

Episode 276—Dr. John Gallagher: It's all about relationships: Drug Courts- What are they and how do they work? (Part 1 of 2)

[00:00:08] Welcome to inSocialWork, the podcast series of the University at Buffalo School of Social Work at www.inSocialWork.org. We're glad you could join us today. The purpose of inSocialWork is to engage practitioners and researchers in lifelong learning and to promote research to practice and practice to research. We educate. We connect. We care. We're inSocialWork.

[00:00:37] Hi from Buffalo. It's getting cold here, but one of our many respites is the Buffalo and Erie County Botanical Gardens in South Buffalo. Completed in 1899, the conservatory's tri-domed glass, wood and steel building is one of only two tri-dome designs in the country. The other being the New York Botanical Garden. Inside the 67 foot dome, regardless of the weather you'll find palm and tropical fruit trees and Asian rainforest, assorted cacti, tropical plants, exotic orchids and an international peace garden to name but a few. Check it out. I'm Peter Sobota. Can compassion and concern for the clients sit side by side with aspects of social control? In part one of a two part podcast, our guest, Dr. Gallagher, discusses his teaching practice and scholarly experience with drug courts and their outcomes. While inherently coercive, drug courts put addiction as primary. They promote internal versus external motivation to change, utilize concrete incentives for compliance and utilize a high touch approach with their participants. Following an overview of our drug courts and how they work, Dr. Gallagher begins a discussion of racial disparities in outcomes that he will elaborate on in part two of this podcast, Dr. Gallagher is an associate professor at Indiana University's School of Social Work. He was interviewed in July of 2019 by the stupendously wonderful Caitlin Rudin, a JD MSW student here at the UB School of Social Work and treasured alum of the inSocialWork Podcast production team.

[00:02:14] Hi, listeners. Caitlin Beck here from the university at Buffalo. I'm a dual-degree grad student in law and social work, and I'm speaking with Dr. John R. Gallagher, associate professor at Indiana University School of Social Work. Today, we will be discussing drug courts in the United States and factors that may contribute to racial disparities in drug court outcomes. So, Dr. Gallagher, could you tell us a little bit about yourself, what you do and your research?

[00:02:41] Yes, absolutely. And first, I'd like to thank you, Caitlin, for having me on the podcast. Your podcast has a great reputation internationally with social work. And I'd just like to say thank you. I'm honored to be here.

[00:02:53] We're honored to have you. Thanks so much, Dr. Gallagher.

[00:02:56] I am associate professor at the Indiana University School of Social Work. And I work out of the Indiana University South Bend, the IUSB campus. And here we have a Bachelors of Social Work and a Master's of Social Work program. Our MSW has a concentration in addiction and mental health counseling. So the majority of the teaching I do is in that area. In addition to my work in academia, I also have been practicing and have been a licensed social worker and licensed clinical addiction counselor for almost 20 years now. And I've been doing that continuously. I currently work at Oaklawn Psychiatric Center, which is a community mental health center in South Bend, Indiana, and Bashor Children's Home, which is a residential home for young men and young women who have been impacted by child abuse, neglect, some have addictions or mental illnesses, and I do counseling with them as well. My main research is related to drug courts and their

effectiveness and more specifically, the area of racial disparities in drug court outcomes. So one of the things that I am proud of is that my work intersects many areas. So I am an educator and I'm able to teach my students about drug courts and best practices in addiction and mental health counseling. From a practice standpoint, I'm still in the field working with real patients, learning about the new best practices and treating addiction and mental health. I do research. I speak locally within our community as well as nationally and internationally at conferences. And I've also done a lot of policy work at the state and national level on, with the ultimate goal of expanding drug courts because they work throughout our country. So I really have this really broad range of experiences that I think provides a comprehensive understanding of drug courts and the importance for us as social workers to know about those programs and how we can contribute to them.

[00:05:03] Is it, Dr. Gallagher, a big field of study or is it, would you say, an understudied field, that is drug courts?

