

How'd You Do It? Applying Structural Ritualization Theory to Drug Treatment Courts

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Abstract

A wealth of studies have been conducted on drug treatment courts (DTCs) over the past two decades. However, relatively few studies have employed qualitative research methods, and even fewer are grounded in social science theory. Using structural ritualization theory (SRT), this research provides a theoretical framework for understanding specifically how DTC programs effect change in the lives of participants and the influence of DTC organizational structure on this process using qualitative methods. Data for this study were collected from semi-structured interviews with 23 DTC graduates previously enrolled in either Kalamazoo or Van Buren County DTC, both of which are located in southwest Michigan. Findings reveal support for SRT as a useful approach identifying the mechanisms of change within the DTC program that contribute to participant success.

Keywords

drug treatment courts, structural ritualization theory, qualitative

Introduction

Qualitative Research on Drug Treatment Courts (DTCs)

To date, there has been very little qualitative research focusing on DTCs. Of the 15 studies conducted, the focus centers on four themes: (a) DTC participants' experiences in the program (Farole & Cissner, 2005; Fischer, Geiger, & Hughes, 2007; Fulkerson, Keena, & Longman, 2016; Fulkerson, Keena, & O'Brien, 2013; Moore, Barongi, & Rigg, 2016; Narag, Maxwell, & Lee, 2013; Patten, Messer, & Candela, 2015; Podkopacz, 2004; Roberts & Wolfer, 2011; Wolfer, 2006; Wolfer & Roberts, 2008), (b) DTC program structural features (Burns & Peyrot, 2003; Goldkamp, White, & Robinson, 2002; Lindquist, Krebs, & Lattimore, 2006), (c) systemic issues faced by female DTC participants (Moore et al., 2016), and (d) post-program success of DTC participants compared with randomized counterparts (Gottfredson, Kearly, Najaka, & Rocha, 2005).

The majority of qualitative studies examined DTC program participants' experiences utilizing in-depth interviews. More specifically, Fulkerson et al. (2013) compared DTC graduates with those unsuccessfully discharged, while Wolfer (2006) and Wolfer and Roberts (2006) conducted interviews with DTC graduates. Roberts and Wolfer (2011) interviewed female participants

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regarding program strengths and weaknesses. Moore et al. (2016) interviewed young adults regarding their experiences before and after participating in the DTC. Relatedly, Narag et al. (2013) conducted semi-structured interviews with participants in a driving under the influence (DUI)/driving while intoxicated (DWI) program to examine the specific processes by which the program affected their lives.

Two additional studies focused on why participants entered the program. Fulkerson and colleagues (2016) conducted interviews with active participants to understand what they hoped to gain by participating and what information they used to make enrollment decisions. Patten et al. (2015) conducted a similar line of inquiry with participants separated from the program for at least 1 year. In addition, three studies examined specific features of DTC programs. Interviews with participants in five DTC programs were conducted to investigate the role of sanctions and rewards (Lindquist et al., 2006). Burns and Peyrot (2003) utilized multiple methods, including observation of court sessions and interviews with attorneys and judges, to understand the interaction between judges and participants. Goldkamp et al. (2002) conducted focus groups with DTC participants over 2 years in three cities to test assumptions regarding the role of the courtroom, DTC judge, urine screens, sanctions (specifically jail), and treatment services. Morse, Silverstein, Thomas, Bedel, and Cerulli (2015) conducted two focus groups with female participants to explore systemic issues (e.g., racism, sexism, etc.) they faced and the degree to which these issues influenced overall levels of health and wellness. Finally, Gottfredson et al. (2005) interviewed individuals 3 years following their randomization into either the DTC or control group.

DTC and Theory

While the philosophical underpinnings of the DTC model rest on the concept of therapeutic jurisprudence (Hora, Schma, & Rosenthal, 1999), few studies have taken up the task of systematically integrating social science theory into investigations regarding DTC operations and outcomes. As noted by DeVall, Gregory, and Hartmann (2012), "This use of theory in empirical assessment of drug court clearly has the potential to provide insight into how drug court programs operate and can be highly suggestive as to why they elicit the results they do" (p. 324). To date, only eight studies (of which we are aware) have incorporated social science theories into their examination of DTCs (DeVall et al., 2012; Gilmore, Rodriguez, & Webb, 2005; Liang, Knottnerus, & Long, 2016; Marlowe, Festinger, Foltz, Lee, & Patapis, 2005; May, 2008; Meithe, Lu, & Reese, 2000; Narag et al., 2013; Wolfer & Roberts, 2008).¹ Reintegrative shaming has been used to explain DTC findings by several researchers (Meithe, Lu, & Reese, 2000; Narag et al., 2013; Wolfer & Roberts, 2008). In addition, Marlowe et al. (2005) and Narag et al. (2013) utilized deterrence theory to frame their discussions of their research findings. DeVall et al. (2012) and May (2008) asserted that social learning theory provides a theoretical grounding for understanding the mechanisms of change observed in DTCs. Containment theory was adopted by Wolfer and Roberts (2008), whereas Gilmore et al. (2005) used social bond theory to explain their findings. Most recently, Liang and Knottnerus et al. (2016) applied structural ritualization theory (SRT) to a drug/DWI court. In addition to aforementioned social science theories, the principles of restorative justice have been identified as key elements of the DTC model (Fulkerson, 2009; O'Hear, 2009).

Given the relative dearth of qualitative studies focusing on DTCs, several researchers have suggested that future research examine these programs using participants' voices (Liang, Long, & Knottnerus, 2016; Gallagher et al., 2015; Marinelli-Casey et al., 2008). In addition, the extant literature on DTCs is sorely lacking a theoretical foundation for understanding *why* and *how* DTCs produce their intended results. To this end, the present study has two aims. First, it seeks to fill a methodological gap in the literature on DTCs by conducting interviews *with* participants to better understand *their* experiences within the program. Second, it seeks to

provide a theoretical foundation for understanding *how* DTC programs effect change within the lives of participants using the model of SRT related to DTCs proposed by Liang and Knottnerus et al. (2016).

