Published in final edited form as:

Vict Offender. 2023 July ; 18(8): 1474–1497. doi:10.1080/15564886.2023.2230476.

Impacts of COVID-19 on Drug Treatment Court Operations: Lessons Learned Through Normalization Process Theory

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Abstract

This qualitative study investigates the effects of the COVID-19 pandemic on drug treatment courts through the lens of court team members. We conducted semi-structured interviews, guided by Normalization Process Theory, to learn how transitioning to remote operations impacted courts, clients, and practices. Team members gave mixed reviews of the utilization of remote technology for drug treatment court processes, citing the advantages of increased flexibility and accessibility alongside concerns about client accountability. Additionally, there was disagreement on whether remote technology promoted or hindered communication between the clients and the judge. Interviewees also endorsed the idea of keeping the remote option post-pandemic for specific categories of clients.

Keywords

Drug treatment courts; COVID-19 pandemic; remote technology; normalization process theory

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Disclosure:
No potential conflict of interest was reported by the authors.

Introduction

The COVID-19 pandemic disrupted drug treatment court operations throughout the United States, accelerating the need for courts to adopt technology to maintain court operations, substance use treatment, and essential services for their clients, who represent a high need, vulnerable population (Baldwin et al., 2020; Ray et al., 2022; Zilius et al., 2020). This study qualitatively investigates the impacts of the COVID-19 pandemic on the operations of local drug treatment courts in Western New York through the lens of those working within the court system, treatment providers, and partnering community agencies. We seek to understand: (1) how the pivot to remote operations impacted their practices, their clients, and organizations; and (2) how they appraised the pros and cons of remote technology in the context of working in or in support of drug treatment courts.

Drug treatment courts (DTCs) were established over 30 years ago in the United States as an alternative to incarceration for people charged with drug-related crimes (Marlowe et al., 2016). DTCs link participants to substance use treatment, behavioral health care, and a variety of social services and supports to initiate and sustain recovery while reducing recidivism. Although significant variation exists between DTCs, the courts are guided by a set of unifying principles or key components and offer a structured program that monitors participants for 12–24 months through 3–4 phases focusing on stabilization, treatment, recovery, and supports (Logan & Link, 2019; Marlowe et al., 2016; National Association of Drug Court Professionals, 1997). DTCs also incorporate a multidisciplinary team of professionals that may include court personnel, local treatment providers, and social service agency representatives (Marlowe, 2021; Monchick et al., 2006). The team regularly meets with the judge to address clients' specific needs and progress (Monchick et al., 2006; National Association of Drug Court Professionals, 1997). In 2015, the Center for Court Innovation published a monograph advocating for DTCs to enhance their operations through technology (Schachar et al., 2015). However, uptake of remote technology remained low until the COVID-19 pandemic, when many courts were forced to shift their operations seemingly overnight, often with minimal guidance (Ray et al., 2022).

In March 2020, at the start of the pandemic, the National Center for State Courts recommended that all noncritical court types cease face-to-face sessions and meetings (Baldwin et al., 2020). According to a national interview survey of 172 treatment courts conducted in 2020, 70% ceased court sessions for a period of time during that year and reopened using virtual technology (Zilius et al., 2020). The National Association of Drug Court Professionals (NADCP) developed best practices for treatment courts to accommodate COVID-19 mitigation guidelines, especially the need to limit or eliminate face-to-face contacts. The NADCP recommendations included ways to rapidly incorporate remote technology for staffing meetings, client-dependent contacts, court proceedings and appearances, self-help meetings, and sanctions (Marlow, 2020; National Association of Drug Court Professionals (NADCP), 2020).

While the court system was adopting remote technology, telehealth services accelerated in the United States (Baum et al., 2021; Koonin et al., 2020; Whaibeh et al., 2020). In response to COVID-19 social distancing and mitigation requirements, the Centers for

Medicare and Medicaid Services (CMS) implemented sweeping emergency regulatory and policy changes to allow multiple types of healthcare practitioners to provide tele-services and receive reimbursement (Koonin et al., 2020). Telehealth has been broadly defined to encompass the provision of both medical and behavioral healthcare via phone or video conferencing (Batastini et al., 2016; Koonin et al., 2020; SAMHSA., 2021). Tele-mental health, the provision of counseling and behavioral health services remotely, represents the most common application of telehealth in the United States (Krider & Parker, 2021). There is a growing literature documenting the efficacy of tele-mental health care, including for people in the criminal justice system, especially those in prisons and jails (Batastini et al., 2020; Batastini et al., 2016; Krider & Parker, 2021; Mark et al., 2021; Zaller et al., 2022).