[00:05:09] I would say it is definitely a big field of study. Drug courts are perhaps the most evaluated criminal justice program of all time. So we have a lot of knowledge base on drug courts and we can say that they are more effective than any other criminal justice interventions such as, say, traditional probation. Where we are in a research standpoint is moving beyond "they work." We know that they work. But my research in particular has found that drug courts work as a whole, but when we take a look at race and ethnicity in some programs, and I think that that's important for us to highlight, is that this is not a universal problem. But it is in some programs and there is a pattern in some programs, enough to warrant more research in this area. We see racial disparities in graduation rates. And by that we mean that African-American participants are less likely to graduate from court than their white counterparts. Again, this is only in some programs, but it has happened enough. There is enough of a trend for us to warrant attention from a research and practice standpoint.

[00:06:21] So could you, for me and for our listeners, could you describe what drug courts are?

[00:06:26] Yes, absolutely. Drug courts, I think the benchmark that we have in the field are the 10 key components of a drug court model. And so in the late 90s is when these 10 key components were identified and disseminated nationally to help promote fidelity to the model. And these 10 key components are what guides drug court practice. Additionally, for an agency, a program to say they are a drug court, they must meet these 10 key components. And so I'll talk briefly just about a few of them to give you an example of how drug courts differ from other programs that are commonly used in the criminal justice system to treat men and women who have substance use disorders. So key component number one is drug courts integrate alcohol and other drug treatment services with justice system case processing. What they're talking about here is that the men and women who come into a drug court program are court ordered, mandated into addiction counseling. This is called coercive drug treatment. We are supportive of that. We know that coercive treatment works. In the field we say it's not about what got you into treatment. It's about what happens when you're in treatment. And so it is using the criminal justice system as a way to coerce, mandate men and women into treatment so they can get the quality of care that they need. Drug courts operate under the philosophy that the main contributing factor to the criminal offense was addiction. So, for example, someone may get arrested for forging a prescription. They may get arrested for theft. They're stealing things to support their drug use, or most obviously they get arrested for felony possession of drugs. Drug courts believe that if we treat that main issue, addiction, we will then increase the

likelihood of them completing the program successfully and then staying out of the system. Another key component, and this is key component 5 is that abstinence is monitored by frequent alcohol and other drug testing. The drug court model relies heavily on random, frequent and continuous drug testing. My research has shown that this is effective and this is per qualitative studies men and women I've interviewed on two levels. Number one, it's a deterrent to use drugs. So if I know that I'm getting drug tested, I may choose not to use drugs, but it's also beneficial on a cognitive standpoint. Some of the work that I have done, individual interviews, for example, with men and women who are participating in drug court, they've shared this really wonderful cognitive process that has happened where they move from external motivation for recovery to internal motivation for recovery. So, for example, they may say, "I'm passing my drug test, I'm not getting high because I don't want to go to jail." That's a wonderful external reason not to use drugs. And then they say after some time, a month to maybe six months in the program, "I'm starting internally and cognitively to realize and accept that I enjoy life being free from drugs and alcohol. I can do this with the supports that I have in my life." So drug testing helps for the obvious reason it deters drug use. But it seems to have some cognitive benefits as well. Drug testing in the drug court system is typically folks are drug testing, particularly when they start the program, two to three times a week. Now, that is vastly different than traditional probation, where I've known some probation departments where you may drug test once a month. You are continuously drug testing in the program and you may drug test as you progress through the program at least once a week. But early on, your drug testing two to three times a week. Another component I'd like to mention is key component six, and this is related to "a coordinated strategy governs drug courts responses to participants compliance." What they are talking about is drug courts providing sanctions for non-compliant behaviors, but also incentives for compliant behaviors. So the criminal justice system is historically known as a punitive system. The drug court model wants to move away from that. They will provide sanctions if someone uses drugs, misses treatment, misses courts, they are noncompliant with what they agreed. There will be a sanction, but this sanction is different than a punishment. The sanction is designed to help promote rehabilitation, help further promote motivation for change or a punishment may include just simply incarceration. So if someone has used drugs and maybe they're back to using opioids, they're using at a high level where the risk for overdose and death has increased, the drug court may say "we are going to temporarily incarcerate you because we don't want you to die. And while you're incarcerated, we will find you a detox program or an inpatient treatment program to refer you to after jail so you can get the treatment that you need." So even the sanctions are meant to be provided in a therapeutic way. The incentives are very powerful. I've worked in drug courts throughout my career and just to witness them is very powerful. And the incentives can be something concrete, such as a judge saying to a participant, "I think you're doing very well. Here's a five dollar gift card to McDonald's or Starbucks." So it's some type of monetary or concret gift. I just did an evaluation earlier this year of the Monroe County, Indiana Drug Court. And in meeting with the men and women in that study, they did open ended questions related to these key components. So I ask them in this open ended questionnaire, "Tell me about the incentives. Is it working? What are some of the most helpful incentives?" Surprisingly, the most helpful incentives that they reported was praise from the judge. They shared that the judge saying, "I am proud of you, you are doing well," was even more important, more influential, more positive than something concrete they could have received. And I think that's an amazing finding that is really aligned with our values on the importance of human relationships. One person being kind and supportive to the next. That value seems to be evident in drug courts. And in the last key component that I want to mention, again there are ten, I'm just highlighting a few here, is key components seven. And it says "ongoing judicial interaction with each drug court participant is essential." And what that means is