SRT

SRT, originally developed by Knottnerus (2005), is based on the notion that “. . . daily life is normally characterized by an array of personal and social rituals. Such rituals help create stability to social life while expressing various symbolic meanings that give significance to our actions” (p. 8). SRT focuses on how these rituals help us process meaning of the social world and connect macro- and microprocesses. Moreover, SRT is derived in such a way as to provide the opportunity for empirical observations of its most relevant features. The primary components of the theoretical model are twofold: an action repertoire and schema. The former refers to “. . . a set, the elements of which are socially standardized practices,” whereas the latter is “. . . depicted as cognitive frameworks or structures (or organizations) of conceptual representations” (Knottnerus, 2011, p. 19). An action repertoire (behavior) that is schema driven (cognitive) is referred to as a ritualized symbolic practice (RSP). RSPs are defined as “a form of social behavior in which people engage in regularized and repetitious actions which are grounded in the actors’ cognitive maps . . .” (Knottnerus, 1997, p. 260). Thus, SRT examines the role of RSPs within different types of groups and the influence of these practices on the social environment.

Given that we participate in many RSPs on a daily basis in varying social situations, the question is how do we decide which practice is of less or more importance? According to SRT, individuals rank their RSPs according to their dominance, and rank can vary depending on the social setting. More specifically, rank is based on four factors: salience, repetitiveness, homologousness, and the resources associated with the RSP. The salience of an RSP depends on the perceived centrality of the act in question, which may be influenced by symbolic meanings associated with the act as well as the prominence of the RSP. Repetitiveness is the regularity of the occurrence of the RSP, whereas homologousness relates to the level of similarity among various RSPs. In other words, RSPs that occur often in one’s social milieu and are closely related in meaning will be more influential and long-standing for the individual. Finally, rank is shaped by the human and non-human resources needed and available for RSPs to occur within the social context. Human resources include the features and characteristics of the participants in the group such as skills and knowledge. Non-human resources such as “. . . money, time, clothes, or uniforms, and physical items (e.g., furniture, buildings)” (Ulsperger & Knottnerus, 2011, p. 54) are viewed as necessary to the group for the execution of RSPs. Taken together, these four factors influence one’s ranking of RSPs, and subsequently, those RSPs viewed as dominant will be most influential in the development of symbolic meanings.

Researchers have augmented SRT with the examination of the impact and outcome of the disruption of RSPs, the focus of the current study. In other words, what happens when one’s ritualized practices are interrupted? As noted by Van de Poel-Knottnerus and Knottnerus (2011), “. . . when patterned, ritualized modes of behavior are severely disrupted, this is a very difficult and problematic situation for human beings” (p. 108). Thus, SRT examines the impact of the disruption (or interruption of RSPs) and the deritualization (or loss of RSPs) on individual and group behaviors. One response to this interruption is re-ritualization, which consists of “. . . the re-creation of RSPs following disruption and deritualization” (p. 109). These RSPs can be new practices or renewal of previous ones. For example, Van de Poel-Knottnerus and Knottnerus (2011) examined the RSPs of individuals interned in Nazi concentration camps to understand the role of disruption and re-ritualization. Their qualitative findings revealed the overwhelming importance of disrupted ritualized behaviors due to internment in the camps, which were recreated through re-ritualization.

As noted previously, the framework of the current study is Liang and Knottnerus et al. (2016) examination of SRT and problem-solving courts such as drug treatment and DWI courts. Liang and Knottnerus et al. (2016) argue that SRT can be utilized to “. . . better understand the mechanisms between the program and the clients” (p. 35). Specifically, the authors provide a theoretical framework for analyzing how DTCs function to disrupt participants’ previous RSPs and provide an avenue for reritualization both during program participation and after the program. For example, previous RSPs of drug court participants include drug and alcohol use; thus, the program’s goal is to disrupt these ritualized practices and replace these practices with new ones such as abstinence.

As part of their theoretical model, Liang and Knottnerus et al. (2016) discuss the ways in which DTCs operate to accomplish this task. Disrupting old rituals includes functions such as “the threat of imprisonment, sanctions and rewards, disassociation with old habits, friends, and environment and detoxification and medical rehabilitation.” DTCs aid reritualization through educating participants about their addiction and providing the tools needed to be successful. These include “. . . risk management, time management and setting priorities.” In addition, the authors maintain that the DTC must provide a support team for participants, as well as assist participants in changing their mentality and developing a positive attitude. Above all, however, Liang and Knottnerus et al. (2016) maintain that “. . . a structured life is arguably the most important foundation for clients’ new ritualized behavior” (p. 39).

The role of ranking RSPs is also examined by Liang and Knottnerus et al. (2016). Recall that SRT postulates that individuals will rank their RSPs based on salience, repetitiveness, homology, and resources. Applying these concepts, the authors hypothesize that one can assess the organizational structure of the DTCs, and thus the effectiveness. However, the authors do not specifically test the role of rank in their analyses but instead provide a framework for measuring the concepts. To this end, the current study seeks to extend this model through empirical qualitative analysis of the ranking of RSPs.

Study Setting

Two adult DTC programs within the State of Michigan served as the setting for this study. More specifically, Kalamazoo County established the first women’s DTC program in the United States in 1994 and later added a program for men in 1997. The Van Buren County DTC began operation in 2008, serving both women and men. These two counties are contiguous to each other within the southwest corner of the Lower Peninsula. Kalamazoo County is classified as suburban with the City of Kalamazoo (medium-size city) dominating the landscape, whereas Van Buren County is mostly rural farmland with several villages and townships. Both DTC programs are 15 months (minimum) in duration, and comprised of three (Kalamazoo) and four phases (Van Buren), respectively.² Participants enter the program on either a diversion or sentence track. The diversion track consists of participants voluntarily entering the program (post plea) in exchange for the dismissal of all charges upon successful completion. The sentenced track is comprised of participants sentenced to participate in the DTC as a condition of release on probation or parole.