A small but growing body of literature is examining the response of DTCs during the COVID-19 pandemic. In 2020, Northwest Professional Consortium, Inc. (NPC) Research conducted 172 interviews with court coordinators and judges, representing 80% of all Bureau of Justice Assistance (BJA) Training and Technical Assistance grantees, to ascertain how courts were adapting and responding to the COVID-19 pandemic (Zilius et al., 2020). NPC Research repeated the interview survey in 2021 to assess 184 treatment courts, with 73% of interviews being follow-up interviews. Both NPC Research reports document numerous creative innovations adopted by courts across the U.S. to engage participants using remote technology and provide alternatives to jail sanctions (Carey, 2022; Zilius et al., 2020). For example, in lieu of jail, some courts sanctioned participants by assigning essays, webinars, or mandating additional online self-help sessions. Additionally, courts found creative ways to encourage participants, such as sending supportive video messages or texts from team members, showing a PowerPoint photo gallery of exemplary participants before a virtual court session, or hosting a PowerPoint “Drug Courts Got Talent” show (Zilius et al., 2020). As of 2021, 70% of all courts in the NPC Research survey had adopted a hybrid model, combining in-person and remote services (Carey, 2022).

In 2022, Hartsell and Lane evaluated two drug courts in Marion County, Florida during the first months of the COVID-19 pandemic. They observed that the adoption of remote technology for court procedures resulted in more relaxed judge demeanor, reduction in transportation barriers, and flexibility for staffing meetings. However, they also reported reductions in new client recruitment, drug testing frequency, and face-to-face contacts between court personnel and clients, and increased informality among drug court clients.

While most work has looked at court providers’ experience, Ray and colleagues (2022) examined the responses of 1356 drug treatment court clients across 121 courts to a 2021 National Center for State Courts online survey. Clients answered questions about their court and treatment experiences, and barriers to participating in virtual and in-person court procedures. Clients indicated they felt more comfortable in the virtual court proceedings compared to in-person court sessions. However, clients also perceived that the judge was less familiar with their cases in the virtual court compared to in-person sessions. Clients’ responses also suggested that they derived greater benefit from in-person treatment services, compared to those provided via remote technology (Ray et al., 2022).

Several recent studies have examined how community corrections adapted during the early months of the COVID-19 pandemic. For example, Schwalbe & Koetzle (2021) surveyed 1,054 U.S. probation and parole officers regarding supervision and support strategies used before and immediately following the onset of the pandemic, finding that probation and parole officers significantly increased their use of remote technologies to supervise and sustain contacts with clients. In a 2022 study, Galleguillos, Schwalbe, and colleagues conducted focus groups and interviews with a sample of community corrections officers who participated in the aforementioned survey (Galleguillos, Schwalbe, et al., 2022). Based on their findings, they recommend that officer-client relationship be solidified in-person at the outset, before introducing remote technology (Galleguillos, Schwalbe, et al., 2022). Viglione and Nguyen (2022) analyzed survey results from 347 community supervision directors during the COVID-19 pandemic and found that agencies with greater access to technology pre-pandemic were more likely to transition to telehealth services for substance use disorder (SUD) treatment for justice-involved people. In their study of the impacts of COVID-19 on community corrections in Chile, Galleguillos and colleagues documented the shift from in-person to remote supervision and the effects of regional socioeconomic disparities on unequal access to technology (Galleguillos, Sánchez Cea, et al., 2022). This study underscores the importance of considering geographic and socioeconomic contexts prior to implementing remote supervision.

Taken together, these studies document the specific challenges that the treatment courts and community corrections agencies confronted when altering their operations to accommodate remote technology and the resulting impacts on clients. Drug treatment court clients represent a high-risk group struggling with substance use disorders, often co-occurring with mental illness, and facing social determinants of health challenges, such as unstable housing (Boeri et al., 2011; Kahn et al., 2019; Shaffer et al., 2021). The present study builds on this emerging literature and explores how individual drug treatment court team members responded to COVID-19 mitigation requirements and adapted and incorporated remote technology into their day-to-day operations. We chose a qualitative design to elicit individuals' first-hand experiences in the context of their roles in the courts or partnering agencies. To understand the functional processes by which team members altered their practices during the changing pandemic environment, we applied Normalization Process Theory (NPT). Normalization Process Theory provides a robust analytic framework for investigating how people and organizations adapt to change while adopting and operationalizing new behaviors (Gallacher et al., 2011; McNaughton et al., 2020).

