkative person. I

don't mind sharing my experiences or my thoughts on anything. I'm open. But I'm not struggling with sobriety. I'm not having an issue with sobriety. I was thrown into that group, and so it's like, for me, I don't think about drinking except for 5:30 on Tuesday nights. I don't even think about it. I go to work. I come home and hang out with my dog. I watch sports. It's not on the top of my mind.

Here, then, Brandon's experience has already been reduced to a binary search to find monetary value in his mandated treatment. He is not allowed the autonomy of contemplation and decision-making, unlike one's typical act of decisional balance.

Although Brandon received probation for his second DUI, Max was sentenced to sobriety court for his second offense. Like Brandon, he struggled with the label of *addict*:

Obviously, getting behind the wheel is a terrible idea and I think I'm done with that for good. A lot of the stuff they put you in is like alcoholic related things and I still don't really consider myself to be an alcoholic. Just I kinda go along with it, with AA and everything, but you know, I don't really drink by myself all the time. I don't, I'm more of an introverted guy really. Both times I got my DUI, I take responsibility for it. It was stupid to get behind the wheel. It was nuts but both nights, I was just kinda peer pressured into going out cuz my friends know I don't really do anything. They want me to, cuz I'm 26. I've never had a girlfriend. They're always trying to get me to go out and try to meet people, do stuff like that. I just feel like I'm not really experienced with that whole nightlife scene and everything. I think I just ended up doing stupid stuff.

He goes on to say:

you know, you get in trouble for DUI, making a decision to drive when you shouldn't've, and then, yeah, they just throw you in a program for addiction. It's like, "man, all this just cuz I decided to drive that night?" I could've just not driven that night and there'd be no addiction problem...as far as it's ruining every single thing going on in my life and all that stuff, *I can't relate to that.*

In this way, Max saw his experience as a single bad decision resulting in a punishment that did not fit the crime, rather than a needed opportunity to change destructive or unhealthy behavior. Although during programming Max felt the expectation in group and individual settings was to signal and acknowledge the ways substance use had "ruin[ed] every single thing going on" in his life, it was the mandated treatment that Max felt had caused the most harm. Due to the shutdown as a result of the Covid-19 pandemic, Max existed in a state of limbo for months. He had been charged and was awaiting sentencing, but because no services were available, Max was not actually engaged in any type of treatment or community supervision.

As a result, his pre-existing depression and anxiety became more prevalent, his mind concocting every worst case scenario imaginable. "It was a pretty depressing time period for me, just cuz it was more like, just kinda like a feeling of impending doom, kind of felt like."

Although drug testing was non-existent at this time, Max attempted to acclimate to life on probation and abstain from substances, "(I was) just kinda trying to get used to the lifestyle. I mean, alcohol was never really that much of a problem for me." Because Max had used cannabis for years to manage his anxiety and depression, he knew it was the cannabis that would be difficult to let go of, rather than alcohol. As time went on and the state remained in lockdown, and without cannabis as an option, Max reached a breaking point:

I actually had to visit Pine Rest in Grand Rapids, for like suicidal thoughts and stuff like that. Just cuz I've never, I mean, I guess I've had a DUI before but just, I knew I was in for a lot worse. I had an internship lined up. I was getting ready to graduate and this just kinda like, at the moment, I guess, it just really seemed like it was taking it all away, just from picking up my phone that night. I was literally looking at the phone for like 20 seconds before I answered my friend that night because I did not wanta go out. Then I did and then all this came with it. It was just like pretty hard to get past that for me.

As Max grappled with the loss of the immediate future he had imagined for himself, he experienced the situation he found himself in not as a reasonable consequence of a poor choice, but instead as a misrepresentation of his character:

I just kind of acted out of character and just didn't really put a whole lotta thought. The place I got the DUI or the OWI on my way home from is literally a less than five-minute drive from my house. If I was thinking, I really would've just walked. I've walked there before. Yeah, it was just, I could've paid \$4 for an Uber or something. It just, I think that whole, all the surrounding details just made it pretty depressing for me. That I'm in this for two years. First situation, you know, was pretty much the same thing. But you know, I was lucky to get off as easy as I did that time.... [but now] it looks like I didn't learn my lesson.

Now, not only did the court view him as repeat offender who had not adequately fulfilled the expected social contract of sustained change, he was also labeled an addict who's life was "being ruined" by alcohol. Once the shutdown ceased and Max began engaging in services, he remained skeptical of the addict label, but like Mark, attempted to put his best foot forward. "The groups, I

guess the groups, they're pretty good. You got people who are in a very similar situation as you, so it's easy to get a lot of that stuff off your chest around them." Although Max could not relate to those with severe substance use challenges, he did his best to utilize the group and individual sessions in service of his mental health:

Just kind of being as big of an introvert I am, I just have a lotta stuff that I know I don't think everything through the best, just kinda thinking about on my own. I know I don't, not having people to talk to about a lot of different types of things. Just kinda like, yeah, just makes it kinda brew up inside. I don't know. I have no clue how to deal with a lot of that type of stuff cuz I don't know. It just seems really like, I can't imagine myself just like reaching out to people I know or people in my family about a lotta different things that I've gone through. I guess, yeah, now is my chance and I'm just trying to take advantage of the opportunity. What I like about those is it just kinda gets me to be more conscious of different things about life as we're going through it. You know, it's easy when you're in like a program like this to just kinda want every day to pass by as quick as possible, just kinda take the backseat and let the time pass so you can get back to a more normal life. I kinda look forward to it, just to get some of the stuff off my chest. I think I prefer the one on one, but the groups are, they have their purpose, too. *The AA, on the other hand, that's what I have a hard time relating to.*

After an initial violation at the beginning of testing for smoking weed, Max ceased all cannabis use, but continued drinking out of desperation, knowing it was easier to hide from the testing centers:

Immediately, I didn't stop. I stopped smoking cuz I knew after the violation, from when the pandemic was over, if you do it all, you're just gonna get caught. As a replacement, it was a bad replacement, I tried drinking here and there, just like on those nights when I felt like I didn't know what to do. It didn't help, of course, but temporarily got my mind off of it, so I was doing that.

Max hid his use from his individual counselor as well, "I knew he worked for the court that I was at, so I didn't know how much I wanted to talk to him about cuz, you know...I thought it would just get me in trouble or something." Indeed, individual counselors are required by the court to report any disclosure of use to the participant's PO, a rare exception to the rules of confidentiality and a result of the unique triad relationship of sobriety court. Max explained, "eventually, I stopped doing all that stuff anyway and I guess at that point, I felt more comfortable when I was just actually really trying to, you know, use the program to help me."

At this point, Max's buy-in increased, not because he realized he had a substance use problem, submitted to a higher power, or embraced the label given him by the court, but because he chose to adapt the programming to his actual needs: that of mental health support. Max became more forthcoming with his individual counselor, engaged more in group therapy and made an effort to be open minded, even seeking out Narcotics Anonymous (NA) meetings in search of support for his purported addiction to cannabis. Max was required to attend at least three AA or NA meetings per week, but as with his therapy groups, in terms of addiction, he had difficulty connecting to others:

I talk about that in NA. I tell them, you know, right now, I'm not at a point where I think I'm just not gonna use it (cannabis) anymore but... I definitely realize it's possible that I could not use it anymore and there may be some benefit to that. I

just haven't been really just hit in the face with like the reason to just stop and be like, it's not clear to me why, especially cuz I really don't wanta use any meds.

The side effects sucks and just like all sorts, I guess mostly just the side effects is just why I had none of that when I was using cannabis. I was going to school fine, doing my homework, doing my work, working on projects. I built websites in my spare time. I did all that with cannabis, no problem. The other stuff (Prozac) just made me drowsy. Made my head hurt. I hear a lotta people when they're graduating the program, they talk about how good the sobriety has been to them and all the positive changes it's made in their life. So when I hear stuff like that, that's when I think maybe I should try to not use anymore. As of right now, I think if I were to get off this program, I would immediately go back to using cannabis.