Kalamazoo and Van Buren DTCs are designed in accordance with the National Association of Drug Court Professionals’ (NADCP) 10 key components,³ and include random/observed drug/alcohol testing, community supervision, access to comprehensive treatment services, and attending court review sessions. In addition, participants have access to a host of ancillary services known to serve as stabilizing factors in the lives of justice-involved individuals (e.g., housing, employment, education, etc.). Participants remaining in compliance with program requirements receive various rewards (e.g., personal hygiene products, gift cards, free drug/alcohol screens, etc.), while non-compliant participants receive sanctions pursuant to the graduated sanctions guidelines (e.g., increased testing, community service, confinement in jail, phase demotion, etc.).

The level of supervision and treatment intensity are reduced as participants successfully complete lower program phases. Once participants have completed all program requirements and have spent a minimum of 15 months in the program (5-year maximum), they are eligible to graduate from the program.

Data and Methods

Data for this study were collected through semi-structured face-to-face interviews with participants who were currently in the final phase of the program or graduated from either the Van Buren or Kalamazoo County DTC programs between June 1, 2008 and December 31, 2015. Individuals also had to be above the age of 18 and have reported methamphetamine as their drug of choice. Recruitment of study participants was conducted in conjunction with staff from both programs. Specifically, staff were provided with a recruitment letter describing the study and asked to disseminate the letter to program graduates via mail or hand delivery. Individuals interested in participating contacted program staff and provided their contact information (i.e., phone and/or email) to be shared with the researchers. The researchers then made contact with each individual to provide a more detailed description of the study, answer any questions, and schedule a date and time for the interview with those individuals still interested in participating.

The study was confidential and voluntary, and approved by the University's Institutional Review Board. A total of 23 ($n = 23$) interviews were conducted by the research team at a public library in Kalamazoo and Van Buren Counties over 2.5 days in April 2016.⁴ The interviews were semi-structured in nature, so while the inquiry focused on participants' experiences within the DTC program, participants were encouraged to talk about issues that were important to them. Each interview session lasted between 45 and 75 min, and was audio-recorded with permission from each participant. This is in accordance with Sandberg's (2010) assertion that

the interviewer should try to record the interviews (to reduce loss of data), probe from different angles, follow what seems interesting, and most importantly, let the research participant speak as freely as possible. The best way to capture research participants' repertoires of narratives is to let them be carried away by their own stories. (p. 462)

Prior to beginning each interview, the interviewer provided a brief description of the study, and participants were presented with an informed consent document. At the conclusion of the interview, participants were given a US\$15 gift card to a local grocery store. This dollar amount was believed to provide sufficient compensation without being viewed as coercive. All interviews were transcribed verbatim by two graduate research assistants and were reviewed by the researchers.

The transcripts were then coded for evidence of the domains of SRT. In an attempt to ensure interrater reliability, researchers convened to discuss the coding for each transcript and to ensure that concepts and variations of concepts were coded consistently across the various domains. In addition, both the researchers coded a subsample of the transcripts to enhance interrater reliability.

Findings

Following the SRT framework presented by Liang and Knottnerus et al. (2016), the findings are organized into the domains of SRT and the subcategories defined in their study. Table 1 presents an overview of the themes identified related to the application of SRT to DTC.

Table I. Liang and Knottnerus et al. (2016) Theoretical Model for Applying Structural Ritualization Theory to Drug Treatment Courts.

Individual-level	<p>Disruption of Old Rituals</p> <ul style="list-style-type: none"> • Threat of Imprisonment as Leverage • Sanctions and Rewards • Disassociation with Old Habits, Friends, and Environment • Detoxification and Medical Rehabilitation <p>Laying the Foundation for New Rituals</p> <ul style="list-style-type: none"> • Knowledge about Addiction and Tool Acquisition • Building a Support Team • Preparing and Adjusting Mentality and Attitude <ul style="list-style-type: none"> ○ Acceptance and opening up ○ Patience ○ Maintaining a positive attitude ○ Learning to be responsible • Structured Life
Organizational-level	<p>Ranking of New Ritualized Symbolic Practice</p> <ul style="list-style-type: none"> • Salience <ul style="list-style-type: none"> ○ Clear expectations ○ Minimum length of treatment ○ Effective court hearings and judicial interaction • Repetitiveness • Homologousness • Resources <ul style="list-style-type: none"> ○ Human <ul style="list-style-type: none"> ▪ DTC team member quality and quantity ▪ Inclusion of other supports ○ Non-human <ul style="list-style-type: none"> ▪ Budget ▪ Drug/alcohol testing ▪ Other resources

Disruption of Old Rituals

DTCs can play a vital role in disrupting participants' negative RSPs. The majority of participants had a long history of drug and/or alcohol use. Many discussed the ways in which the DTC program worked to disrupt old rituals.

Threat of imprisonment as leverage. Participants openly discussed that the alternative to successfully completing drug court would be incarceration in jail or prison. This reality instilled a sense of fear and also served as a motivator for success:

Fourteen to life, was my guidelines. I had no inclination that I was facing that much time . . . He [Judge] said, "If I see you, if you drop dirty one time . . . I am gonna resentence you and . . . I'm gonna give you 14 years of your life in prison . . . I have no choice." And then it all hit me. (#10)

I had a lot you know, a lot of time, if I didn't graduate, I was looking at prison time. You really need to think about stuff and realize what you are gonna lose. (#9)

Relatedly, previous experiences in jail or prison served as a deterrent for some participants who knew they did not want to return:

When you're sitting in jail and that was another thing. I sat in jail for sixty days. That did it for me. I don't wanna go to jail, I don't want not a minute. Not one minute. I do not wanna be in jail because that was the worst thing in my entire life. (#22)

Something I knew I never wanted to, I knew I never wanted to go back to jail, let alone prison. (#17)

Use of sanctions and rewards. The use of sanctions to admonish non-compliant behavior while also rewarding accomplishments is a hallmark feature of the DTC model. The swiftness and certainty of sanctions were consistently mentioned in interviews as playing a vital function in disrupting negative behaviors:

I would probably have to say the constant drug testing. That was constantly giving you initiative to be clean, so you didn't get sanctioned. (#15)

