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The role of social relationships in recovery court programs

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Abstract

Background Recovery courts offer an empirically supported alternative to incarceration for legally involved individuals struggling with addiction. While studies suggest that graduation from recovery courts leads to a lower likelihood of recidivism as compared to incarceration, attrition rates among recovery court participants are high. Relatively little is known about how court participants' social and family interactions affect progression through recovery court programs – information that could facilitate development of interventions to decrease court program attrition.

Methods We used in-depth, semi-structured qualitative interviews with recovery court participants ($N=68$) across nine recovery courts in one northeastern state to explore the role of social relationships on recovery court program progress.

Results We found the following relationships can serve as barriers or facilitators through the recovery court program: relationship with one's self, minor children, other family, twelve-step peer support group members, court program peers, sober living home residents, and court staff. Participants described how recovery courts favored increased focus on one's self, which was not practical for those with family roles, and study participants felt recovery courts hindered relationships with minor children. Although other family relationships could be motivational, participants also faced misunderstanding and stigma from family members. Furthermore, overreliance on family members and friends for logistical needs (e.g., housing, transportation) could stress fragile relationships and lead to missed court requirements. Court programming facilitated supportive relationships with peers in recovery through required twelve-step peer support group involvement and interaction with court peers. However, ongoing substance use among these peer groups could be distressing for participants, especially in residential facilities. Recovery court staff were further sources of new relationships that were validating of participant progress.

Conclusion Our findings indicate that the impact of social relationships on recovery court participants is complex and could influence court program progress. We suggest that recovery courts serving legally involved populations consider borrowing approaches from the family treatment court model to strengthen pre-existing relationships and support navigation of parenting roles. Connection to wrap-around services could further alleviate stress on family dynamics. Additional incorporation of previous program graduates or those with substance use histories into recovery court programming could also be explored.

Keywords Drug courts, Social relationships, Peers

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Introduction

Overdose-related mortality in the United States more than doubled between 2015 and 2021, topping over 112,000 in 2023 (Ahmad et al., 2024; National Institute on Drug Abuse, 2023). Incarceration is a critical risk factor for overdose-related deaths (Bukten et al., 2017), with almost 60% of people in state prisons meeting criteria for substance use disorder (SUD) (Bronson, 2017). Fatal overdose is the main cause of death following community re-entry (Alex et al., 2017; Bukten et al., 2017) and shows a stepwise increase in risk based on the number of incarcerations (Victor et al., 2022). Therefore, policymakers are increasingly considering alternatives to incarceration for people who have substance use-related legal involvement, including recovery court programs (Executive Office of the President, 2022).

Recovery courts mandate substance use treatment

Since their inception in 1989, recovery courts (also called “drug courts” and “problem-solving courts”) have served as a voluntary alternative to incarceration for people arrested, charged, or convicted of substance use-related offenses. As of 2023, there are over 3,500 problem-solving courts (National Treatment Court Resource Center, 2023). Unlike traditional courts, recovery courts are non-adversarial and led by an interdisciplinary team that facilitate recovery and reintegration into the community through treatment mandates, connections to social services, monitoring (e.g., via urine toxicology tests), and regular status hearings. Individual program requirements vary by recovery court but typically adhere to best practices set by All Rise (formerly “the National Association of Drug Court Professionals”) (All National Association of Drug Court Professionals, 2018; Rise, 2023). Participants who successfully complete or “graduate” from recovery courts typically have their charges reduced or dropped. Participants who do not graduate, however, are returned to traditional criminal legal processing, including prosecution and sentencing.

Research has shown that, as compared to incarceration, recovery courts reduce recidivism (e.g., subsequent drug-related arrests) (Jewell et al., 2017). However, program attrition (or “drop out”) rates remain high, with some findings suggesting that up to three-quarters of participants fail to graduate from recovery courts (Gallagher et al., 2015). Education and employment serve as protective factors and decrease the likelihood of attrition, with attrition also varying by demographic characteristics, such as age, sex, and race (Abarno et al., 2022; Gallagher et al., 2015; Gray & Saum, 2005; Hickert et al., 2009). Other factors that influencing attrition include self-identified readiness for change (Cosden et al., 2010) and

severity of co-occurring psychiatric conditions (Evans et al., 2009).