Theoretical Framework:

We used Normalization Process Theory (NPT) to inform our research questions and frame the results. We chose NPT because it provides a framework to understand the dynamic processes involved in how new practices or behaviors are adopted and normalized into everyday routines (May & Finch, 2009). NPT is an implementation science theory that focuses on "the work" that people and groups undertake to integrate and routinize new procedures and practices (May & Finch, 2009; May et al., 2018; McCrorie et al., 2019).

Normalization Process Theory is comprised of four constructs: (1) Coherence, or "sense making work," entails how people respond or adapt when confronted with a new problem, situation, or information; (2) Cognitive Participation, or "relationship work," involves engaging with others and organizing the resources needed to implement the new practice or process; (3) Collective Action, or "enacting work," involves implementing new tasks and adapting daily activities and routines to incorporate the new practices; and (4) Reflexive Monitoring, or "appraisal work," is refining and adjusting the new practices, as well as reflecting on which practices to continue incorporating and which ones need alterations (May & Finch, 2009; May et al., 2018; McCrorie et al., 2019; Vest et al., 2015). These four components dynamically interact with each other and within the wider social context (May & Finch, 2009).

Because the drug treatment courts and partnering behavioral health agencies needed to quickly alter established processes and procedures during the COVID-19 pandemic, NPT offers a useful framework to examine how individuals and their organizations adopted and incorporated new technologies and practices. To our knowledge, this is the first study that has applied NPT to understand how new processes are incorporated into the drug treatment court system.

Methods

We chose a qualitative design informed by NPT to gather first-hand accounts from drug treatment court team members on how the courts and partnering agencies adopted remote technology and the corresponding impacts on court operations, clients, and utilization of teleservices. NPT enabled us to investigate individuals' responses to changes in their work imposed by the pandemic and how they adapted or incorporated these changes into everyday practice.

Participants and Setting

We derived a convenience sample of treatment court team members from the 8th Judicial District drug treatment courts and those in local towns and villages. These team members included a judge, court coordinators, case managers, and representatives of treatment agencies and social services organizations. Prospective interviewees were recruited via word-of-mouth and by email.

The PI had direct, weekly contact via teleconferencing with members of a regional hub drug treatment court through her role on a separate, CDC-funded research grant (R01CE003144). This court served a predominantly suburban and rural population, including clients referred from outlying town, city, and village courts. The PI utilized a verbal script to recruit volunteers for interviews during the weekly pre-court staffing meetings held on Microsoft Teams. The PI also reached out by email to drug court team members at other local town and village courts to recruit prospective interview participants. The University at Buffalo Institutional Review Board granted human subjects' approval for this study.

Data collection

The principal investigator and a research associate conducted one-time, semi-structured qualitative interviews from July 2021 through June 2022. All interviews were conducted using videoconferencing or over the phone. Interviews lasted between 30–45 minutes.

The interview questions were informed by NPT constructs. We asked the interviewees to describe their roles in the court and in their partnering agencies. We asked about the adaptations they made to accommodate remote technology, and how these adaptations affected their interactions with clients. By remote technology, we are specifically referring to the use of videoconferencing software and other forms of electronic communications (e.g., email, text) for judicial processing and provision of services to clients. We inquired about the extent to which remote technology helped or impeded: (a) client compliance monitoring and supervision; and (b) delivery of treatment and supportive services (Schachar et al., 2015). We were especially interested in specific features of remote technology and other modifications made during the pandemic that interview participants would like to see retained and integrated into usual practice.

The interviews were digitally recorded, with the permission of the participant, and transcribed into Microsoft Word. The transcribed interviews were uploaded into ATLAS.ti version 8 (ATLAS.ti Scientific Software Development GmbH) for analysis.

Data Analysis

The interview transcripts were analyzed by two members of the research team: the principal investigator and a research associate using an inductive thematic content analysis approach to identify themes (Burnard et al., 2008). The principal investigator is a medical anthropologist who has undertaken prior evaluation studies of the drug treatment court system. The research associate holds a master's degree in political science and has experience with qualitative interview coding and analysis from multiple research studies. The two research team members independently reviewed each transcript and conferred about identified themes and coding to reach consensus. This is an iterative process whereby data are continuously reviewed until no new themes or codes emerge and saturation is reached (Burnard et al., 2008). During the process of identifying patterns and relationships between themes, we also looked for negative cases that challenged the emerging themes or suggested alternative relationships. Once consensus was reached, a codebook was created using ATLAS.ti 8 software and informed by Normalization Process Theory. The two research team members met regularly during the ATLAS.ti coding of each transcript and resolved any discrepancies with the final coding process. We used NPT to frame and organize our codes in alignment with the four NPT constructs: Coherence, Cognitive Participation, Collective Action, and Reflexive Monitoring.