Max's experience of change within mandated treatment, then, was not lived as movement through a set of predetermined stages designed resulting in a new set of behaviors. Instead, Max's experience of change and decisional balance were born of necessity and a desperation to find alternative relief from the depression and anxiety he experienced since childhood after his primary coping tool was denied him.

Although Max claims he is willing to consider that his cannabis use is problematic as defined by court, and that complete abstinence offers a "better life," does Max truly believe that his cannabis use may be harmful, rather than medicinal? Or, is he simply reacting to the subtle and overt messaging found within the processes and relationships of mandated treatment that repeatedly signal: *any mind-altering substance use is the marker of an addict?*

As we have witnessed through the stories shared, feelings of (not) belonging (whether based on specific treatment experiences or felt generally as a mismatch between self-concept and the view or court actors), were prevalent throughout mandated treatment for Mark, Max and Brandon. These experiences of not belonging contributed to feelings of self-doubt, confusion, and frustration, feelings *also* expressed by those who embraced the label and identity of addict. It would appear, then, that just as the experience of wanting and deserving is moderated rather than mediated by the State, readiness for change is more profoundly impacted by the experience of belonging than the physical or conceptual space one occupies. In fact, through the stories shared, it becomes clear that due to the mandated requirements which eradicates any choice in terms of *readiness*, the experience of change stages and decisional balance becomes much more about *willingness*. Furthermore, the experience of witnessing others' willingness to change influenced the ways in which participants internalized the processes and relationships of mandated treatment overall.

Second Theme: “They Don’t Belong Here”

Particularly in the context of “sobriety group,” a weekly, two-hour group that all participants—whether in sobriety court or strictly probation—participated in, many stories emerged related to the disconnect between those seeking true peer support and those who were there only to fulfill a requirement. Even for those such as Zach who welcomed the opportunity for treatment, it was often coupled with frustration that many of his peers did not demonstrate the same buy-in.

Zach began his interview by sharing that, due to his experience as a paramedic:

I have to say that I went into this pretty much more open-minded than a lot of other people. I've heard people say that they kinda regret it. They're like, "why am I here? This is bullshit that I'm paying for out of pocket." I had more of an open mind because of what I've always went through prior to this.

For Zach, his attitude towards treatment was not only impacted by his want for change and gratitude for the opportunity to do so, but also his lived experience as a public health worker.

As a person who witnessed trauma, addiction, and violence on a day-to-day basis, Zach's mandated experience was heavily influenced by the belief that the treatment offered was a literal matter of life and death:

I still have contacts with a lot of students that went through, they're going through the paramedic program, going through all this other stuff. I'm very straightforward with them. I'm like, be aware of this. One of the guys that I used to work with, who was an EMT before he became a paramedic, I'm like, "hey, when you're doing your ride-along as a medic," I'm like, "you have a lot more responsibility. You have a lot more going on." I'm like, "start taking that into consideration." I'm like, "because..." I used one example. I'm like, "you will never be able to wash off the feeling when you're holding a dead baby in your arms." My first one was this last job that I had. A six-month-old child that was left, basically mom went to do dishes. Baby wrapped itself up in the blanket and suffocated. I'm like, "hey, be prepared for this stuff. This stuff is gonna really mess you up."

Zach's awareness of the prevalence of substance use and self-harm within his own field directly contributed to his view of his mandated peers, as well as his frustration that those who need this

type of support the most are not exposed to it proactively (compared to those who are required to participate as a State reaction to criminal offense).

Zach went on to express that the gravity with which he approached his required substance-specific programming was rarely mirrored within group settings:

Sobriety group, there's a lot of arrogance, ignorance. A lotta young people that just say what the hell they wanna say. It's just like, I don't have to see their faces, but it's just like "yeah, you're gonna be doing this shit again." The sobriety group is more or less a lotta people got caught. And it's like "I just can't wait to get off this." There's a lot of animosity. You can, I mean, you can hear it in people's voices. "Why the hell am I here? I should be off this shit. I should be this." You hear a lotta that, too. That's the different level with it. You know, same thing when I saw people going into rehab. It's like these people chose to be here because they're admitting to something. You know, these groups can make or break somebody because if you're surrounded by a lotta people that just don't give a shit for what they're doing, it's gonna change your attitude toward it.

Here, Zach stresses the importance of the peer group as an essential element that went into his own lived experience of group sobriety counseling.

Brandon, who, as we have heard, struggled with his own belonging, expanded upon this sentiment by sharing the ways in which forced group interactions left him feeling distrustful, isolated, and frustrated, rather than connected or supported:

I don't trust one person in there. I would not, I keep all my... everything to myself. If I'm asked a direct question, I'll be open about it, but I don't offer anything because I don't know these people. Half of them are wise asses. They're

always giving wise answers and they're too good to be in this group. You got the people, like oh, every week, they talk about, they bitch about they can't find a job and it's like, but they're too good to work for \$10 an hour. I know lots of people who are like that. "Oh, man, I can't work for \$10 an hour." Then every week, they complain that they can't find a job. "Dude, just take the fucking job," you know what I'm saying? It's just a downer. It's like, you know what I'm saying?

As Zach hypothesized, Brandon's sense of belonging was impacted by the attitudes and behavior of his peers.

Brandon goes on to compare his court-contracted sobriety group to the community-based environment of AA:

Well, it's free. I mean, you put a dollar or two in the bucket and it's a social experience. You're there with people who chose to go there. The majority of them are there because it helps them and they wanna be there. I mean, you get your people that are there because they're court ordered and they need someone to sign their sheet, you know. A lot of the people are there because they wanna be there.

It's a social gathering for them. It doesn't cost that much money.

Through Brandon's narrative, we see that, while he rejected the label of addict, his meaningful participation in sobriety-specific groups was shaped primarily by the makeup of the group—that is, the *voluntary* attendance of others.

Even though Brandon himself was one of those who needed his "sheet signed," due to the voluntary and subsequent communal attitude of AA, his sense of belonging shifted:

That's a lot of AA. At the beginning, I was really against it and I fought it. I just was like, "this sucked," blah, blah, blah. You start to get to know the people and

you have a cup of coffee. It really gets a lot easier and you start to realize that it's not just a bunch of people sitting around talking about their sob stories. It's people who kinda rely on each other and a lot of the people don't really have a lot of other people to talk to or they don't have close friends or family members. It's good for more than just that.

Of note, Max and Brandon were at different stages of programming when interviewed. Would Max's required AA eventually foster a sense of belonging separate from the label of "addict"—like it had for Brandon? Max had already transformed the court expectation of change into an experience of willingness to support his mental health. Yet, he remained immune to the communal aspects of AA that Brandon had come to value. Arguably born of necessity, Brandon was still able to find some sort of belonging within AA, whereas Max, also there to "get his sheet signed," could, or would, not.

As we have discovered in this section, an individual's belief about who belongs in mandated treatment is closely related to their own experience of belonging. Whether they view required sobriety interventions as an opportunity to connect with others, or as a chore to drudge through, the perception of the court as an entity detached from individual lived reality remains fundamental to the mandated treatment experience.

Summary and Conclusion

In this chapter, we have explored the themes of "I don't belong here" and "they don't belong here" within the context of the Stages of Change Model (Prochaska & DiClemente, 1983). Through the narratives shared, we have come to understand that within the lived experience of mandated treatment, the internal conversations surrounding *readiness* and *willingness* are more salient to the expansive experience of our participants than the court

endorsed conceptualization of change that presumes a constricted experience of precontemplation, contemplation, preparation, action, and maintenance.

Furthermore, while some embraced the label of *addict* and welcomed the opportunity to align themselves with the recovery community, others felt misunderstood, misplaced, and mislabeled by the court's determination and endorsement of their unhealthy relationship to alcohol or drugs. By endorsing the label of addict, regardless of a person's present lived experience, the State continues to participate in the "one size fits all" approach that remains a primary concern within mandated treatment evaluation and efficacy. For participants, this approach is then experienced as frustration, confusion, and a fundamental distrust regarding both the purpose *and* benefit of mandated treatment as a whole. As Zach explains:

I think if the court system was a little bit more in tune with what's right for the individual, then I think they could get a lot more progress out of it than just throwing everybody in the same boat. All right, here's a paddle. Or throw everybody in the water. Here's a boat. Who can get to the boat first? That's who's gonna be the guy that's gonna make it and the rest of you are just gonna drown.