Social support and recovery court success

Limited research has investigated the role of social supports and the social environment on recovery court attrition, but existing work suggests complicated trends. Some studies indicate that the quantity of social connections is associated with progression through recovery court programs (Hickert et al., 2009; Lang & Belenko, 2000), while others show that the quality of support is critical to success (Cosden et al., 2010; Mendoza et al., 2015). Social supports may evolve over time within a recovery court program, with one study showing that 87.5% of recovery court participants altered their social groups during the program away from peers who were actively using drugs and toward staff and peers in recovery (May, 2008). Successful recovery court participants in one study by Cosden et al. (2010) were significantly more likely to report isolating themselves from family and shifting toward new, more supportive friend groups (Cosden et al., 2010). Other research has shown intentional separation from peers with active substance use or anti-social behaviors during the course of recovery court programs (May, 2008). Therefore, peer support groups (e.g., Alcoholics Anonymous, Narcotics Anonymous), which are mandated in many recovery court programs, could in theory facilitate social access to peers in recovery and improve court program graduation rates (Gallagher & Wahler, 2018). Not all court participants feel they benefit from peer support groups, however, with some court participants indicating a cultural norm and preference for relying on family members rather than peer support group members for emotional and social support during recovery (Cosden et al., 2010; Gallagher & Wahler, 2018; Zschau et al., 2016). Relatedly, court participants may find more recovery support from relationships through church, health clubs, and sports than through peer support groups – suggesting that courts should consider the highly individualized nature of recovery support when setting peer support group attendance mandates (Gallagher & Wahler, 2018).

A few studies have examined the role of family relationships on progress through recovery court programs. Findings regarding the effects of marital status on recovery court progress are mixed (Lang & Belenko, 2000; Shannon et al., 2016; Smith, 2017); but some evidence suggests general family time is beneficial to program success when compared to time alone or with friends (Hickert et al., 2009). However, qualitative research has revealed variable and opposing types of family dynamics that can either support or adversely affect recovery court program progression (Goldberg et al., 2019). Some

evidence further suggests that a sense of connectedness based on shared experience, especially through family in recovery, is a distinguishing characteristic of program graduates versus non-graduates (Cosden et al., 2010).

Children have been described as a substantial motivator for recovery court program completion, but the responsibility and potential stress of parenting within the constraints of recovery court requirements could serve as barriers to program completion for women (Goldberg et al., 2019; Morse et al., 2014; Savage et al., 2015). In one study, 42% of those considering program attrition reported conflicts with family obligations as a substantial obstacle to program completion, and another 20% indicated practical needs, including childcare, as a barrier (Cosden et al., 2010). Evidence of the intersections of social ties and social determinants of health in recovery courts have also been found, particularly in the overlap of housing and childcare needs during treatment (Fischer et al., 2007).

The neighborhood in which court participants live could also affect the likelihood of recovery and court program completion. The relationship between a neighborhood and recovery may be quite complex, because specific individuals in one's neighborhood (e.g., family members or church friends) could serve as protective factors, while other aspects of the neighborhood could serve as risk factors (Gallagher & Wahler, 2018).

Finally, there is some evidence that court team members become part of the support network of court participants during the recovery court program. Multiple authors describe positive relationships with court team members and their impact on participant motivation to remain in recovery court (Cosden et al., 2010; Fischer et al., 2007; May, 2008). Nevertheless, such court team member-court participant relationships are time limited (i.e., for the duration of the court program) and best practices for ending or transitioning such relationships are not well understood. Relatedly, some research suggests that court participants may develop positive relationships with other participants in the same court (i.e., court peers), which could potentially continue beyond the duration of the court program, but very limited research exists on this topic (Cosden et al., 2010; Snell, 2015).

Therefore, given the complexity of previous research regarding the effect of the social environment on court program completion, we sought to describe the role of social and family interactions on participant progress through recovery courts. Our findings build upon previous works to better elucidate intricate social dynamics and unique relationship-focused stressors in recovery court populations. We explore both pre-existing relationships of participants (e.g., family, minor children, self) as well as newer social environments, including interactions

with other court program participants, sober living home residents, 12-step program participants, and court staff. In particular, our findings offer qualitative experiences of parenting and family relationships from participants of multiple genders, which have thus far been reviewed in very few studies and highlight the need for additional supports for participants with minor children (Cosden et al., 2010; Gallagher & Wahler, 2018). We furthermore add to limited data characterizing new peer connections established across multiple social venues during the recovery court process, which can inform avenues to strengthen evolving and potentially tenuous recovery networks for program participants.

Methods

We report our methods and results guided by the Consolidated Criteria for Reporting Qualitative Research (COREQ) (Tong et al., 2007).

Ethics

We received approval to conduct this study from University of Massachusetts Chan Medical School Institutional Review Board. Participants were engaged in the informed consent process, which included information about the nature of the study, procedures involved, confidentiality of their data, risks and benefits of participating, and information about reimbursement for study participation.

Participants

Sixty-eight newly enrolled recovery court participants were recruited across nine recovery courts in one northeastern state between 2017 and 2019 for this study. To be eligible for the study, participants had to have been enrolled in a recovery court within four months of study initiation, be at least 18 years of age, and speak English. Participants were asked to complete a qualitative interview and several brief self-report questionnaires lasting a total of one hour. Participants were compensated with a \$30 Visa gift card for their time. Our data is part of a larger longitudinal study of participants not described here. See Tables 1 and 2 for demographic information and participant substance use history.