you frequently meet with the judge. So if we go back to the drug testing. In drug courts, you drug test early on two to three times a week, in traditional probation you may drug test once a month. In drug court, when you start out the program you see the judge on a weekly basis for a status hearing. In traditional probation, you tend to not see the judge until a problem has happened or there was a violation. There is continuous monitoring in the drug court program where you start out seeing the judge one time a week. As you progress, meet your treatment goals and do well, it may move to bi-weekly, And towards the end of the program you may see the judge every third week or once a month. And so these are a few of the examples of the key components and interventions of drug court that make the program different from traditional probation or other traditional interventions in the system. And this level of accountability, frequent drug testing, frequently seeing the judge coupled with therapy, good quality counseling, is what helps treat men and women who have addictions. And that successful treatment and recovery in their lives is what helps them complete the program and then stay out of the system. This model has been so successful that the first drug court began in 1989 in Dade County, Miami, Florida. Since then, it is estimated that there are over 3000 drug courts there in all states in the U.S. and they're in U.S. territories as well. This model of rehabilitation in the criminal justice system has gained international attention, and we now have drug courts in Canada, Jamaica, Sweden, Australia, Ireland, to name a few.

[00:14:50] I have, actually I've attended one before. And I was thinking when you were talking about the incentives that were given to individuals in drug court, it's a little different. But the judge in the drug court that I had sat in on, he had the individuals sit in the jury box because he felt like that was a place of empowerment, a place to make them think that they were in control of their lives. And so it seems like the ethos is just so different in drug courts.

[00:15:14] Absolutely. And I think the goal of that is promoting empowerment and self accountability in regards to this process of healing and change. In St. Joseph County, Indiana, our judge here, Honorable Jane Woodward Miller, when the men and women graduate the program, she comes down from the bench to hand them their graduation certificate. Their certificate of criminal case dismissal, will shake their hand, offer them a hug. She refers to them by name, not a case number.

[00:15:45] That's so empowering because often in the criminal system you are just a number. It sounds like these drug courts take a lot of different faces like you talk about Monroe County. I have seen one here in Buffalo. How much variation is there in every drug court and is there a limit to that variation?