The impact of a "one size fits all" approach is not only felt as disappointment and anger with the process (by being viewed as an addict rather than a whole person, enrollment in sobriety specific programming, etc.) but also contributes to the ways in which participants experience peer relationships within the mandated treatment space; the participant's relationships with peers and their judgments regarding other's readiness and willingness have the potential to significantly impact the ways in which an individual experiences their own mandated treatment.

As we will see in the next chapter, these internalized feelings of not belonging and subsequent distrust in the State's discernment regarding addiction may directly contribute to the

most common theme uncovered within related qualitative work: “Tell them what they want to hear.”

Chapter 6: “Tell them what they want to hear”: A Discussion of Common Threads within Mandated Treatment Experience and Research

In the previous two chapters we have explored various themes and subthemes relating to the experiences of wanting, deserving, and belonging through the narratives of those engaged in mandated treatment. The stories shared have offered a glimpse into the specific experience of participants, as well as a broader expression of their unique lifeworld. In this chapter, I will situate these experiences within the larger discussion of related research in order to initiate meaningful discussion—keeping in mind that the purpose of this study was to uncover rather than prescribe. With this in mind, relevant research is presented and discussed in the context of understanding experience—rather than solely a declaration of best practices. Although research related to efficacy and outcomes are necessary and valuable within this field of study, I hope to demonstrate through the following discussion the ways in which research questions such as mine, that do not seek to prescribe but to understand, serve an equally important purpose. A summarization of findings within individual narratives is provided, with the additional inclusion of discourse surrounding the concept of “tell them what they want to hear,” found across narratives and reflected within relevant literature. In the following and final chapter, implications and recommendations for future practice, research, and education will be discussed.

The narratives shared in the preceding chapters describe the experiences of those engaged in mandated treatment, and thus under State purview, as a result of substance use. The purpose of this study was to explore the experiences of mandated treatment participants—not in the context of program evaluation, outcome prediction, or justification of the drug court model—but to bring forward the lifeworld of those involved. As van Manen states, the goal of phenomenology is not to “solve the mystery,” of being, but, rather, to bring the mystery forward so that it may be seen

more fully lived (van Manen, 1997). As such, the “data” in this study are the stories shared, and the findings are not just themes extracted from those studies, but the lived meaning that is part of how drug court processes and relationships are experienced by the individuals at the center of this world.

Chapter Four Findings

In the first findings chapter, *Wanting and Deserving*, the experience of wanting change and deserving help, and the ways in which this was contextualized through relationships and processes, were explored and uncovered through the themes of “I want to make a change” and “Do I deserve to be here?” The stories presented are fruitfully situated within research that finds that drug courts are viewed as generally effective—because we, as yet, do not know *what exactly makes them effective* (Goldkamp et al. 2001). Yet ultimately, the study goes beyond this question of efficacy by specifically speaking to the concept of wanting and deserving as a moderator of the mandated treatment *experience* as opposed to *outcome*. By expanding the research questions to include the experience of processes and relationships rather than a sole focus on “what worked best,” we have unearthed a rich well of experience that sheds light on *how* overall program efficacy is created. As Goldkamp et al. discovered, quantitative outcome data related to drug court efficacy differs wildly, and ultimately demonstrates that these styles of studies are highly misleading as they are biased in the direction of positive results, basically showing that successes succeed and failures fail (Goldkamp et al., 2001) Therefore, the more experiential information we as researchers can provide to practitioners and counselors in training, the better equipped they will be to address the dynamic needs of those they serve in a way that centers individual needs rather than relying on the State’s “one size fits all” approach.

Within the first theme, “I want to make a change,” we heard the complicated ways in which participants experienced a want for change within their own lives, discovering that, for some, the desire to change their substance-related behavior existed prior to adjudication, yet for various reasons related to self-acceptance, had not been successful. For Zack and Angela, the road to long-term sobriety was only possible after the court forced an acknowledgement of the harm they caused to others, bringing to light severe addiction issues that had been relegated to darkness by the participants themselves. We also heard how Tim struggled to accept the view of the court and pushed back against the labels of “addict” and “abuser,” only to ultimately find value and healing within the mandated interventions he attended, once he found a way to make it salient to his lifeworld. Ultimately, the narratives presented support the finding that, rather than developing through the punitive and coercive measures of the court, the want for change was primarily developed through relation with others and acceptance of self, often prior to adjudication.

The second theme, “Do I deserve to be here?”, illustrates the complicated experience of deserving and uncovers the ways in which participants navigate both beliefs regarding the life they deserve as well as the experience of being found deserving by others. Within Nicole’s description of her drug court experience, which spanned nearly four years due to absconding early on, we hear an example of how living for others in her life (in this case her dogs) impacted her own beliefs of self-worth. Although Nicole describes being surprised at being given the opportunity of a second chance by her judge, once again, the findings within this theme suggest that it was the relationship of acceptance with self and others—rather than the court—that most impacted her sustained abstinence from drugs and alcohol.

The stories shared in Chapter Four, then, suggest that although the State requires surface-level acceptance—"I did bad, I have a problem"—in order to be viewed as compliant, this acceptance does not explain nor capture the actual experience shared by participants. While the State positions itself as the decider of want and recognizer of deserving, it is the personal experience of wanting and deserving, navigated and validated within self and community, that most contributes to restorative change. The restorative justice and community accountability movement of the last two decades echo this finding by recognizing that within re-entry populations, community is both a barrier and a resource (Bazemore & Stinchcomb, 2004) just as State requirements were both a barrier and a resource for my participants. Most importantly, the restorative justice movement is grounded in the belief that meaningful change for offenders, as well as healing and justice for victims, can only occur within relational systems, rather than punitive systems (Van Ness & Strong, 2014).

Chapter Five Findings

In the second findings chapter, Changing Stages, the experience of belonging was uncovered and explored through the themes of "I don't belong here" and "they don't belong here." The findings in this chapter address the fundamental discrepancy between mandated counseling models and prevailing behavioral change theory: that readiness is a requirement of meaningful and sustained change, yet those within mandated treatment have been deemed ready by the State, rather than themselves. The stories shared are contextualized by the Stages of Change Model (Prochaska & DiClemente, 1983) in acknowledgement of the hierarchical and paternalistic culture of the court and its proclivity for viewing participants through a binary lens of readiness or resistance, rather than a holistic view of lived experience. In other words, the Stages of Change model is not applied to the study findings as a framework in order to aid in

analysis, but rather included to critique the ways in which this commonly used model falls short in capturing the complicated process of change described by study participants.

The findings in this chapter illustrate the difficulty of being assigned a label by the court which is not endorsed by those under its supervision, as well as the significant impact peer attitudes have on the mandated treatment experience. Within the first theme, “I don’t belong here,” the stories presented illustrate the prevalence of feelings related to not belonging, specifically in the context of a mismatch between perceived and actual severity of addiction. For Mark, Max, and Brandon, much of mandated treatment was viewed as a set of boxes to check or hoops to be jumped through. Because they did not endorse the symptomology or typical hardships of severe addiction, these participants struggled with feelings of confusion, frustration, self-doubt, and resentment. The stories shared here not only challenge the supposition that all who are convicted of a substance-related crime have a problematic relationship with drugs or alcohol, (supported by the quantitative findings of DeMatteo, Marlowe, Festinger, & Arabia, 2009). but further suggest that the conversation we could be having as mandated treatment providers is not one of *readiness*, but of *willingness*.