Recruitment

Study staff utilized a variety of methods to recruit study participants. At the court site during days drug court sessions were held, study staff would post study flyers in common areas, make announcements during the drug court session, listen during the drug court session to gauge which participants were newly enrolled, and approach potentially eligible participants before and after the drug court session about participating in the study.

Table 1 Participant demographic information

Demographic	
Mean age	35.3 years (SD = 9.2, range 20 to 62)
Gender	Number (%)
Male	49 (70%)
Female	19 (30%)
Race	
White	50 (71.4)
Black/AA	9 (12.9)
Hispanic/Latinx	2 (2.9)
Multi/Mixed	3 (4.3)
Education	
< High school	16 (22.9)
High school	28 (40)
College or higher	23 (32.9)
Employment	
Unemployed	43 (61.4)
Part Time	9 (12.9)
Full Time	15 (21.4)
Residence	
Halfway house/Sober living house	24 (34.3)
Residential program	20 (28.6)
Family/friend	12 (17.1)
Independent/own	10 (14.3)

Table 2 Participant substance use history

Demographic	Number (%)
Severity of disorder^a	
None	4 (5.7)
Mild	2 (2.9)
Moderate	3 (4.3)
Severe	57 (81.4)
History of overdose	
Never	25 (36.8)
1x	13 (19.1)
2x	5 (7.4)
3x or more	19 (28.0)
Never	25 (36.8)
Drug of choice	
Alcohol	5 (7.4)
Opioids	44 (64.7)
Stimulants (cocaine, methamphetamine)	13 (19.1)
Other	3 (4.4)

^a Based on Texas Christian University Drug Screen (TCUDS) (Knight, 2007; Knight et al., 2018)

Staff also corresponded with court personnel, often court clinicians and probation officers, via email and at court sessions to gather names of drug court participants who recently enrolled and would be eligible to participate. Then, participants were approached directly by study staff, or drug court personnel explained the study opportunity to the participant.

Instrument and procedures

Participants completed study interviews by phone or in-person in a private room in the courthouse before or after recovery court meetings. Interviews were conducted by the study PI, a clinical psychologist. Participants completed a 30-min semi-structured interview regarding participants' experiences in recovery court and factors that impacted their engagement and retention. Eight structured, self-reported questionnaires were also completed (not described here), including demographic questions.

Data coding and analysis

Interviews were transcribed, redacted, and coded and analyzed using a mixed deductive-inductive approach. A coding book was developed using thematic iterative categorization, starting with study PI and two coders reviewing three transcripts and identifying and applying codes until agreement was reached. Two additional interviews were coded by all to refine the codebook. Subsequently, inter-rater reliability was conducted, with coders needing to achieve a Cohen's kappa of 0.7 or above to proceed (Hallgren, 2012). Inter-rater reliability was conducted every 10 interviews to maintain coding consistency. Analysts reviewed four codes (Family/Family Time, Peers/environment, Addictions-Miscellaneous, Children and Custody).

Results

We identified several types of social relationships that could affect participants' progress through the court program: relationship with one's self, parenting relationships with minor children, relationships with other family members, relationships with peers in twelve-step support groups, relationships with sober living housing residents, relationships with peers in the court program, and relationships with court staff. Table 3 depicts the key social relationships described by participants, including aspects of relationships that could act as barriers or facilitators to court program progress.

Relationship with one's self

Interviewees commonly described a renewed focus on self and a withdrawal from existing relationships with friends or family who used illicit substances, *"I got family members that I love dearly, but I gotta let them go until*

Table 3 Potential barriers and facilitators of recovery court program progression by relationship type

Type of relationship	Barriers to court progress	Facilitators of court progress
Relationship with one's self	Focus on one's own recovery only may not be practicable if one has minor children	Evaluation of protective and risk factors in one's life
Parenting relationship with minor children	Court program requirements causing participant to spend less time with the child; difficulty navigating child welfare system and recovery court program simultaneously	Motivation to participate in the court program
Relationship with other family	Misunderstanding of addiction and stigma; resentment	Motivation to participate in the recovery court program; help with transportation and other logistical barriers to court participation
Relationship with peers in twelve-step support groups	Program approach and principles not consistent with participant belief	Feeling accepted and understood
Relationship with peers in the recovery court program	Court participants in active addiction or who do not take the court program seriously	Inspiration to join and continue in the court program
Relationship with sober living home residents	Residents in active addiction; interpersonal disagreements and stress	Feeling accepted and understood
Relationship with court program staff		Encouragement/praise, connection to resources

they're ready to really get clean...But as long as I stay separated and focused on myself, my sobriety, this drug court stuff..." (ID007). Even when interpersonal connections were supportive, some believed that self-focus was key to their success in recovery court, *"My family's supportive...I don't go see 'em as much as I should but this, this is all about me right now"* (ID21).