Just knowing that it—you're not gonna get away with it. Hello. I mean, there's consequences if you think you are. Even though the sanctions aren't fun, they will get your attention. (#2)

You don't know if you're gonna be dropped. If you get—If you drop dirty, there's consequences immediately. You're gonna go to jail, you know? So all that goes through your head and I'm not going to jail ever again. (#18)

Receiving rewards such as accolades during court sessions was also viewed as significant to participants:

It [rewards] does matter. It definitely does. I think it builds your self-esteem. You got thirty girls in the courtroom with you and when you're doing the right things you're getting credit for it. And even personal growth, not even just the legal rules say you have to follow. The personal growth is recognized and verbalized, not just by the peers, not just by the case managers, but by the judge, by the prosecutor. I think that's very important. (#3)

I just like going to court. It felt so good to get accolades. I like the fact that they care about you too . . . Judge was always so nice and so interested and just good people. (#13)

Disassociation with old habits, friends, and environment. Participants consistently voiced the importance of changing their "people, places and things" to disrupt their previous lifestyle. The vast majority of participants noted that changing their environment was vital to recovery and their success in the DTC.

You have to change your people, places, and things. And new people struggle with doing that . . . You have to stop hanging out at the places where people do drugs. We just got brand new phone numbers . . . so the only people in my phone at first was my mom and my husband. And then I started slowly adding people. (#1)

. . . you can be successful if through the fifteen month, find a new way to live . . . that is so important. And change people, places, and things. I couldn't have done it if I would have completed the program and still went back to my single friends. You can't, it's just a no go, you can't do that. (#16)

However, making significant changes to one's social milieu can be especially challenging in situations involving family members:

The one thing that took me back out [relapse] was me holding on to a marriage that was with a using addict . . . We are legally married even still . . . I had all the suggestions in the world from my case

manager in drug court, from a lot of different people trying to work with me to get me to let go of that old behavior, that old relationship. It was the one thing I was holding on to from my addiction . . . But he had my kids, and so it was really hard. (#3)

My biggest obstacle was trying to learn my people, places, and things. It was hard to not get high when you're around everybody else that's getting high, or doing things that you shouldn't be doing. Once I learned that I had to give up everybody that I knew from the past, including some family, because I had family that was enablers too. That was probably my biggest barrier was to know I had to give all that up. (#5)

Detoxification and medical rehabilitation. Another strategy identified by Liang and Knottnerus et al. (2016) for disrupting negative rituals can involve treatment modalities such as detox and/or medication-assisted treatment. While none of the participants mentioned medication-assisted treatment per se, a few participants noted that detoxing in jail prior to program entry was significant in beginning their recovery process. It should be noted that neither program requires jail time prior to enrolling:

. . . the fact of the matter is if I wouldn't have spent as much time in jail as I did before I went into the program, I probably would not have done so well. I did six months. So of course I was a little upset in the beginning that I had to do that much time but in hindsight, I know that if I hadn't, I wouldn't be ready. (#21)

With meth addiction, time is very sensitive. Physically the meth is outta you in three days. If you're coming down off a two-year meth addiction, are you ready to be out in the world? No. Jail is the best place for you . . . A month and you've learned your lesson about jail. You're clean of weed. You're clean of everything. (#10)

Laying the Foundation for New Rituals

As old rituals are disrupted, it is essential for DTC participants to begin engaging in and establishing RSPs that facilitate their successful recovery. Thus, the DTC program should provide the groundwork for establishing these new RSPs. Many of the participants provided examples of the role that various program components played in developing and sustaining their new RSPs.

Knowledge about addiction and tool acquisition. Understanding the motives for one's use of drugs and alcohol, as well as general knowledge of addiction, can provide a framework for one's recovery process. In addition, the acquisition of specific tools to facilitate long-term recovery is crucial to the process. With regard to knowledge, participants discussed the impact of learning about the science of addiction and identifying the factors contributing to their own use of alcohol and drugs:

IOP was very eye-opening for me, cause of the things I didn't know about the chemical, and changes in your brain. And kinda seeing where you're at, so the more knowledge you have on it, and what you can have set in place for your triggers, and things like that. Definitely was helpful for me. (#14)

They put you through individual and group therapy and that is where I found out the reason that I probably use the drugs. And I fought against it. I was so angry. I was like I don't want to talk about that. (#1)

Participants also identified ways in which the DTC program provided them with the opportunity to develop and utilize various recovery tools such as meetings, sponsors, and treatment:

I got a sponsor because I had to and then I utilized that sponsor and it became a huge tool. There was no tool greater than a sponsor and meetings. To me . . . meetings saved my life. Even though I always thought that they were just a crock of shit. (#19)

I've been in and out of rehabs too and they give you the proper tools in the rehab, but after 30 days, you're done. So, you either use those tools or you don't. Basically drug court is making the decision for you. Look, either you do it this way, or there's consequences. And after a 14-month period, you finally get a routine. (#6)

They actually get skills to live clean and sober to help. They give you the tools to allow you to understand also your addiction. (#16)

On the contrary, some participants reported mixed reviews of the role specific recovery tools played in facilitating the development of new rituals:

I did group recovery stuff in there for a little while but there's so much medical involved. Most of us don't give a shit. I don't need to know that when I snort a line of meth that this triggers this in the right side of my brain which causes my left, I don't even care. I just want to be free. Well how do I do it? AA does that. (#4)

Me personally, I didn't like the AA 'cause I'm not really into a group telling people that I don't know or people that I do know and I didn't really like you know, my business. So I really didn't care for AA, that didn't really help me. It was like the other stuff, like the counseling that helped me. (#9)

Building a support team. It is crucial that participants establish and maintain a network of individuals who can support and encourage their recovery process. This support network can and should involve individuals both within and external to the program (e.g., peers, family, treatment staff, DTC team). While some participants identified their peers as important, others pointed to DTC staff or family members. A lack of support was also mentioned as a barrier to success.