The second theme “they don’t belong here” builds upon this finding by uncovering the ways in which participants are impacted and influenced by the attitudes of their mandated treatment peers. By focusing primarily on the experience of “sobriety group,” the narratives within this theme serve to demonstrate the wide spectrum of engagement and commitment that participants encounter through their interactions with other mandated treatment participants. Ultimately, it becomes clear through these stories that there is often a high level of mistrust within court-curated peer groups, while community-based groups such as Narcotics Anonymous (NA) or Alcoholics Anonymous (AA) are seemingly more conducive to a sense of belonging or

social support. In addition, the theme of “they don't belong here” builds upon and further supports the finding that the court is perceived by participants as detached from the lived experience and reality of those it controls. By requiring individuals to embrace the label of “addict” and endorse the rhetoric of addiction as a chronic condition, the court creates an atmosphere that many find difficult to reconcile with their own reality. This “one size fits all” approach was lamented by nearly all participants in this present study, and echoed by participants in much of the related qualitative research (Gallagher, 2013; Gallagher & Nordberg, 2017; Francis & Able, 2014).

Consequently, the stories shared in Chapter Five indicate that *belonging* has a significant impact on the mandated treatment experience, whether it be in the context of self or others. The Stages of Change model utilized by so many mandated treatment programs, then, does not and cannot adequately frame the process of mandated treatment, as the concept of readiness is nonexistent due to the fundamental coercive nature of required interventions. Furthermore, by viewing participants through this narrow lens, participants are often unjustly considered to be “resistant,” “unwilling,” and “in denial” by the court.

Assessing Readiness and Compliance: Tell Them What They Want to Hear

Although it may not be traditional to include study “data” within a broader discussion of findings, participant narratives continue to be incorporated throughout for two reasons. First, it is necessary to include these perspectives in order to fully ground and connect the following discussion, implications and recommendations. Secondly, I believe it is imperative that the voices of those being served are included and incorporated within all facets of this work. The act of centering lived experience is undermined if and when analysis and discussion of study findings are related only in the voice of *researcher* or *practitioner*.

Finally, across all participant stories, some element of withholding true feelings from those in power, (whether it was the court as a whole—or individual actors such as probation officers, counselors, or the judge) was expressed during the interview process. Conceptualized as the “tell them what they want to hear” discourse, this experience is expressed by Zach as a critique of the one-size-fits-all approach:

Like yeah, the court’s on your ass for doing all this stuff because this is regulated for probation. This is what you gotta do, but that’s all it is for them. It’s just a checkmark to see if you’re doing it. It’s not really to check *how* you’re doing. That’s pretty much, that’s a lot of responsibility for the individual to take. If they’re younger, immature, you know, if there’s resentment, if there’s still... I could blow smoke up people’s ass and tell *them what they wanna hear until I’m done, and then I’m back to square one again.*

For Zach, paying lip service to the court is concerning not only its implication that the behavioral change expected will not be sustained, but also an example of how being treated as a number rather than a unique individual creates disconnect and disappointment within the court created relationships.

To me, that’s kind of disappointing, to tell you the truth, because a lot of people who are actually looking for the help that they wanta get, they’re not gonna get it from it’s like because you’re not getting that, I guess that support from them [judges, probation officer’s attorneys]. It’s either from the workload or the caseload that they have. You’re just another number to get through your stuff.

He goes on to explain that due to the “check-in” nature of court proceedings, the court misses an opportunity to understand *how* someone is progressing, rather than simply *what* they have completed:

You know, I know the judge said in the beginning, he’s just like, well, you obviously understand what you have. It’s a hard thing to deal with but at that point, I really don’t know their true input because with the PO [probation officer] and everything, it’s just like, okay, are you attending your classes? Are you seeing your counselor? Are you doing your drops? That’s basically the gist of it. It’s not really, hey, how are you doing? Basically, just saying, okay, check this box.

Check this box, check this box. There you go. You know, the counselors can do it so far but it’s that individual’s thing. That’s where that lack is because people can say, court doesn’t really give a shit about me. I can tell them what they wanta hear it. I can do it exactly to the T, like instructions and once I’m off it, that’s it. There is that lack. *I think if the court system was a little bit more in tune with what’s right for the individual, then I think they could get a lot more progress out of it.*

Here, Zach connects the perceived lack of care from court employees as a direct contribution to decreased buy-in, resulting in the “tell them what they want to hear” phenomena. Unsurprisingly, when participants feel they are viewed as just another offender, rather than a person, they will be far less likely to share their experiences fully and honestly. Consequently, the capacity for meaningful and sustained change within mandated treatment is limited by the State’s disinterest in how that change occurs.

Through Zach’s analysis of the mandated treatment system, we see that when viewed in terms of outcome, the demeanor of a person with motivation to change, commitment to treatment

and program buy-in may also be performed in a similar attitude by someone on the opposite end of the spectrum, who views the program as a burden and merely something to be endured. From the court perspective, the individual is “compliant” and therefore a successful participant. However, their *experience of change*, of wanting, deserving, and belonging, may be vastly different. Furthermore, in a quantitative analysis of drug court, both individuals would be categorized as a “successful outcome.” This example encapsulates the fundamental claim central to this study: By analyzing mandated treatment solely in terms of outcome, we miss an opportunity to fully understand change. When we do not include the experience of change but only the end result, we perpetuate the continuation of a one size fits all approach by valuing the concept of *State defined success* over a person’s lived experience of success.

As previously discussed, in the field of substance abuse measures such as motivation, recidivism, treatment completion, and self-efficacy are utilized to demonstrate the *effectiveness* of court-mandated counseling, rather than the *experience* of court-mandated counseling. Specifically, the three fundamental clinical concepts of coercion, therapeutic alliance, and motivation are consistently associated with mandated counseling (Wolfe et al., 2013). In contrast, this study explores the *experience of coercion* (wanting), the *experience of therapeutic alliance* (deserving), and the *experience of motivation* (belonging), placing these findings firmly within the realm of qualitative work conducted by researchers from various allied fields.

Of note, peer reviewed qualitative studies surrounding the drug court lived experience are rarely, if ever, found within counselor education or rehabilitation counseling education journals. During this dissertation process, I was unable to find a single study related to drug court experience published by a counselor education or rehabilitation counselor education specific journal. Instead, it is primarily researchers from the fields of criminal justice (Galagher &

Nordberg, 2016; Witkin & Hays, 2019;), addictions (Crunkilton & Robinson, 2008), public health (Francis & Able, 2013), and law (Baker, 2013; Lyons, 2013) that contribute to the conversation surrounding drug court implementation and evaluation. While the fields of social work, psychology and addictions are counselor related, there remains a research gap within our field. Furthermore, within those fields, studies related to the drug court *experience* as viewed by participants are incredibly rare. While no relevant studies, to my knowledge, specifically discuss the themes of wanting, deserving, or belonging, those studies which center participant experience do reflect similar experiential findings in terms of how participants engage in both the processes and relationships of mandated treatment. In the following section, I will situate the current study within relevant research in terms of where my findings resonate and contrast with similar studies, as well as how they may ultimately extend the conversation surrounding the mandated treatment experience. However, it can be difficult to situate these findings within the context of my own research questions, as the analysis in these studies continues to utilize a “what works” approach rather than exploring the experience of the efficacy journey. As such, I will not use the *findings* of other researchers to support my claims, but instead I connect the experiences of participants shared within these studies to those of my participants, in order to demonstrate the relevance and connection of the themes uncovered in the present study. Because the purpose of phenomenology is to understand experientially rather than generalize experiences, a discussion of findings cannot simply be organized as an argument for study validity as it relates to the findings of other researchers. Instead, it must be framed as a discussion of related experiences within similar phenomena being examined.

Common Threads Within Related Work

Francis and Able (2014), conducted a qualitative investigation of therapeutic outcomes for *non-completing* drug court clients. Although the aim of the study was to draw attention to the fact that “failure to measure possible benefits received by unsuccessful clients may result in the underestimation of the efficacy of the drug court program” (Francis & Able, 2014, p. 327) these findings are helpful in contextualizing the current study as it provided examples of what participants found *meaningful* rather than only what they found helpful. The themes extracted by Francis and Able were *relationships*, *substance use*, *employment/education*, *cost/consequences*, and *overall benefits*, which describe the elements of drug court that participants found most impactful, regardless of program completion.