Several interviewees explained that the structure of recovery court favored self-focus over family roles, which could be unrealistic and overwhelming for those with ongoing obligations to family. Individuals highlighted a lack of flexibility and extensive recovery court requirements as *"jumpin' through hoops"* (ID54). One participant explained that the recovery court's lack of flexibility when it came to family obligations could lead them to choose a short time in jail over longer-time engagement in the recovery court program: *"I figured if its gonna take away from [time with family] I'll just go back to jail [instead of participating in recovery court]"* (ID1).

Relationships with minor children

The potential of regaining child custody and strengthening parent–child relationships were frequently described as central motivators for participating in the recovery court program. For example, when deciding whether to opt for recovery court program involvement or jail time, one participant described wanting to be in the community for the birth of their son: *"At first I was like, no. I'll just take the time. But I figured like around that time my son was just born...Because, honestly, for me, it was because I have a son"* (ID44).

Even if participants were motivated by the desire to regain child custody, however, some court participants believed the recovery court provided inadequate legal

custody guidance. Relatedly, several participants believed recovery courts failed to coordinate with the child welfare system, causing court participants to feel "stuck" between two different legal systems, which sometimes had conflicting requirements. One participant noted, *"I want them to also know that it's not just drug court, it's [Department of Children and Families] too that I'm like fighting for...then [the judge is] like 'Let's focus on this right now, drug court'...and it's like, again, we're supposed to work together"* (ID27).

Some participants also described struggling to fulfill parenting responsibilities due to time constraints of recovery court program requirements. Participants felt they had less time to spend with children due to their engagement in the recovery program, causing substantial stress for the court participant. Court program requirements – such as participating in residential treatment without access to children – were noted as a potential reason to voluntarily leave the court program. One participant explained, *"I got my kid's first birthday coming, they're [residential program] tellin' me they don't think I'm gonna be able to go and that's the stuff that's like pushing me away...and it [recovery court] is a really good program...if you're not a mother"* (ID28).

Another participant described how the recovery court had encouraged them to live in a sober living home, but child welfare professionals do not permit visitation to sober living homes. They said, *"...I'm trying to get my daughter back 'cause she's in a foster home...they said if I had somewhere to bring her I could've gotten her when I went to court the first time but I...in a sober house you can't obviously have kids there so now I just got approved for a grant that if I get an apartment they're gonna pay first and last for me. But there's a catch to that too because*

you have to be approved to move from drug court you know? And it's like uhhh it's just so much work" (ID 13).

Relationships with other family members

Several court participants explained that other family members (e.g., parents, significant others, siblings) motivated them to participate in recovery court. In some cases, family members explicitly voiced their support when a participant was wavering between deciding to participate in recovery court or not. For example, one participant said, *"That was definitely a motivator too. You know the people that cared about me the most want me to get help and want me to figure this out..."* (ID29). In other cases, the court participant joined recovery court because they believed program completion could, indirectly, cause family members to regain trust in a broken relationship. These participants sometimes expressed guilt during interviews related to the negative effects substance use had caused on family relationships. One participant said, *"...it's just getting the trust back...Which takes a long time...I'm surprised that my parents are still there. Still behind me. I mean my father's goin' to every court date I've ever had"* (ID43).

Some participants also described that their family members did not understand the recovery court process or addiction even when these participants described feeling supported by family overall. Such lack of understanding could result in harmful judgments about the court participant. For example, one participant described their family as saying the following, *"[W]hy can't you just stop? What is wrong with you?"* (ID74). Several participants believed misconceptions stemmed from the family members' lack of personal experience with addiction.

Court participants also relied on family members for practical needs like childcare and transportation to court hearings or program events. Unreliable help could sometimes worsen already difficult family dynamics and lead to missed program events. For example, one participant said, *"He was supposed to pick me up in the morning. He didn't show up...so I literally had 10 min to try and find a friend or a neighbor or someone to give me a ride. And I wasn't able to..."* (ID 56).

Relationships in twelve-step peer support groups

Participants frequently explained the importance of changing friendship groups as part of the recovery process – specifically the need to avoid friends who use substances. Participants spoke of finding new friends who were understanding of their steps toward recovery and who were often working toward recovery themselves. Participants commonly described developing new friendships with peers in the recovery community, especially in NA, AA, and sober living homes. Participants felt that

they were understood by NA and AA peers. One participant contrasted the understanding of addiction, relapse, and recovery present among peer support groups versus at home, saying, *"... my wife and me were raised differently. She's never done drugs...So it's nice to come some place (NA/AA) and just tell people like exactly what's going on and they understand you know"* (ID 64).