Internal support. Participants identified specific agents of support within the DTC program as instrumental in helping to change their rituals:

Once you start going to meetings or things like that, I feel like you get to know more people that are in the sober community and you make new friends. And you learn just to change your whole lifestyle. (#5)

Cause we kind of become a family? We all end up spending so much time together and we watch each other grow and it's kind of fulfilling in that way too, just to see other people. (#14)

I think my one-on-one counselor was amazing with that. Like she talked me through when I knew I could call her even after hours and be like, look I wanna hang out with this person, but I know I shouldn't . . . I'm not gonna use, but I need you to talk me down. So that was really helpful. (#5)

External support. Similarly, family and friends provided participants with the much needed support outside of the program:

The biggest thing for me was having somebody who was normal that I could do normal things with. And at this stage in my life, when I did drug court, she [mother] tried to understand. We never gotten to that point before to where, she tried to understand where I was coming from or what I was going through. So, instead of judging me or having her own thoughts about it, we communicated better I think. I seen a change in her as much as in me. (#22)

It is very easy to fall back into doing . . . it's not just drug court, it's maintaining. And like I said, if I didn't have my family and friends and . . . in my little tiny town out in [town name], I wouldn't be, you know what I mean . . . (#13)

Lack of support. Interestingly, while few participants reported experiencing a lack of external support, many discussed how other participants were affected by this factor both during and after the DTC program:

[Lack of] support, outside support. Families, you know. Some of 'em are stuck living with people. I have a girl right now that I talk to . . . she's living in a house that everybody uses. (#18)

Number one (barrier), is probably the lack of support outside of the fellowship. (#7)

Cause a lot of people that don't succeed after drug court are the ones that don't have nobody to talk to. I would say get involved with somebody that's in one of your recovery groups that has years of recovery under their belt. (#6)

Preparing/adjusting mentality and attitude. While the DTC program can facilitate participants' development of new RSPs, changes must also occur within the individual to ensure a successful recovery. Participants must move beyond simply attending meetings and treatment sessions to being actively engaged in the recovery process. Liang and Knottnerus et al. (2016) identified four ways in which participants can transform their mentality and attitude.

Acceptance and opening up. Changing one's view of addiction and recovery begins with the ability to admit that one is an addict in need of treatment. Participants focused on the role of motivation in changing their attitude:

Once I got clean, even though I wasn't really wanting to, the thirty days, I didn't have an option. So, after I got that under my belt, and realized through the steps, and the different meetings and stuff I realized shortly after that, that I did have a problem. (#16)

I mean the sooner you accept that this is the way it is. And you screwed up, and people are gonna tell you what to do, you just do it. (#2)

If you keep using, they're gonna kick you out or some people just don't go, you know? And it's because of that they don't want it, or they want it but they don't want it enough to surrender and do what they ask. (#23)

People have to want to be clean/sober. I can tell you that from first-hand knowledge. Five years in prison didn't scare me enough to make me quit. I had to want it. (#10)

Being patient. Acquiring the ability to be patient was viewed by some participants as important to success in the program:

Just patience. Gotta have patience. It's gonna be a struggle at first but if they want it this is the road to take. This will help them. (#23)

Don't give up. There's gonna be numerous times where you just wanna say screw it, and take the jail time. But it's all worth it in the end. (#12)

Maintaining a positive attitude. In addition to acceptance and being patient, one's attitude toward the DTC program affects the development of new, positive RSPs. Numerous

participants suggested that their attitude changed for the better as they moved through the program:

You can't look at something and be negative and stay negative. You know what I mean? If you change the way you look at things, the things you look at change. (#13)

Attitude has a lot to do with it. I struggled in the beginning. I think it was more my attitude. I didn't care. After I got over that, I realized I do need to change. I need to grow up . . . I would think well I can do this, and just start being positive about it. (#9)

I didn't always have to like all the answers but she [CM] was right. Turns out in the end, that she was right. (#1)

Learning to be responsible. A significant strength of the DTC programs was instilling a sense of responsibility and accountability within the lives of participants. All 23 participants verbalized that their new found rituals were centered around these characteristics:

I think another thing that is good about drug court is how they make you get your GED to graduate. I thinking making you get a job working at least 25 hours a week is a big thing 'cause now I'm in the routine of working and having your own money and paying bills. It does teach you to be responsible. I don't owe nobody nothing and that feels good. (#2)

Accountability, responsibility, that it teaches ya and provides . . . how to prioritize. What's important was not so important. And it just kind of manage my own way of thinking on how to be responsible. (#4)

It's all about accountability. I grew up not really having to worry about accountability and did whatever I wanted without repercussions. For a long time, drug court definitely taught me accountability. (#21)

To be held accountable to your case manager to the probation officer or to the program is one thing, but to be accountable to yourself is what it gave me. It was the ability to actually look in the mirror, brush my teeth and actually smile 'cause I liked who I became. (#20)

Structured life. The reritualization process among DTC participants is largely dependent upon developing a life based on sobriety and non-criminal behavior. Liang and Knotnerus et al. (2016) maintain that structure is the primary source for successfully establishing new RSPs among DTC participants. Many participants noted the highly structured nature of the DTC and how this stood in stark contrast to their previous rituals before entering the program:

I need that structure. I had no structure in my life. I hadn't worked in like 2 and half years. (#12)

Probably the biggest thing, is getting that structure back in your life and you have so much stuff that you have to do that there's no way that you aren't gonna learn that structure again. Giving you the tools to structure your life. (#5)

The way it's set up is perfect. The 90 in 90 builds structure. People with drug abuse . . . are so many years without structure. (#10)

I didn't realize how undisciplined and irresponsible I was before I went through drug treatment court . . . what I realized is that I didn't really wanna do anything that I didn't want to do. I realized that

now and probably, teaching me to learn to schedule my life a little bit. To show up when I'm supposed to be there. To take care of things that I'm supposed to take care of. (#4)

Ranking of RSPs

As noted previously, Liang and Knottnerus et al. (2016) present a framework for understanding how the DTC's organizational structure and process effect change within lives of participants through the ranking of RSPs. Specifically, the authors assert that factors such as salience, repetitiveness, homologousness, and resources at the organizational level influence the development and sustainment of new, positive RSPs among participants:

The greater the four factors in regard to organizational behavior and services, the higher the rank of new rituals which individuals are exposed to and/or engage in, and the greater the effect these new ritualized practices will have on clients. (p. 41)

Salience. The ranking of a RSP is dependent upon the perception of its significance to the social context or salience. Various facets of the DTC program are hypothesized to contribute to the salience of an RSP and thus influence the ranking. Liang and Knottnerus et al. (2016) posit three areas of focus when examining salience within DTCs: clear expectations, minimum length of treatment, and effective court hearings.