Within this study, stories related to *relationships* suggest that like the participants in my study, the impact of other’s maturity and behavior was significant to the individual’s own experience. “It was like, if these guys can be positive without drugs, well I know I can be a pretty positive dude on drugs, so I said let me just try it vice versa.” Conversely, another participant reported, “[T]here were a lot of young people there (in drug court) and they didn’t take it seriously ...I wanted to take it seriously,” (Francis & Abel, 2014, p. 327). Here, we can see that regardless of the attitude expressed, the behavior of peers contributed to the individual's own experience of treatment and belonging. Another participant from this study shared, “I saw other people who could stay clean and that was helpful because it made me feel like I could stay clean too” (Francis & Able, 2014, p. 334). Whether these peer relationships manifest as *wanting* (I want what they have) or *they don’t belong here* (they don’t take it seriously), Francis and Abel’s participant experiences support the relevance of current findings that peer interactions within mandated treatment have the potential to shape the individual experience.

Fischer, Geiger and Hughes (2007) also provide participant stories that relate to wanting, deserving and belonging, and within an appreciative inquiry conducted with 11 female drug court participants, the experiences of readiness and willingness were also present. Importantly, the concept of acceptance as a requirement of change expressed by my participants is mirrored. “Drug court is a big motivator and a big help, but you have to be ready, from in here [showing her chest]. Not just from your heart but your head too. You must really want to change from the inside. You must be ready to grow up,” (Fischer et al., 2007, p. 713). These findings further underline the claim that the mandated, or coercive element of drug court treatment, is fairly insignificant in terms of one's personal journey to recovery. An assumption that mandated clients are somehow primed to resist treatment which therefore contribute to poor outcomes has been challenged by researchers such as Pendergast et al. who studied coercion in over 700 non-violent offenders placed within the legal system as part of a substance use diversion court and found that, overall, the participants felt that the choice they had exercised within treatment was greater than what they had felt coerced to do (Pendergast et al., 2009). Beyond the element of outcomes, participants in the Fischer et al. study demonstrate the ways in which personal willingness to change was necessary in order to make the experience of change meaningful. However, even though my participants shared the ways in which wanting change often occurred prior to arrest, the experience of treatment remained heavily impacted by the presence of State power. Perhaps, then, it is less about coercion, and more about the prescriptive nature of the court which forces a narrow definition of identity, that ultimately had the most significance on participant experience.

Relatedly, a 2016 study conducted by Liang, Long, and Knottnerus used qualitative methodology to evaluate 229 letters written by drug court participants to the administration office. The purpose of this study was to examine intended and unintended outcomes of the drug

court experience; reported findings state that in addition to the administrative goals of abstinence, compliance and coping skills acquisition, participants reported additional benefits and achievements related to developing new potential, better decision making, and improved self-control. Once again, although the purpose of this study was to evaluate outcomes, the stories shared within also speak to the experiences of change as it relates to wanting, deserving, and belonging.

One participant states “I had a real hard time in phase one, I thought that I could get by without really changing anything, but that wasn’t at all true. You have to be 100% willing.” Another adds “In the beginning when I started this program, it was just to get out trouble, thinking it would be simple and a year would go by fast and then when it was over, things would go back to the way they were before...through trial and error I finally figured out unless I surrender that I would never make it through this program.” (Liang et. al., 2016 p. 282). Here, willingness is both overtly expressed (100% willing) and suggested (surrender) as a necessary component of the mandated treatment experience. Thus, we see through related research that while it remains necessary to study drug courts in terms of “successful” outcomes, it is just as necessary to ask research questions that address the experience of how these outcomes are achieved in order to include and appreciate the lived experience of those involved.

Intersectional Lens

Finally, the most universal experience within related research is that of frustration with a “one size fits all” approach. This approach can result in myriad problematic outcomes including lack of honest communication with peer/counselors/court actors, disappointment with treatment services, lack of motivation, confusion regarding expectations, feelings of not belonging, and lack of trust. As discussed previously, this study was not conducted with a specific theoretical

lens in mind. However, in order to connect to implications stated in the following chapter, discussion of the mandated treatment experience as it relates to intersectional theory (Crenshaw, 1991) is both relevant and necessary. Although through review of related literature I expected to hear the ways in which identity demographics, specifically race and gender, impacted the experience of mandated treatment, this was not the case. Of the seven participants in my study, five were white, and five were male. Therefore, and in recognition that white males face the least disparities in the American criminal justice system in terms of race and gender, it may be that these aspects of their identity were not felt to be particularly important by the majority of the study participants.

However, disability and mental health status were both mentioned as factors that impacted the mandated experience. Most notably from Max and Tim, who were both refused cannabis as a treatment option for mental health and pain issues, respectively. For Max the inability to use cannabis to address his mental health, in a State where all use is legal, left him confused and frustrated and arguably contributed to his continued drinking and subsequent violations. In addition, the decree significantly impacted his experience of belonging, as he questioned whether cannabis use as form of mental health treatment excluded him from the State required life of “recovery.” In addition, while mental health is recognized as an important aspect within the drug court model, endorsement of tools beyond therapy and traditional pharmacological treatment (SSRI’s, SSNI’s) to address mental health needs remains rare. Both Brandon and Max were adjudicated due to a second DUI, yet Brandon was granted use of cannabis to address his anxiety if he acquired a Medical Marijuana card. He ultimately chose not to exercise this option as he remained concerned about testing and the perception of not being “sober.” This discrepancy may be due to his status of being on probation rather than enrolled in

drug court, or it may have more to do with his particular judge's stance on the matter, or the fact that Brandon is white and Max is Black. Neither participant pointed to race as factor in their ability to use cannabis while under community supervision, but it is difficult to ignore this fact completely knowing the extreme disparities in arrest and imprisonment for cannabis between BIPOC and the rest of the population in the United States (Ramchand, Pacula, & Iguchi, 2006). Regardless, both objectively and subjectively, Max and Brandon's identities as individuals with mental health concerns unequivocally impacted their mandated treatment experience.

Tim, who also identifies as Black and was also on probation, had been using cannabis and topical cannabis derivatives (CBD oil) to manage his back and neck pain for years. Tim was not granted leave to use cannabis for pain relief, and he ultimately discontinued use of both. Although the CBD was not forbidden, the fear of incorrect testing or impure products was too overwhelming. CBD topicals are common in pain management and in theory, should not contain any THC (the psychoactive element of cannabis). However, due to a lack of federal and state regulations, there remains a possibility that trace amounts of THC may be contained in a CBD product. For Tim, his court determined status of "addict" superseded his own lived experience of disability status and chronic pain. However, if Tim had been prescribed opiates by a licensed physician, these would be allowed within his probation requirements. Consequently, as we saw in chapter five within the experience of belonging, for the participants in my study it was the *unwanted* identities placed upon them by the State, that of "addict" that appears to have most significantly impacted their experiences in the context of identity demographics.

Whether it be in terms of addiction severity, mental health comorbidity, relationship status, trauma history, parenthood, gender, or race, participant stories found within multiple peer

reviewed articles speak to the concern that a lack of recognition of identity demographics contributes to mandated treatment participants feeling unseen and misunderstood.

In America, it is an unquestionable reality that Black citizens experience a significantly higher rate of arrest and incarceration as compared to other racial identities (Alexander, 2008; Tonry, 2011). In addition, racial disparities within drug court outcomes have been examined, suggesting that white drug court participants are more likely than Hispanic and Black participants to have successful outcomes related to graduation and recidivism (Gallagher, 2014). However, the reasons for this remain largely unexplored through an experiential lens. In John Gallagher's (2014) study "African American Participant Views on Racial Disparities in Drug Court Outcomes," he provided multiple examples of the ways in which Black participants feel their experiences differentiate from their white counterparts. One participant shared, "I wish the program saw participants as individuals and did not lump everyone's background together....the case managers need more discretion...to develop case plans more specific to the client" (Gallagher, 2013, p. 151). Another pointed out, "In my culture, you don't talk about your personal problems in public" (Gallagher, 2013, p. 154). And, finally, relatedly: "I don't talk at all at meetings. My secrets are my secrets. We are guarded with our feelings. We don't talk about things like family members dying or getting high around people you don't know, it's not cool" (Gallagher, 2013, p. 154). These stories importantly speak to the inability of the State and practitioners alike to fully recognize the complexity of intersectional identities. Furthermore, another participant explains that due to the lack of representation, he feels called to act as mentor to other Black participants:

When I walk into the court, all I see is White people and a few Hispanics. I like to see other Black people. Black people like to see other Black people. I sometimes

talk with the other Black guys who are always on sanctions and I told them to stop making excuses, do the fucking program. We like being and hearing from other Black people; have me be a mentor for the other Black kids. I know their culture, I know where they are from, I've been there....I understand, I know their language. I've been there and I understand what they're saying. (Gallagher, 2014, p. 155)

Just as participants in the current study experienced complex feelings of belonging, here too, individuals in the mandated environment struggle to find themselves reflected and understood within the broader community of drug court. Because the State could not or would not incorporate cultural understanding and support, this participant felt called to provide this service himself. This desire expressed not for his own growth, but for those of his peers, is another example of the ways in which relationships with others significantly mold the mandated treatment experience.