Relationships with peers in the recovery court program

Participants also described forming or strengthening existing relationships with fellow recovery court participants, some of whom had inspired them to join the recovery court to begin with. Participants were inspired by fellow court peers finding success in the court program and found comradery in their common goals. As one individual states, *"...I see friends that I was using with...and seeing them glowing, shining, doing good, and it's a miracle...seeing these men and women I used with on the street succeeding... that motivates me"* (ID 101). At the same time, some participants noted that court peers could serve as risk factors, especially if the court peers did not take recovery or the court program seriously, or if the court peers were still using substances.

Relationships with sober living home residents

Participants who lived in sober living homes or temporary residential programs described these environments as having complex social relationships, including cliques and personality clashes. Additionally, several participants described seeing fellow housing residents in active addiction and witnessing overdoses, which were considered potential triggers for relapse. One participant said, *"...I mean I'm like down on my bed and...Dude's climbin' out the window to go get drugs and liquor. And two hours later dude ends up OD'in upstairs"* (ID 30).

At the same time, sober living homes were also described as physical spaces offering opportunities for friendship, recovery support, and connection to the broader recovery community, although these positive aspects of sober living homes were discussed less often than negative aspects.

Housing also had a large effect on family relationships, especially with children. As mentioned previously, interviewees faced difficulty in continuing to parent based on the rules of their halfway houses and residential treatment centers, where there could be restrictions on visits from minors. Some interviewees juggled intersectional issues of housing and child custody and detailed the complicated process of coordinating necessary housing arrangements. Navigating Department of Children and Families (DCF) housing requirements in the context of recovery court regulations could be a significant source of anxiety and confusion, creating a potential barrier to

progress. Some individuals even described stress around custody as contributing to relapse.

Relationships with recovery court staff

Participants believed that court staff (e.g., judges, case-workers, and counselors) had a significant impact on their progress through the recovery court program, with court staff often humanizing the process. Recovery court staff were described as approachable, reliable, and encouraging. Participants emphasized how praise from court staff was very meaningful. For example, one participant said, *“So when you have something like drug court, it’s really, it’s a really good support to you...You know how much motivation you get with that judge talkin’ to you positive? I’ve been coming to court my whole life. Goin’ to jail my whole life. I’ve never had a judge shake my hand...”* (ID58). Participants also believed that staff played an important role in providing resources for recovery, such as connection to treatment and housing.

Discussion

Through in depth, qualitative interviews with recovery court participants, we identified several key social relationships that could serve as barriers or facilitators to progress through recovery court programs: the relationship with one’s self, minor children, other family members, twelve-step peer support group members, recovery court peers, sober living home residents, and recovery court staff. The most complex relationship appeared to be between court participants and minor children, as reunification with children can serve as a key motivator to recovery court participation, but the recovery court itself may be structured in a way that acts as a barrier to parent–child relationships – potentially even leading to court participants withdrawing from the court program. These findings echo previous qualitative studies, particularly in female recovery court participants, which demonstrate parenting duties as both a motivation and obstacle to program progress within the constraints of recovery court requirements (Fischer et al., 2007; Goldberg et al., 2019; Morse et al., 2015; Savage et al., 2015). Unfortunately, participants in our study also explained that sober living homes and residential programs prevented engagement with children, causing parents to make untenable and unfair decisions between engaging in sober living/residential programming recommended by the court versus interacting with their loved ones. Historically, the rationale for such policies in residential treatment programs was the supposed need of separating patients with addiction from the community to “focus on themselves.” Such treatment requirements, however, ignore the reality that other options for childcare may not be available, that parents’ recovery may actually benefit from positively

interacting with children, and that separation can be traumatic for the child (Bleasdale et al., 2022). While recovery court staff likely lack direct control over sober living or residential treatment program facilities, they can more consciously consider the impact of different program requirements on the parent–child relationship and modify court program requirements as needed. For example, courts can use virtual hearings platforms accessible from the participants’ home. Such virtual platforms could also help address transportation barriers (Andraka-Christou et al., 2024).

Recovery courts that oversee people arrested for or convicted of crimes could learn lessons from the civil family treatment courts, which cater to and recognize the influence of broader family obligations on recovery and court programming (Lloyd Sieger et al., 2021). For example, family treatment courts typically involve child welfare professionals on the court team, helping to align goals between court staff and the child welfare system. Family treatment courts also explicitly include family/child relationship goals among recovery goals, helping the court participant more visibly see how their own goals align with that of the court. Several of our study participants described difficulty navigating recovery court requirements and child custody legal processes, especially in terms of finding housing approved by the Department of Children and Families. Additional program support for participants with minor children could relieve the stress of balancing complex parenting needs and allow for greater focus on personal recovery.