[00:16:02] There is a lot of variation, and I think that that is a good thing with the drug court model. And the variation mainly comes in regards to providing individualized treatment and meeting the needs of your community. So, for example, if your community is experiencing a high rate of opioid overdoses and deaths as a result of this national epidemic, I have seen some counties throughout our country, they don't call themselves a Drug Court. They will call themselves an Opioid Treatment Recovery Court. Other courts have experienced maybe increases of methamphetamine addiction into their community, and so they may tailor their treatment needs towards that substance use disorder. So there is a lot of variation, which I think is a good thing. So communities have freedom to meet the needs of their community. The variation, I think, is also promising in the sense of judges are the leaders of these programs. Now, we were under what they call a multi-judicial team, which consists of the judge, defense attorneys, prosecuting attorneys, members of the recovering community, social workers, therapists and other counselors. There is a team,

but the drug court judge is the leader. And the leader of the court attends training him or herself. They have a national conference every year. They have specialized training for judges so they can learn about best practices and addiction recovery and best practices in drug courts. But there is also this very key human element of this program that is guided by core social work values of kindness, compassion and empathy. And so there's a lot of flexibility for judges to be themselves. And so for like Honorable Jane Woodward Miller in St. Joseph County, it's important for her to come down during graduation from the bench and to congratulate the men and women, personally offer a hug, a handshake. And it's one human being kind to another. And so I think this flexibility in implementation of the model is a wonderful thing. At the same time, it is very, very important, we know the drug courts work when they are faithful to the model and the model goes back to the 10 key components. And I have done many drug court evaluations throughout my career. And typically when I do an evaluation and I find that drug court participants have equal outcomes to those in the comparison group, perhaps those on probation, or even worse, drug court participants have worse outcomes than the comparison group, I tend to find that that drug court was actually not a drug court because they weren't following all of the key components of the model. So the flexibility of the model is wonderful because programs can meet the individualized needs of their community. The judge, who is the leader of the model, although works collaboratively with others, has the freedom to be him or herself. They are still a justice professional, but they're learning that they can be a justice professional really through a social work lens. The flip side of it, it's very, very important on a policy standpoint that each state had laws that regulate these programs. So in Indiana, for example, we have a law that if you want to call yourself a problem-solving court, an example would be a drug court, you must follow the 10 key components and there is a regulation that you must follow in order to become certified in the state. So there is a large kind of policy advocacy efforts that I think we need to continue working on as social workers.

[00:19:29] And that's left up to the states to make those regulations?

[00:19:32] Yes. I mean, it's largely up to the states. Now sometimes states may get federal grants from the Substance Abuse and Mental Health Services Administration, SAMHSA, for example. They have a lot of wonderful grants to help enhance existing drug courts or to start new programs. And sometimes some of that federal legislation, in a wonderful way, will have certain requirements as well to prove that you are faithful to the model. But in my experience, it has been largely based on the states in regards to developing legislation to provide a level of accountability for these programs.

[00:20:07] Also interesting. So thank you for giving us this background on drug courts. I wonder if now maybe you could tell us why it is important for social workers to know about these drug courts.

[00:20:18] It's important for social workers to know about drug courts. Most importantly, because the philosophy of drug courts is consistent with social work values and ethics. And I've learned that in my work in the program, I've learned it in witnessing interactions with participants and counselors, participants and judges, participants and their case managers or probation officers. The program is guided by some of our key values, like the importance of human relationships, one human being being supportive of another. As you witness these programs in the Buffalo Treatment Court program and as I have throughout the country, it is a total, in my opinion, paradigm shift from the traditional punitive model of criminal justice. Men and women I have worked with qualitatively have said "I was noncompliant with a certain requirement in the program. Perhaps I used drugs and tested

positive. And even as the judge was giving me the sanction for my behaviors, I felt that the judge cared." There can be compassion and empathy even conveyed during times of consequence or sanction. And so these programs are perfectly aligned with what we teach in schools of social work. These programs are consistent with our values and ethics. And I think an example of that, if we go back briefly to the 10 key components, key component two of the drug court model says that we use a non-adversarial approach to promote recovery and well-being for the men and women that we serve. This word "non-adversarial." We see it in the program and the examples that we've previously discussed. But the non-adversarial approach is a synonym, in my opinion, for the strengths based perspective. Drug courts are designed to catch you doing something right, where the traditional punitive model of criminal justice, particularly in treating addiction, is designed to catch you doing something wrong. So early on in my social work career, when I had the opportunity to work in a drug court in Berks County, Pennsylvania a decade and a half ago, my training in my master's program, as I worked into the drug court in the criminal justice system, it was just a perfect fit for me, it was a perfect fit for my education. It's a perfect fit, in my opinion, for social workers.