Clear expectations. DTC program requirements should be clearly outlined to ensure that participants fully understand what is expected of them and the consequences associated with transgressions. Participants noted that program transparency allowed them to make fully informed decisions:

I said, okay, well what if I do run. She's (case manager) like, not that I want you want to say that, but here your options. She's like, you'll go to prison, you'll go to jail, or we'll let you back in the program. She's like please don't run [but] if you do, please keep in touch with me . . . She's just so good about calling you out on everything . . . there was no, like, la-de-daing around the fact. It was like, this is it, this is how it is. And, this is how it's gonna be. (#5)

Several participants noted that changes in program requirements while enrolled resulted in confusion and frustration:

I think that you know, they need to just have rules and stick to it, forever. And not always constantly change things. (#9)

Minimum length of treatment. The length of the DTC program must be long enough for participants to both disrupt old rituals and lay the foundation for new RSPs. During this process, participants are not only physically recovering from the use of drugs and alcohol but are also working to establish and maintain a prosocial lifestyle:

The length of time gives you time to start to realize, hey this is what sober life's like . . . the first six months are rocky, but it gives you a whole 'nother year after that to be like, okay I can deal with this life. (#5)

I think it should be a little bit longer 'cause I was in it for two years, and I think even eighteen months to twenty-four months would be even more helpful. If it was fifteen months is kind of a long time but when you're recovering, especially from drugs, I think that you need a little bit longer time. (#9)

I learned this in group therapy . . . It's gonna take at least 18 months for our brain to heal, from what I understand. It takes that long for your brain to recover. So, if this was a three-month program, there's a higher rate of going back out and using. It shows at 18 months it takes your brain, you know, that long to fully heal. So you do need a program that long. (#1)

Effective court hearings and judicial interaction. A unique feature of the DTC model is the frequency and intensity of judicial interaction with participants during court review hearings. The overwhelming majority of participants reported that the interaction with the judge had a positive effect and served as incentive to remain sanction free. In addition, they noted the dissimilarity of the interactions with the DTC judges as compared with encounters with other judges before entering the DTC:

[court sessions] wasn't that deaden atmosphere that I was so used to. (#7)

Where you go to see the judge made me nervous. Every time I walk into a court room, I was nervous. What are they going to say to me in front of 90 people? I'm not a person that can stand up very well in front of people but being able to watch people be held accountable for their actions by the judge. And for 90 people to sit there and watch that gave me incentive not to screw up. (#6)

I've been in trouble a lot in my life, so I've been in front of a lot of judges. Usually you go in front of this judge and you are a number. And they're like docket number blah blah . . . How do you plead? Guilty or not guilty? They didn't care about your face, didn't care about your name. They don't care about anything. To have a judge, a person sitting up on a bench, black coat on, gavel, that really honestly week after week no matter what, cares, knows your name, knows your kids' names, that makes you feel like somebody. And that helps. (#19)

I can't say enough good things about her [the Judge]. Sitting in her courtroom, I loved hearing her talk to every girl because she would have something wise to say to everybody. And for her not being a drug addict, I think she does such a good job of trying to understand. And trying to understand where you're coming from. (#22)

Repetitiveness. The frequency in which participants are required to engage in program activities within the DTC is dictated by the program structure. Repetition of newly formed RSPs serves to enhance the likelihood participants will sustain them following program exit:

The fact that they want you, they make you do your 30 meetings in 30 days. Had they not done that to me, things might be different. 15 days into it, 18 days was the breaking point for me. Then I started wanting it. 21 days, 22 days, 23 days. I'm really starting to dig it, and then after that it's like, I wanted to go. I wanted to go to talk to people about what I had done, about the things that were going on in my life. (#10)

They keep me grounded. So I go to a meeting every day. (#14)

Homologousness. The DTC team communication and functioning are also important for the ranking process. When a participant receives a consistent message across program, court, and treatment staff, the more likely the participant will sustain the RSPs developed while in the program. Several participants noted the positive effect of the team approach on their success:

They're [DTC team] all on the same page. What one says, goes for all. You know it's not like, okay this is okay for this one, and this is okay for this one. It's one thing. They don't play favorites. And you know when I was there, I'd know 'em all. From [coordinator] the top person, all the way to the men's drug court people . . . they're all consistent with everything that they do. (#23)

I think, the fact that everybody works together you know. Our IOP counselors, and even our sponsors. Everything kind of works together to make it work. I felt like I could talk to people. (#14)

While the general sentiment was one of consistency, a few participants expressed their perception of favoritism among the DTC team:

I believe fully that they play favorites. They didn't like me . . . and she told me she didn't like me. When she didn't wanna even enter me in drug court, which she kinda had no choice. (#22)

It's supposed to be one set of rules followed by all and that's not really how it is. Some people get away with other, with things that others don't. So, that was kind of frustrating sometimes. (#21)

Resources. Human and non-human resources are identified as influential in participants' rankings of RSPs. Liang and Knottnerus et al. (2016) note the importance of the quality of the DTC team, as well as the quantity of the team as human resources. Non-human resources identified include drug testing technology, ancillary services, and the budget. Among the participants, many noted that these resources played a role in their success.