Finally, while our data show accounts of complicated parenting roles in participants of multiple genders, it is important for court staff to remember that female parents with addiction experience more pronounced stigma in their lives than do childless individuals or men; court staff should consciously seek to mitigate such stigma, including by praising parents’ treatment engagement and validating the difficult work involved in navigating the child welfare and recovery court system simultaneously (Meyer et al., 2019).

Several relationships in our study included features that could either facilitate or act as barriers to progress through recovery courts, suggesting that the mere existence of a relationship may not necessarily be as important as the nature or quality of the relationship. We found, for example, that recovery court programs in our sample implicitly or explicitly encourage developing relationships with other court program peers and sober living residents, which could be major sources of inspiration and encouragement. In fact, several court participants indicated that they joined the court program after being inspired by witnessing people they previously knew make positive life changes through the court program. Some

court program peers and sober living residents, however, were still in active addiction and were described as not fully supportive of participant recovery. This could be a substantial source of stress and even potential relapse for some study participants. Recovery court programs could consider adding tools (e.g., targeted counseling) to help court program participants navigate situations where they have no choice but to engage with other people in active addiction, including other court program participants or sober living residents.

Our findings suggest that shifts in friendships occur during recovery court programming, specifically through development of relationships with others in recovery through twelve-step support groups and sober living homes. Our study adds to the literature by highlighting the role of other people in the court program as friends in recovery. We are unaware of studies examining the long-term sustainment of peer support relationships from recovery courts – an important area for future research. The recovery court programs included in this study, for example, last eighteen months during which times court participants interact with each other weekly or biweekly, observing each other's recovery setbacks and progress. These interactions could potentially lead to a deep and lasting interpersonal bond. Revier (2021) describes how the provision of incentives and sanctions in recovery court occur in a "theater"-like format, with other court program participants observing as an audience – presumably motivated to change their own behavior as a result (Revier, 2021).

Previous research has found that some court participants prefer to rely on family for recovery support rather than twelve-step group members, but family members do not necessarily have the emotional or communication skills to help their loved ones (Gallagher & Wahler, 2018).

Indeed, family members (e.g., parents, siblings) in our study were commonly referred to as major sources of emotional support. However, participants also described misunderstanding about addiction among their family members as well as tenuous family dynamics related to their substance use. Recovery courts should facilitate further integration of family into the court process and provide access to family counseling, as addiction-related behaviors may have severely damaged the quality of the family relationship, even if the relationship remains a key motivation for a court participant's recovery. Revier (2021) argues that recovery courts are designed to transform not only a person's behavior but their entire identity from that of a "criminal" to a "productive citizen"; therefore, it is unsurprising that some recovery court staff exert more effort helping court participants forge new relationships rather than improving existing relationships (Revier, 2021). Yet, it is unlikely that court participants

will entirely depend on new relationships (e.g., with people they meet through twelve-step groups) as they progress in recovery through and beyond the court program. Court staff could, therefore, also help the participant identify who is already an existing support – especially among family members – and help strengthen those relationships as well.

As in other studies of recovery courts, many participants in our study have limited socioeconomic resources and rely on family or friends for basic logistical needs, including housing, transportation, and childcare (Bleasdale et al., 2022). Such dependence on family and friends could cause interpersonal strain and, in the case of irregular access to transportation, the potential for court event absences. In one study, reliance on interpersonal relationships for tangible supports like housing and finances was associated with a significantly lower likelihood of program graduation (Abarno et al., 2022). As previous research has also suggested, connection to robust wrap-around services could off-set community resource gaps and in turn relieve potential strain on family dynamics (Fischer et al., 2007; Morse et al., 2014, 2015; Pringle et al., 2002).

Our study also highlights the importance of the court staff-court participant relationship in the recovery process. Previous work has described these relationships as parental in nature, with praise from court staff serving as a strong motivator in the recovery process (Gallagher et al., 2022; Tiger, 2013). Supportive comments from a judge are facilitators of progressing through recovery court programs. Relationships between court participants and court staff could potentially be further enhanced through the addition of a peer recovery court specialist to the court team – a person with lived experience who serves as an emotional support and as a liaison between the court participant and other staff (Williams, 2023). Some studies have demonstrated positive effects of including peer-focused supports in recovery courts, such as lower re-arrest percentages, although research remains limited (Belenko et al., 2021).