Gallagher also found that some Black participants felt they were laughed at or ridiculed during court hearings, an experience they did not witness when their white peers went before the judge:

It's like because I'm the Black kid I am supposed to be in trouble. When I go in front of the judge, the people, even staff, laugh. I am standing there pissed off because I am trying to to change but I get no support from the people that are supposed to help me. *I don't feel part of the program when they laugh.*

Another shares:

They take everyone else's problems serious but they laugh when I go up there (on sanctions). I get defensive when they laugh; it's hard to say what you want to

say...when we go up there, when Black people go up to see the judge, they seem to laugh...I feel like we don't get that respect. The case manager doesn't stick up for us. (Gallagher, 2013, p. 156)

Although the study was conducted to uncover disparities in outcome as they relate to processes, what emerged was an experience of cultural insensitivity suggesting that disparate outcomes may also be related to relationships and perceived support within the drug court, a finding Gallagher frames as “the most unexpected topic to emerge” (Gallagher, 2014, p. 157). As we can see, the participants in this drug court experienced both processes (groups, sanction hearings) *and* relationships (peer disclosure, case manager support) differently as a result of their racial identity. While these experiences are indeed subjective, they are meaningful examples of the ways in which phenomenological inquiry provides space to more deeply understand the experience of mandated treatment through the lens of intersectional identity.

In 2017, a similar study designed to uncover gender differences within the drug court experience was conducted by Gallagher and Anne Nordberg, another leading researcher in the qualitative study of mandated treatment. The women interviewed revealed that while they found the drug court team to be compassionate and empathic, the majority of them reported histories of trauma and felt that mandated services could be more helpful by including trauma-specific interventions and resources:

I told my counselor when he met with me for the first time that I was in an abusive relationship. I have been in it for many years and my counselor said we will talk about it in counseling but we haven't yet and I've been seeing him for [two] months. All we talk about is not using drugs anymore. I stopped getting

high but I swear the abuse has gotten worse since I stopped...I don't think I will ever maintain my recovery until my counselor helps me get through this abuse. Another shares, "I think drug court could help me by sending us to treatment that teaches me how to avoid unhealthy relationships and get rid of this pain I feel" (Gallagher & Nordberg, 2017, p. 336). In addition, many women spoke of the ways in which being a single parent significantly impacted their drug court experience, and also found that many participants discussed being victims of trauma. These women felt that the drug court was not adequately supporting them in both of these areas (Gallagher & Nordberg, 2017).

The rise in female, particularly Black female, arrests due to substance abuse is well documented (Harmon & Boppre, 2018), as is the comorbidity of trauma history within female prison populations, with some estimates as high as 90% (Miller & Najavits, 2012). However, studies examining the effect this has within mandated treatment remain sparse, yet we see in these findings that the intersection of identities, represented here as *female, parent, substance user, trauma survivor, and under State supervision*, significantly affected the ways in which mandated treatment was experienced. Furthermore, through both examples presented examining the experience of race and gender, we see the ways in which the experiences of *wanting, deserving, and belonging* remain prevalent within the data of other researchers, whether it be confusion regarding *belonging* as a result of feeling ridiculed for their racial identity, or the belief that women with abusive histories are *deserving* of trauma-informed treatment in order to fully address substance use.

It is worth noting that while some participants, such as Nicole, also experienced deserving through her relationship with the judge, the absence of experience rooted in

relationships with probation officers, counselors, and court actors was apparent. I expected that the mandated experience would be heavily impacted by these relationships, yet this is not particularly supported by the stories related here. Perhaps due to the nature of the research question, perhaps because by being provided a space to candidly tell their own stories, these relationships did not feel formative to their overall experience.

However, within the Gallagher (Gallagher, 2013) Fischer (Fischer et al., 2007) and Nordberg (Gallagher & Nordberg, 2017) studies, the impact of relationships with court actors were prevalent. This leads me to believe that studies which focus on identity, such as theirs, may be better able capture and uncover the ways these relationships are experienced due to the opportunity for people to connect relationships to specific identity demographics.

Although Brandon extolled the virtues of his public defender, no other participants specifically spoke to the ways in which their story was positively or negatively impacted by court actors, beyond generalized statements such as “if you follow the rules they leave you alone.” Indeed, as we heard in the stories related to belonging, much of the participants experiences were impacted by the experience of group intervention, yet it was their peers, rather than group facilitators that created the most meaning. Instead, it appears that the idea or conceptualization of the State and its power encapsulated these peripheral relationships and were therefore not explicitly addressed.

Conclusion

By situating the findings of my study within a discussion of related research, the relationship between experience and efficacy can be best understood, underscoring the fact that the path to the “successful outcome” required by the State is comprised of complex and diverse experiences. Therefore, when research questions focus solely on efficacy rather than experience,

these findings may be missed or underrepresented, resulting in a fundamental discrepancy between the treatment being delivered and the humanistic, person-first goal of evidence-based that asks: **what** works best, **for whom**, **when**, and in **what context** (Nielson & Miraglia, 2017).

Chapter 7: Beyond the “Black Box”: Implications and Recommendations for Future Research, Education, and Practice

The purpose of my study was to uncover the experience of participating in mandated treatment specific to substance use by using a convenience sample of mandated-treatment participants and conducting a phenomenological inquiry of lived experience. Through subsequent presentation and discussion of the study findings, it becomes clear that while the State may leverage its power through processes designed to increase abstinence and promote long-term sobriety, it is the relationship with self and community that had the most moderating effect on substance use. It would appear, then, that the paternalistic attitude of the State within drug court which labels those under its control “addict” and forces an acknowledgement of substance use as the sole harbinger of harm, serves to shape rather than create the recovery journey. As a result, the State may fall short in its efforts to bring about willingness, a requirement of meaningful change expressed by multiple participants and reflected in related literature. By exploring the mandated treatment experience as a triad between counselor, client, and State, I was able to bring forward the experience of change not just as a decisional binary predicated on risk and reward, or a static progression through five temporal steps. Instead, what emerged is a complex process of change where relationships with self and others are lived through, and shaped by, the feelings of wanting, deserving, and belonging.

Furthermore, by designing my study to capture experience rather than best practices, the stories shared offer important insights into the lifeworld of mandated treatment participants. Would we have heard about the ways in which Nicole’s dogs helped to create a life worth living if I had simply asked her “what do you like best about drug court?” Would we have heard about Max’s struggle with anxiety and the ways in which social isolation contributed to his charge if I

had only wanted to know whether he found group or individual sessions most helpful? Would we have missed Zach's revelation that he is not becoming a new person, but rather returning to his past self, if I had only sought to understand whether mandatory drug tests kept him sober?

Although many outcome-based qualitative studies capture important and relevant experiences that serve to inform practice and education, the rich experiential findings presented here also connect to implications and recommendations for best practice in the context of research, practice, and education in our field.

Study Limitations

Although quantitative study limitations address issues of generalizability and sample analysis, within a phenomenological study of this kind, these limitations are not applicable. However, it is important to recognize the ways in which participant self-selection, background, and engagement may have affected this study.