Human. A consistent theme among participants was the influential role various DTC team members played in their recovery process. While no participants mentioned the quantity per se, many spoke about the quality of case managers, judges, and the relationships developed with these individuals:

The case managers, they were wonderful. I met my case manager and I was so nervous and I was so scared. I sat across from her at her desk and I felt like she believed in me. She didn't know me at all, but I felt like she believed in me and I needed someone to believe in me because I did not believe in myself . . . I was like well, I'm gunna do this for her. In those first few weeks, I was doing it because I didn't want to let her down. And then I met my therapist and I was like she believes in me too. Okay, well, maybe, I don't want to let her down. But then after a while, after a month or so, I was like, I don't want to let myself down. I learned to love myself again. They treated us like people. (#1)

[case manager] was there at the ready anytime I wanted to just drop in and talk to him, call him. Whatever. He was there and would drop what he was doing, no matter what he was doing to make time for one individual, that made a big difference. (#6)

Our judge is very caring. She does care about each and every one of us. I get that feeling. And some of the people she's give—chance after chance after chance to where I thought I woulda already kicked 'em out if it were up to me. (#2)

One participant discussed the support she felt when she was a victim of a violent crime:

. . . I didn't have my family. I had my AA family and my drug court. And that what helped me got me through. Then when they caught him and all the court things were going on and everything else, when it came down to the court hearing . . . [case manager], my parole officer, my probation officer for drug court, they all were right there with me. They didn't have to do that. And at the end, when he got sentenced, I was already outta drug court. I already graduated, and they were right there with me. And that meant the world to me. They care about you as a person. They care about your well-being. (#23)

Non-human. Non-human organizational components such as program budget, effective drug and alcohol screening, and other resources are also believed to contribute to participants' ranking of newly formed RSPs. These resources are fundamental to the DTC model and help provide participants with the needed services. A number of participants noted how various non-human resources affected their success while in the program.

Urinalysis(UA) testing. Participants recognized the effectiveness of the random and observed drug/alcohol testing protocol on disrupting their cycle of addiction. This was achieved through the quality of the testing and the swift and certain imposition of sanctions for use:

Being made to stay clean, I mean, I didn't know I could stay clean until this happened. And so I was put into our drug court. I used to use forever. So, being shown that I can live happy sober, so drug testing and efficient drug testing. (#3)

I made it with just having somebody make me drop, so they know I wasn't using. And I know I couldn't use. (#4)

I mean the drops were really effective. The lab drops are very effective. I mean the biggest thing for me was I just don't wanna tamper drop. (#20)

Participants reported the positive role that additional program resources played in their success within the program and in maintaining long-term recovery.

Diversion as an option⁵

I think the diversion has a lot to do with it too. Those felonies were taken away from me and that is important even for me, even though I already did have felonies, 'cause none of my felonies are to that degree. The worst cases are not on my record and so me getting housing is possible now. (#3)

Transportation

When you're coming out of nothing, the gas cards help a lot, and they helped me a couple times. I didn't know how I was gonna do it. Had he not given me them gas cards, it mighta been catastrophic. (#10)

Parenting classes

The parenting class, I was really pissed off they made me take. I am so grateful for it now because there was a lot of things that I learned that I needed to do differently with my daughter, than with my son. Even when I was being a good parent there was things that I wasn't doing correctly. (#5)

Driver's license restoration

It was like a long time, five, six or eight years I didn't have a license. So I finally got my license. (#9)
I have a full-time job now. I haven't had my license since 2003. I have my permit in my purse. I get my license Tuesday. (#2)

Employment and education

You cannot graduate until you have at least a high school or a GED. I think that's a really good thing because some of us think that we can't do that. We think I'm too dumb or it's been too long. But they encourage you the way your parents probably should have. (#19)

. . . also the push to get a job. The way you gotta get out, is you have to have, if you did not have an education then you are required to get your education. And then have a job before you can actually leave the program . . . I would say all those things were the big good things about it. (#15)

Treatment programming

The grief counseling helped me a lot. I plan on working with her when I'm done to advocate for other women that've lost children and how you can get through that without turning to drugs and alcohol. (#2)

This [women's] empowerment class, which [therapist] is doing is really good too. Both times I've walked out of there feeling better. Like I've learned something and taken something out. (#14)

Conclusion

The current study demonstrates that SRT is a viable theoretical framework for understanding *how* DTCs effect change within the lives of participants and the role that the organizational structure of the DTC program plays within this process. We would be remiss to ignore the organizational features (i.e., 10 key components) of the DTC model present within SRT. To this end, we have made note of the specific key components that comprise various domains. The general premise of SRT is that our everyday lives are organized around and include specific symbolic practices. To change an existing ritual, one must engage in the process by which behavior patterns are disrupted. Our findings provide strong evidence that the DTC program process does in fact work to disrupt participants' old rituals through the threat of imprisonment as leverage, the imposition of sanctions and rewards (Key Component #6), facilitating the disassociation with old habits, environments, and friends, as well as the use of medical detox and rehabilitation services. Together, these programmatic features function to break the cycle of addiction and criminal behavior among DTC participants.

At the same time one is working to disrupt old rituals, she or he simultaneously engages in the reritualization process involving new behaviors. It is through reritualization that new habits, practices, and routines become customary. Our findings also support the assertion that the DTC program is effective in assisting participants with laying the foundation for new rituals through the acquisition of knowledge and tools regarding addiction and recovery, the establishment of a support team, assisting participants in adjusting their mentality and attitude, as well as participants developing a structured life. More specifically, in support of Liang and Knottnerus et al. (2016) model, this study's participants' new RSPs included practices such as maintaining abstinence and engaging in normative/law-abiding behavior. In addition, repairing/building/maintaining positive relationships, maintaining employment/attending educational programming, and becoming a productive member of one's community began while enrolled. The impact of the changing of RSPs at the individual level cannot be understated as is evidenced by the fact that more than one participant stated, "Drug court saved my life."