[00:22:38] How do drug courts pull in social workers? I know that you've listed how you've been pulled in. But, like what are more examples of if there's someone who's interested in pursuing this line of work, how would they go about pursuing it?

[00:22:49] So I think a key way that we can get more social workers into this program is schools of social work collaborating with the drug courts in their community. And that collaboration can come in the way of someone like myself, a researcher, an academic, a professor working with a drug court to evaluate their program. But in schools of social work, having students do their practicals or internships in drug courts to get them exposure of this program. And so I really feel that schools of social work can be a very important agent in making this connection to get our students and more social workers within these programs. And we've had success here in our area since 2012 when I moved to South Bend, Indiana. I've been the researcher for the St. Joseph County Drug Court. As a result of that connection, I'm able then to get students to do practicums there in a practice setting. I have worked with several students in doing research practical is where they're evaluating the program. And so it really adds to this interdisciplinary collaboration and best treating addiction and also protecting the public because it is a criminal justice program. So we are balancing treatment and rehabilitation with public safety. So I really think schools of social work being a key agent in increasing our representation in these important programs.

[00:24:09] That's great advice. Thank you. So what is the current scientific knowledge base, and you did talk about this a little bit earlier, but we could go more into it, on drug courts, and what research questions have you addressed?

[00:24:21] So as I showed earlier, drug courts are perhaps the most evaluated criminal justice program of all time. We know that drug courts work. And when we use the word "work," what we mean is that men and women who go into drug court overall have a lower criminal recidivism rate in the follow up period as compared to a matched group or a comparison group that is typically doing, again I think traditional probation seems to be the go to from a research standpoint. So drug courts work. Those that go through the program have a lower criminal recidivism rate than those that do not. And that is important because drug courts have many goals. The goals could be to increase education, increase employment, to reduce or eliminate illegal drug and alcohol use. But the long term ultimate goal of drug court is to lower criminal recidivism rates. So drug courts work. And we have a

large body of research to support what I'm saying. The majority of research, though, has been quasi experimental, and I think that's expected with the criminal justice system. It's very difficult to randomly assign participants to probation or drug court because they have rights within the criminal justice system, and which program they are eligible to do or choose to do so. The majority of research has been quasi-experimental with comparison groups that tend to be matched, and the comparison group is against mostly those on traditional probation. There has been a few experimental studies. The ones that I'm mostly aware of are out of Maryland, the Baltimore Drug Treatment Court. And they were able to do some true experimental studies and the findings were the same in that drug courts were more effective than the control group. There's also been some recent meta analysis done on drug courts. They also support this claim. The drug courts work. So we have a large body of research that this intervention that was created 30 years ago in Florida is a successful intervention that we do want to continue expanding throughout our country as well as internationally. We know that drug courts work. However, then some programs there are racial disparities in graduation rates. And that is most problematic because logically graduating the program is one of the biggest predictors of not recidivating. So those that graduate have a lower criminal recidivism rate than those that are terminated from the program. Logically, that makes sense. In 2010 NADCP, which is the National Association of Drug Court Professionals, nationally released a statement to all programs saying there is a trend. This is not universal, but there is enough of a trend of racial disparities in outcomes that all drug courts are required to evaluate their program to see if racial disparities exist. And if they exist, they're required to take steps to fix the problem. That statement was released in 2010 from NADCP. And that's where my research questions began. Around that same time, so I graduated with my PhD in 2012, so I was working on my dissertation 2010 to 2012. And ultimately I had to say we're seeing the trend in some programs where racial disparities exist. We have some quantitative understanding of what that may be, but we will never truly know what's contributing to racial disparities in outcomes until we meet with participants and ask them themselves. It's their life, it's their lived experience. They are going to be able to answer the question for us. We can't through statistics. Statistics have documented the problem, which is important for us to know the problem. But qualitative studies, it's what's going to help us solve the problem. So the majority of my research is related to broadly what are the factors that contributed and contribute to racial disparities in drug court outcomes. And the first known study to explore this phenomenon was my dissertation, which was published in 2012 and in Texas there was a drug court there that had racial disparities in outcomes, and by racial disparities, specifically white participants graduated the drug court at 65 percent, but African-Americans only graduated at 45 percent. So I had a program that currently had and historically had racial disparities in graduation rates. And so I went into the program, met with African-American participants, really again to explore this very broad research question of "what are some of the factors that we think contribute to African-Americans graduating at a lower rate than their white counterparts?" And I think the key thing for us and I think this is very, very important. The key thing is that the problem, this phenomenon, does not lie with African-Americans. The problem is not with African-Americans. The problem is with how drug courts serve African-Americans. And I think that that's important for us to highlight as we approach our research. We are approaching this not saying "what can African-Americans do differently? What's going on within their race, their culture, their neighborhoods or their norms that is contributing to that?" No, we're not approaching it through that lens. We are approaching it to "what is going on in drug courts. What can drug courts do to best serve all races and ethnicities?" My work has been mostly on African-American men and women.