First, it is important to recognize that regardless of my best efforts, due to the scale and phenomenological sampling design of this study, it was not possible for me to ensure an equal distribution of identity demographics during the recruitment process. Therefore, it is possible that participation was influenced by self-selection, resulting in a more homogenous sample. For example, as previously discussed, the historical injustices that marginalized communities, specifically Black males, have experienced within the criminal justice system, may have influenced who felt comfortable speaking with me, as well as what they shared once engaged in the interview process. Although the seven participants reflected an array of identity demographics related to age, race, employment and disability status, the study did not include any women of color, which is not representative of the community program population. While the study participants included individuals who identified as Black men, as a white woman in a

position of systemic power, I recognize that certain individuals may have had difficulty trusting not only my intentions, but also the lens of lived experience through which I may collect, analyze and disseminate the study findings. This is possible not only due to identity demographics such as race and gender, but also the power dynamics in play. Although during both recruitment and interviews I repeatedly articulated and demonstrated the ways in which participant information would remain confidential, it is absolutely possible, if not probable, that some individuals chose not to participate due to mistrust in my ability to ensure their anonymity and/or distrust in my ability to see and understand them fully due to their own lived experiences and my positionality. Therefore, self-selection within this study should be recognized as an important study limitation.

Secondly, multiple coders or triangulation of coding was not possible due to the scope of this study, but future studies within this area of research may benefit from a team-based or collaborative coding approach. In addition, incorporating triangulation practices, such as recruiting participants from similar community-based agencies, could be helpful in order to increase the inclusion of lived experience, and increase the opportunity for participant diversity.

Implications for Research

Because I approached this research through the lens of experience rather than identity, the current study findings were not specifically analyzed through an intersectional lens, yet the relevance of this lens is made clear through discussion of current and related findings.

Subsequently, this study should be treated as an initial endeavor to uncover experience, which can then be utilized to explore more identity-specific questions in future work. It remains clear that the importance of including intersectional theory in the formation and implementation of qualitative research questions when exploring mandated-treatment experiences cannot be underestimated in order to address the “one size fits all” problem of mandated treatment

consistently expressed by so many. Furthermore, research oriented towards the exploration of identity demographics and how these may affect lived experience has the power to increase interventions, programming, support and resources for under-served and marginalized populations who most often suffer the effects of the “one size fits all” approach.

In addition, the application of an ecological lens may be helpful to explore the ways in which mandated treatment is experienced within and between the micro-, macro-, meso, exo- and chrono- systems identified by Bronfenbrenner’s ecological systems theory. Within the narrative shared, many participants referred to the impact that family, work, and organizational factors had on their experience. Research that explores experience specifically through these systems may help to provide further context and perspective as it relates to interventions as well as program design. For example, transportation and employment are consistently included in drug court experience research and have been identified as contributing to poor outcomes, yet to my knowledge, few studies that apply an ecological framework in order to best understand the severity of this impact and how it may be mitigated exist.

Perhaps the research related to drug courts efficacy across the country remains unclear, not just because of an inability to conduct large generalizable studies, but because the research questions so often remain within the narrow scope of “successful outcomes.” Although as researchers we can operationalize affliction, use the findings of population studies to develop “evidence-based” practice delivered by practitioners, it too often remains the case that the needs of those served remain categorized by crime or type of offense rather than a response to lived experience.

Implications for Practice

It is my belief that within State-sanctioned substance use interventions, current societies' internalized capitalism of "trickle down economics" has endorsed a system of "trickle down autonomy." This has often resulted in a hierarchical and pedantic dissemination of treatment that leaves those affected most by State power with the least autonomy and opportunity to intentionally advocate for themselves. Whether this claim can be substantiated or not, the fact that participants of mandated treatment are rarely able to adequately advocate for themselves cannot be disputed, due to the power dynamics inherent to the criminal justice system. Therefore, just as research should continue to work towards centering the voices of those served, therapeutic practice must acknowledge the historical truth that, to this day, much of the prevailing psychological research, education, and practice remains founded in the theories and prescriptions of an extremely narrow representation of the world's population---cisgendered, heterosexual white men. The belief in, and work toward, "evidence-based practice" has been shaped by this history, resulting in a lack of representation that implements research recommendations formulated by studies which rarely include lived experience as a valued perspective.

Mandated clients are so often treated as they perceived, rather than as they are. For example, the Stages of Change Model may be helpful in many settings, but it cannot accurately contextualize or explain change in mandated settings because it does not account for the fact that change may not be desired. Beyond this inability, the use of this model may actively create harm in the mandated setting by levying sanctions and judgments on those who do not appear to be moving within these stages at an appropriate pace. Based on my own experience, I cannot overemphasize the prevalence of clients within this environment who struggle in mandated treatment, not because of difficulty with abstinence, but as result of clinical and probation staff

that label them “resistant” or “not fully engaged.” As an individual counselor, I experience the complexness of their stories first hand, yet it should not be my privilege alone to understand them as whole beings, nor my sole responsibility to advocate for their needs. But this is exactly what happens when I am seen as the expert due to my educational and employment status, rather than those individuals being seen as the expert in their own lives. I have shifted the course of someone’s life, in both small and significant ways, only after I put in writing a truth they have been insisting upon all along. In my view, the only way to address this significant issue is by shifting to a treatment model which recognizes a person’s right to define themselves, rather than be defined by the State, yet this seems fundamentally impossible in a country that criminalizes drug use.

However, we can start by including the voices of those served not only after the fact in the context of research, but during and within their treatment programs. In 2008, scholars from the field of social work published a qualitative paper describing an evaluation tool designed to provide real time feedback regarding the drug court experience (Crunkilton & Robinson, 2008). The internet-based program, referred to as Journey Mapping, operated as a space in which clients could track their own progress, as well as communicate concerns and needs to the drug court staff and treatment providers. Through individual interviews and coding analysis of submitted feedback, this study found that by including participant voices during the program a) clients reported use of Journey Mapping initiated behavioral change, promoted cognitive change tracked personal treatment progress, and created an opportunity for program feedback to reach staff and b) Journey Mapping enhanced the client’s treatment progress, uncovered relevant program data, and provided individual clients with their own tangible achievement data (Crunkilton and Robinson, 2008). This type of real time, person first program evaluation has the potential to not

only significantly improve the operation and efficacy of the given drug court program, but also includes client centered experience as opposed to mere outcome based data designed to address one dimensional constructs such as relapse or recidivism.

In addition, a prevalent conversation in both criminal justice and substance-use circles is that of *harm reduction* as opposed to *abstinence*. What are the implications of a drug court model that supports a decrease in use--rather than abrupt cessation of all substances? As we heard from both the participants in my study as well as participants in related studies is that not all individuals who have been charged with a substance-related crime endorse the symptomatology of a Substance Use Disorder. Most commonly, this occurs in charges related to Driving Under the Influence, where these accused categorize the charge as a poor choice rather than a sign of severe addiction. The cost, both in terms of money as well as time, to supervise these individuals through individual, group, and continued-care services lasting months could perhaps be best used elsewhere to address those who endorse severe addiction symptomatology. Specifically, in the context of cannabis, it seems clear that many mandated-treatment participants struggle unnecessarily with abstaining from a plant that serves a medical and therapeutic purpose in order to remain compliant with the State's definition of sobriety.

Furthermore, knowing that many choose drug court as an alternative to jail, regardless of their addiction status, a legislative effort to reduce the severity of jail and prison sentences for substance-use offenders could drastically change the makeup of drug court--and increase the willingness factor--in this way resulting in better outcomes. What if a person were offered community-service hours specific to substance-use prevention and education, able to be completed within a schedule that recognizes employment and family obligations, rather than six months in jail or 18 months of mandated treatment? A "social debt" could then be paid, in

acknowledgement of perceived social harm caused, without placing people under strict State control and disrupting their pursuit of happiness. Unfortunately, until significant changes are made within the criminal justice system, clinical practice within the mandated environment will most likely continue to mirror the power dynamics and hierarchical structure of the court system, making it all the more imperative that clinicians are trained and encouraged to practice from a foundation of social justice praxis, and equity.