Furthermore, at the organizational level, the DTC program encourages participants to utilize these newly formed ritualized structured practices during their term of enrollment in the DTC which will increase the likelihood they will maintain these practices after leaving the program. More specifically, the role of the court review hearings and judicial interaction (DTC Key Component #7), an indicator of program salience, was routinely offered as a feature of the program that positively influences participants' success. The repetitiveness of program requirements routinizes these newly developed RSPs into one's daily life with the hope that this will become the default behavior. DTC Key Component #9 "Continuing interdisciplinary education promotes effective drug court planning, implementation, and operations" (NADCP, 2004, p. 21) relates to the domain of homologousness within SRT. DTC program effectiveness is contingent upon DTC team members functioning cohesively and conveying consistent messages regarding program requirements and the recovery process. Finally, Key Components #4 ("Drug courts provide access to a continuum of alcohol, drug, and other related treatment and rehabilitation services"; NADCP, 2004, p. 7) and #5 ("Abstinence is monitored by frequent alcohol and other drug testing"; p. 11) are captured within the resources domain of SRT. Our findings reveal the principal role that case managers, judges, and other DTC team members play in facilitating participants' success. In addition, effective drug and alcohol testing was found to be a vital component of the DTC model and a critical factor in participants' disruption of old rituals, as well as laying the foundation for new rituals.

Limitations

It is incumbent upon social scientists to acknowledge the limitations associated with their work. Thus, the following limitations should be considered when interpreting the study findings. First, critiques of qualitative research often include questioning whether participants told the truth about their experiences and questioning the degree to which the interviewers influenced the interview process, among other things. While we do not know the degree to which participants' answers were influenced by the interviewers, the interviewers were sensitive to and trained to not influence the responses of the interviewees. Moreover, while we do not have any way of "proving" that participants' accounts of their experiences in DTCs were accurate, we have confidence in their reports given that several similar themes emerged from the interviewees regarding their experiences within the DTC programs. However, it has been argued that "instead of always searching for 'the truth' one should appreciate the multitude of stories present in a social context" (Sandberg, 2010, p. 462). Second, this research incorporated the voices of 23 graduates, all of whom reported methamphetamine as their drug of choice, from two DTCs in southwest Michigan. Consequently, the findings from this research cannot be generalized to the larger population of DTC participants nor to graduates of the DTCs.

Policy Implications

Notwithstanding the aforementioned study limitations, this research advances the field of DTC research by testing the application of SRT and empowering participants' voices to reveal explicitly *how* DTC programs serve to rehabilitate participants and thus reduce recidivism. Thus, several policy implications can be derived from this research. First, DTC program requirements should be tailored to the needs of participants. All efforts to adopt a "cookie cutter" approach to dealing with substance-dependent, criminal-justice-system-involved individuals should be actively resisted. Participants asserted that both DTC programs made a concerted effort to "meet us where we are," and treated them with respect and dignity. According to one participant,

... each person does have their own individual story. They're own personal needs. They're own kids. They're own moms and dads. And, whether their mom's and dad's beat 'em or raped 'em or loved them, or used with them. It all plays into it. (#3)

The length of the DTC program must be sufficient enough for participants to actively engage in the disruption of old rituals and lay the foundation for new rituals. In addition, once these new rituals have been formed, participants should be afforded a considerable length of time to routinize them in their everyday lives. Programs that do not allow ample time for participants to acquire and implement the knowledge and tools of recovery within a structured environment before graduating from the DTC are disadvantaging participants' long-term recovery.

Given what is known about addiction in general and relapse being a part of the recovery process, having a provision of aftercare services available to participants will assist in the facilitation of long-term recovery and reduce the likelihood of relapse and recidivism. However, given the current fiscal times and increasingly tight budgets, we recognize that providing services to participants beyond their term of program enrollment may prove to be a lofty task. The research findings reveal that developing a culture of support among program participants is vital to maintaining sobriety. Developing a support network of DTC peers, individuals in recovery, DTC team members, as well as family/friends will not only improve the likelihood of success while in the program but also serve as an informal social control network after participants leave the program (both successfully and unsuccessfully). To this end, DTCs should work to cultivate healthy, pro-social, and supportive relationships between participants and members of their chosen support

network. This resource would certainly compliment aftercare services available to participants. However, in jurisdictions where aftercare services are not available, having a well-established network of social support available improves the likelihood that participants will continue to engage in recovery, practice their new RSPs, and remain crime- and substance free.

This research also highlights several problems and challenges experienced by DTC participants during their term of enrollment in the program. It would behoove DTC stakeholders to consider this information when planning to develop and/or expand/enhance their programs. DTC participants have unique insight into how the DTC program structure and operation produce the observed outcomes. Policymakers, administrators, program staff, and researchers alike *should* be obtaining input from participants when trying to understand *why* and *how* DTCs work. Failing to incorporate participant voice into the conversation regarding DTC effectiveness will result in a very limited understanding of the mechanisms of change. To this end, we assert that future research should examine ritual dynamics in DTCs and other problem-solving courts through the use of qualitative research methods.

In addition to enhancing our understanding of DTCs specifically, this research expands the scope and relevance of SRT to examine various forms of criminal behavior and social deviance (Knottnerus, Ulsperger, Cummins, & Osteen, 2006; Ulsperger & Knottnerus, 2011; Ulsperger, Knottnerus, & Ulsperger, 2016). Virtually all programming targeting substance-abuse-dependent criminal-justice-system-involved individuals focuses on disrupting old rituals (e.g., thought patterns and behaviors) and developing new ways of thinking and behaving. Thus, SRT could be applied in a variety of settings (i.e., evidence-based treatment programs) to assess the process by which change occurs.

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Notes

1. While an extensive review of this literature is beyond the scope of this article, the theories utilized previously are noted.
2. It should be noted that some participants were enrolled in the drug treatment court (DTC) programs for more than minimum stated length of time.
3. See National Association of Drug Court Professionals (2004).
4. A total of 29 interviews were scheduled, but six individuals were not able to participate at the scheduled time for a variety of reasons.
5. Some participants in both DTC programs enter on the “diversion” track, while others are court ordered to participate in the DTC. Participants on the diversion track have the opportunity to have their pending felony charges dismissed upon successful completion of the DTC. The Prosecuting Attorney’s Office

in both counties determines which participants are eligible for diversion status based upon their criminal history and the nature of the pending charges.

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