Our findings should be interpreted within the context of study limitations. Our study was conducted in one northeastern state with a high degree of treatment resources and insurance access, which may not generalize to other states. We acknowledge that relationships and social experiences vary across individual characteristics, including age, culture, race, and sex. While many demographic factors of our recovery court groups reflect trends nationwide (predominantly male and white), they do not reflect the demographics of incarcerated populations at large, and our results may not be generalizable to those of all backgrounds (DeVall et al., 2022). Furthermore, our interview did not directly query about social

supports but rather regarding factors that impacted recovery courts. Topics of social support were further queried if participants made comments on relationships or social environments. Our interviews also targeted individuals early on in their recovery court processes, specifically within four months of beginning a court program, and it is possible that the impact of social supports shifted over time. Therefore, these findings may not be applicable to all stages of recovery. Also, while we explained to participants that recovery court staff would not have access to their responses, social desirability bias may have played a role in participants' responses, as well as confusion about whether identifiable research results would be shared with court staff. As a result, we cannot be certain that court participants described experiences accurately or comprehensively.

Conclusion

Although previous evidence suggests that recovery court programming results in lower criminal legal recidivism as compared to incarceration, many people fail to graduate recovery court programs. Our qualitative study explored the role of social relationships as facilitators and barriers to progress through recovery court. Court participants experience many simultaneous relationships, including with people in the court program, family, and in the broader recovery community. Relationships can serve as motivators for court program completion, connections to resources (e.g., housing, transportation), and emotional support during recovery, but some relationships, like those with peers in active addiction, may act as stressors. Recovery courts must also consider whether their programming requirements serve as logistical barriers to maintaining critical relationships (e.g., with minor children). While recovery courts mandate participation in twelve-step groups, potentially leading to beneficial social support, they should consider additional approaches to supporting family relationships, including family counseling.

Appendix 1

Table 4 COREQ (COnsolidated criteria for REporting Qualitative research) Checklist

Topic	Item No.	Guide Questions/Description	Details
Domain 1: Research team and reflexivity			
<i>Personal characteristics</i>			
Interviewer/facilitator	1	Which author/s conducted the interview or focus group?	EP

Topic	Item No.	Guide Questions/Description	Details
Credential	2	What were the researcher's credentials? E.g., PhD, MD	PhD
Occupation	3	What was their occupation at the time of the study?	Clinical Psychologist
Gender	4	Was the researcher male or female?	Female
Experience and training	5	What experience or training did the researcher have?	10+ years of clinical interviewing in psycho-legal settings
<i>Relationship with participants</i>			
Relationship established	6	Was a relationship established prior to study commencement?	Yes, during research recruitment
Participant knowledge of the interviewer	7	What did the participants know about the researcher? e.g., personal goals, reasons for doing the research	Participants reviewed a consent form which included information about the study background and aims
Interviewer characteristics	8	What characteristics were reported about the interviewer/facilitator? e.g., Bias, assumptions, reasons and interests in the research topic	We reported the education levels, sex, and disciplines, of the interviewers
Domain 2: Study design			
<i>Theoretical framework</i>			
Methodological orientation and Theory	9	What methodological orientation was stated to underpin the study? e.g., grounded theory, discourse analysis, ethnography, phenomenology, content analysis	Study design, codebook, and analyses were guided by the SEM framework using inductive and deductive methods. Emergent themes were derived utilizing a data-driven thematic coding scheme iteratively developed by the analytical team. Qualitative themes were analyzed within a modified Socio-Ecological framework that consisted of five levels: children, intrapersonal, interpersonal, community, and institutional
<i>Participant selection</i>			

Topic	Item No.	Guide Questions/Description	Details
Sampling	10	How were participants selected? e.g., purposive, convenience, consecutive, snowball	We used a purposive sampling frame to recruit newly enrolled Recovery Court participants. Participants were approached directly in Recovery Court and invited to complete a short survey and a semi-structured interview.
Method of approach	11	How were participants approached? e.g. face-to-face, telephone, mail, email	Individuals were recruited face-to-face, and interviews were conducted via videoconference.
Sample size	12	How many participants were in the study?	Interviews were conducted with 68 newly enrolled Recovery Court participants from 9 Recovery Courts in Massachusetts.
Non-participation	13	How many people refused to participate or dropped out? Reasons?	All who were contacted to participate in the interviews chose to enroll in the study.
Setting			
Setting of data collection	14	Where was the data collected? e.g., home, clinic, workplace	All interviewees were asked to be in private spaces during study interviews (either home or work offices).
Presence of nonparticipants	15	Was anyone else present besides the participants and researchers?	No.
Description of sample	16	What are the important characteristics of the sample? e.g., demographic data, date	Interviews were conducted with 68 newly enrolled Recovery Court participants from 9 Recovery Courts in one northeastern US state. Data was collected from February 2018 to November 2019.
<i>Data collection</i>			