Implications for Education

The educational implications of this study are, in my view, the most important. As the recognition and prevalence of substance abuse and mental health comorbidity rises, counseling programs are increasingly focused on providing clinical training in this area. Whether as a stand-alone track or specific classes included within a larger disciplinary program, the need for training to best serve those with substance-use challenges has been recognized. However, the training and skills required for mandated treatment, which is extremely common within this community, is often overlooked.

As we necessarily move towards the decolonization of education and therapeutic practice, it remains imperative that we return to the humanistic roots of the evidence-based practice movement, which seeks to provide recommendations not based in generalizability, but in recognition of experience, identity, environment, need, and culture. For example, Maslow's Hierarchy of Needs model, commonly used within clinical practice, is rooted in an individualistic expression of culture which views self-actualization as the ultimate goal, rather than a collectivist expression of culture which instead ultimately values community connection and sustainability. For many indigenous communities then, the "needs" models is in opposition

to their cultural beliefs, yet counselors in training are still predominately taught to place clients within this model in order to deliver “evidence-based practice.”

Just as counselor educators are encouraged to move away from a “groups” approach to teaching multiculturalism (Pebdani, 2019), so must we as clinicians also move away from a groups approach to community supervision and mandated treatment. Only by continuing to conduct research that humanizes and expands our understanding of those we serve will we be able to translate those offerings into meaningful education tools that will not only better prepare clinicians but also increase the likelihood of ethical and person-first care.

Conclusion

Lastly, just as I made no attempt to bracket myself out of the study design, I do not attempt to bracket myself out of the study discussion, implications, and recommendations. Although this study was not conducted as an ethnographic field/case study, prior to its formation and implementation, I spent approximately two years working as a counselor within a community-based substance specific mandated treatment program. Even though I only interviewed seven participants for this study, I have borne witness to the stories, experiences, triumphs, and sorrows of *so many individuals* who struggle with substance use challenges and the often-difficult and de-humanizing experience of State power and required interventions.

I am not an expert on this community, but rather stood *in community with* those who so graciously allowed me to share their journey. Although counseling attendance may be required in these settings, *engagement, vulnerability, honesty, and trust* are not. They are gifts bestowed and should be treated as such. I carry the privilege and responsibility of these gifts into every educational, clinical, and academic space I occupy. It is this understanding, experience, privilege,

and responsibility that fundamentally shaped the present study--and will continue to shape my future endeavors.

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APPENDICES

Appendix A: Interview Protocol

Main Question:

What is the lived experience for those participating in court-mandated counseling as a result of substance use?

- *What is the story of your mandated treatment experience?*
- *What do meaningful relationships within mandated treatment look like to you?*
- *What do you find motivating within the required treatment?*
- *What is difficult or easy about required counseling?*

Appendix B: Research Participant Information and Consent Form

Study Title: Processes and Relationships Within Mandated Counseling: A Phenomenological Study of Lived Experience

Researcher and Title: Connie Sung, Ph.D., CRC, LPC, Associate Professor Brenna Breshears MA, CRC, LPC, Doctoral Candidate

Department and Institution: Department of Counseling, Educational Psychology and Special Education, Michigan State University

Address and Contact Information: 460 Erickson Hall

East Lansing, MI 48824

Dr. Connie Sung | csung@msu.edu | (517) 353-1638

Ms. Brenna Breshears | bbreshears@msu.edu | (718) 864-0405

Dear Participant:

You are being asked to participate in a research project. Researchers are required to provide a consent form to inform you about the study, to convey that participation is voluntary, to explain risks and benefits of participation, and to empower you to make an informed decision. Feel free to ask the researchers any questions you may have.

Purpose of the Research. The purpose of this research study is to explore the ways that individuals experience court-mandated counseling. I am hoping that you can help with this project by sharing your experience with me in a one on one confidential setting so that I can gain a realistic understanding of what is like to participate in required individual and group counseling services at Cognitive Consultants as a result of your probation or sobriety court fulfillments.

What You Will Do. Data will be collected in an informal and conversational interview format via zoom. I am interested in how you experience individual and group counseling, so I will ask you about the relationships, barriers and benefits of those experiences. I will want to talk to you about what it is like to be required to participate in counseling services, and how that affects the way you feel about the program, yourself, and your recovery. The interview will last for approximately 1-1.5 hours and will be audio and video-recorded with your permission.

The interview will be audio and/or video recorded. Video recordings will not be shared with anyone beyond myself and will only occur so that I may go back and review our interaction to ensure I have captured your story accurately and fully. Audio recordings of our interviews will be sent to a third party for transcription, but will not include your name, contact information, or any other identifying information. I will always give you the chance to review and comment upon the interview transcripts to make sure your words were captured accurately. All identifiable information related to this project (i.e., interview notes, videos, and transcripts) will be retained for at least 3 years after the completion of the research, but will be stored on a secure and encrypted hard drive which will be kept in a safe place. The only persons who will have access to this data are researchers of this project and members of the MSU Human Research Protection Program (HRPP).

Potential Benefits. The information you provide will help future counselors, court officials, probation officers and administrators to understand what it is really like to participate in mandated counseling services and how the individuals we serve actually feel and think about the programs they are required to participate in.

Potential Risks. There may be times where I inadvertently ask you a question you find too personal, or uncomfortable. You never need answer a question or talk about a topic that you do not want to talk about.

Privacy and Confidentiality. The data for this project will be kept confidential. In any written texts I keep, I will use pseudonyms for all persons—including you—so that your actual name will never be used. Any information you share with me will be kept confidential to the maximum extent allowable by law, with three exceptions

- If you express a desire to harm yourself
- If you express a desire to harm others
- If you share information about a child being harmed

Please note that the interviewer (Brenna Breshears) is a licensed professional counselor and is employed by Cognitive Consultants. However, neither the program nor state law can require the interviewer to share what is learned during the interview unless what is shared meets the three criteria outlined above.

All identifiable information related to this project (i.e., interview notes, videos, and transcripts) will be retained for at least 3 years after the completion of the research, but will be stored on a secure and encrypted hard drive which will be kept in a safe place. The only persons who will have access to this data are researchers of this project and members of the MSU Human Research Protection Program (HRPP). The results of this study may be published or presented at professional meetings, but the identities of all research participants—yourself included—will remain confidential. ***I will always share with you any reports or papers before I make them public. I will allow you to comment, and I will not write anything about you that you do not approve of.*** The information collected as part of this research study, after all identifiers being removed from the identifiable information, may be used for future research studies without additional informed consent from the subject.

Your Rights to Participate, Say “No,” or Withdraw. Participation in this study is completely voluntary. You have the right to say “no” at the time of invitation, or any time thereafter. You may change your mind at any time and withdraw from the study. You may choose not to answer specific questions or to stop participating at any time. ***Choosing not to participate or withdrawing from this study will not make any difference in your relationship with Cognitive Consultants, or the court system. Whether you choose to participate or not will have no affect the services you have access to, or your progress within probation/sobriety court.***

Costs and Compensation for Being in the Study. There will be no cost associated with participating. **You will be compensated with a \$25 Visa gift card as a thank you for your time and effort.**

Contact Information for Questions and Concerns. If you have concerns or questions about this study, such as scientific issues, how to do any part of it, or to report an injury, please contact Brenna Breshears, at (718) 864- 0405 | bresheal@msu.edu, or Dr. Connie Sung at (517) 353-1638 | csung@msu.edu.

If you have questions or concerns about your role and rights as a research participant, would like to obtain information or offer input, or would like to register a complaint about this study, you may contact, anonymously if you wish, the Michigan State University's Human Research Protection Program (HRPP) at 517-355-2180, Fax 517-432-4503, or regular mail at 4000 Collins Rd, Suite 136, Lansing, MI 48910.

Documentation of Informed consent

Again, your participation is completely voluntary and confidential. To protect your privacy, we will not be recording any of your identities nor collecting your signature. By completing this interview, you are voluntarily agreeing to participate in this study. Before the interview, you will be asked to provide verbal consent for

a) my interview be recorded (choose one: audio / video / both).

b) I do not want my interview to be recorded but I **agree to let the researcher take notes**.

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