[00:30:03] I'm interested in your comment about using qualitative research methods instead of quantitative that you think that the answers will really be found in qualitative research. I wonder when you said it's their lived lives. I mean, I love that. I'm wondering though, is that something that's particular to drug court research? Is that a philosophy you have more broadly? And then just generally, could you talk more about the philosophy you have about qualitative research in relation to drug courts?

[00:30:29] Yes, absolutely. I left after the PhD program, I went to the University of Texas at Marquette it's a wonderful program and my dissertation was a mixed method study, and so I left the program really having expertise and feeling very confident in quantitative and qualitative data. What I have found specific to drug courts is that I have done both quantitative and qualitative studies, but particularly with this area of racial disparities in outcome, qualitative data seems to be the most effective at us kind of getting an in-depth behind the scenes perspective on drug courts and us being able to identify some very specific suggestions of what drug courts can do to hopefully eliminate this problem to provide equal graduation rates for all races and ethnicities. And so one of the things that I learned in my qualitative class is that quantitative data is wonderful. Sometimes with certain phenomenon it can only take us so far. And that's where qualitative research comes in. Qualitative research comes in to answer the unanswered questions from quantitative findings. And so quantitatively, we can certainly measure someone's drug of choice, their employment status, their education and their age, and how that intersects with race and ethnicity, how it intersects with drug court outcomes such as graduation rates or criminal recidivism rates. But that's very limited to some basic demographics. But to truly understand someone's lived experiences, we need to ask them because their beliefs are the truth. Their beliefs of the judge of drug court programing, their perceptions of the program. That is the truth to them. Hence, that is how they behave. They operate based on their truth. So I do think, of course, quantitative and qualitative are both very important in continuing to advance the success of drug courts. The qualitative data, in my experience and with my particular research questions has been extremely helpful because some of the findings that have come up, we would never be able to even collect or fathom some of the experiences that the men and women have shared with me without sitting down with them for individual interviews or focus groups, for example.

[00:32:52] Interesting. Thank you.

[00:32:54] You've been listening to Part 1 of Dr. Gallagher discussing drug courts and their outcomes on inSocialWork. Look for part two of this podcast in January of 2020.

[00:33:13] Hi, I'm Nancy Smyth, professor and Dean of the University at Buffalo School of Social Work. Thanks for listening to our podcast. We look forward to your continued support of the series. For more information about who we are as a school, our history, our online and on the ground degree and continuing education programs, we invite you to visit our website at www.socialwork.buffalo.edu. And while you're there, check out our Technology and Social Work Resource Center. You'll find it under the Community Resources menu.