Topic	Item No.	Guide Questions/Description	Details
Interview guide	17	Were questions, prompts, guides provided by the authors? Was it pilot tested?	The questionnaire was semi-structured and was reviewed by experts in the field prior to starting the research. There were no formal revisions to the questions, however some phrasing changed throughout the study as interviewees provided responses. Sample questions included: What do you think other people think about your drug use? Is it something you can control? and What do you think will help you to complete the [drug treatment court] program?
Repeat interviews	18	Were repeat interviews carried out? If yes, how many?	Repeat interviews were not carried out.
Audio/visual recording	19	Did the research use audio or visual recording to collect the data?	Audio recordings were used.
Field notes	20	Were field notes made during and/or after the interview or focus group?	Yes, field notes.
Duration	21	What was the duration of the interviews or focus group?	Interviews lasted approximately 60 minutes.
Data saturation	22	Was data saturation discussed?	The large sample size enabled achievement of thematic saturation, which was noted in the methods and discussion.
Transcripts returned	23	Were transcripts returned to participants for comment and/or correction?	The transcripts were not returned to participants for comment and/or correction.
Domain 3: Analysis and findings			
<i>Data analysis</i>			
Number of data coders	24	How many data coders coded the data?	Three.

Topic	Item No.	Guide Questions/ Description	Details
Description of the coding tree	25	Did authors provide a description of the coding tree?	Codes (categorized data extracts from the interview) were refined using open coding and constant comparative methods, resulting in a coding tree ultimately leading to 15 codes.
Derivation of themes	26	Were themes identified in advance or derived from the data?	Emergent themes (patterns of responses from multiple respondents that may span more than one code) were derived using a data-driven thematic scheme iteratively developed by the analytical team using inductive and deductive approaches within the SEM framework
Software	27	What software, if applicable, was used to manage the data?	Dedoose v9 (Los Angeles, CA)
Participant checking	28	Did participants provide feedback on the findings?	Participants did not provide direct feedback on the findings
<i>Reporting</i> Quotations presented	29	Were participant quotations presented to illustrate the themes/findings? Was each quotation identified? e.g., participant number	Participant numbers were assigned to selected quotes
Data and findings consistent	30	Was there consistency between the data presented and the findings?	Yes
Clarity of major themes	31	Were major themes clearly presented in the findings?	Yes

Topic	Item No.	Guide Questions/ Description	Details
Clarity of minor themes	32	Is there a description of diverse cases or discussion of minor themes?	Yes

Appendix 2

Semi-Structured Interview Questions

- How did you end up in drug court?
 - Who did you speak with before deciding to participate?
 - Have you heard about drug court before you joined? What did you hear?
 - What did other people say about drug court (family, friends, inmates)?
 - What made you join now?
 - Have you ever been offered this program before. If so, why did you not join then?
- How do you think you are going to do in drug court?
 - What do you think you need to do to complete the program?
 - What do you think will be especially difficult to comply with? Why?
 - What would make it easier for you to complete the program?
 - Are there people around that can help you get through this program?
- How do you like the program so far?
 - What is working for you?
 - What is not working?
 - What could the drug court people do to make this program better?
 - Since joining the program, have you wanted to quit or regretted joining? When? Why?
- Tell me a little bit about your drug use (when did you start using, drug of choice, how often)
 - How likely do you think you are to stay clean? What's different now than in the past times when you tried to stay clean?
 - Are there people out there who can help you stay clean?
 - What do you think would help you to stay clean?

5. How do you think of drug addiction? Some people think of it as a disease or a chronic condition, others think it's a choice or about will power, everyone thinks about it differently.
 - a i. What makes it a disease or not a disease? ii. How does addiction compare to other chronic conditions?
 - b How do other people think about your drug use? Is it something they think you can control? What do you say to them?
 - c What do you think people in general think about those who use drugs? Can that be changed?
 - d What kind of treatment would be most helpful to you in managing addiction? Why?

Abbreviation

SUD Substance use disorder

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Authors' contributions

E.D. – Conceptualization, Formal Analysis, Writing – Original Draft, Writing – Review and Editing, Visualization; B. A.C. – Writing – Review and Editing; A.B. – Data Curation, Resources, Writing – Review and Editing, Visualization; D.A. – Writing Review and Editing; E.P. – Conceptualization, Methodology, Formal Analysis Investigation, Writing – Review and Editing, Project Administration, Funding Acquisition All authors reviewed the manuscript and approve of its submission.

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Data availability

The datasets used and/or analyzed during the current study are available from the corresponding author on reasonable request.

Declarations

Ethics approval and consent to participate

Study approval was received from the University of Massachusetts Chan Medical School Institutional Review Board. Participants were actively involved in the informed consent process. This included information about the nature of the study, procedures involved, participant data confidentiality, risks and benefits of study participation, and information regarding reimbursement for participation.

Competing interests

The authors declare no competing interests.

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