RESULTS

Participant Characteristics

A total of 30 people were directly approached via email and invited to participate in the study. Fifteen (15) people representing diverse occupations and drug treatment court roles

agreed to be interviewed. Most (10) were affiliated with the regional drug treatment court where the PI had direct contact. Five others were recruited via email from three other courts. A total of four drug treatment courts were included in the sample.

To maintain confidentiality, we categorized our participants into three groups: court leadership team, treatment providers, and peer recovery specialists. The court leadership category includes a judge, court coordinators, and case managers. The treatment provider category includes case managers, counselors, and agency managers representing various mental health, substance use, and transitional care programs. Peer recovery specialists are people in recovery from substance use disorder who help clients by providing supports and linking them to services (Brady et al., 2022; Center for Substance Abuse Treatment, 2009). Of the 15 individuals whom we interviewed, four were members of the court leadership team, nine were treatment providers, and two were peer recovery specialists.

We mapped the themes that emerged from the data in alignment with the four categories of Normalization Process Theory. An overview of the overarching themes, subthemes, and their relationship to NPT is presented in Table 1.

Coherence: sense-making

Coherence entails the work that people undertake individually and collectively when confronted with the need to make sense of a new set of circumstances and change their behavior or practices (May et al., 2015; May et al., 2009). In the context of the onset of the COVID-19 pandemic, drug treatment courts and affiliated agencies had to quickly take stock of the implications and scope of the mitigation rules and react quickly to assure the safety of their clients. Interviewees recalled their initial reactions during the early days of the pandemic in March 2020 when courts, schools, and workplaces closed, and nonessential workers were advised to stay home. Court and agency personnel responded with surprise and uncertainty when courts and workplaces were required to shut down with little advance notice. A court leadership team member recounted, "… I think it was Friday, March 17th, and they said, 'Hey, you're not coming back.' So, we really had no notice." (P-2). According to another court leadership team member, they quickly recorded out-of-office phone messages instructing callers not to leave a message because the courts were closed and provided an emergency phone number (P-3). In another court, a leadership team member was shocked when the courts were told to close: "When I heard we were closing, I said, "Is this really happening?" Because we never close. [Town] is noted for never closing, weather-related or anything…. but this was serious and then my reaction was, 'What happens to the clients?'" (P-14)

Partnering treatment agency personnel recounted similar scenarios. A treatment provider stated, "It happened very fast. And because most of our services were on-site, it was just very quick and alarming. And honestly, we didn't have much time to think." (P-6). A treatment provider at a different agency recalled the pervasive confusion and uncertainty as statewide stay-at-home orders took effect: "There was the confusion of the pandemic that everyone went through… of just not really knowing what was going on … how long it was going to last …at first, it'll be two weeks and then … maybe a month" (P-15).

Interviewees expressed an overriding concern about the welfare of the drug court participants. A court leadership team member explained:

> They already have issues with substances … where's their support agencies? We're closing down. Courts are closing down, where are they gonna go for support? Self-help meetings were closing down in person. So, it was really serious on my end because it's like, "What do we do here? And how long is this going to last?"
>
> (P-14)

Agency and court personnel acted quickly to find ways to stay in contact with clients while their organizations instructed their facilities to close. The telephone became a lifeline. In one court, the leadership team availed themselves with paper records and binders:

> I believe probably one of the things that saved us was we have contact sheets that our participants fill out … they're supposed to maintain with us their current address, their current phone number, that sort of stuff. So, we actually have a binder that had all that information.
>
> (P-2, court leadership team member)

In this court, the judge called all the clients to make sure they were safe and had food – and in some cases brought food to them. In another court, the judge divided a list of participants on a spreadsheet and the team "took turns calling different participants …. [the judge] called people too, which people were like blown away by that." (P-9, treatment provider).

Agencies responded similarly, calling clients on the phone and finding ways to drop off food:

> We very quickly found that some people were kind of paralyzed, not being able to go out and not having access to food and stuff. So, we were able to find a little funding, and we dropped off food to some of our people … So, it wasn't just [access to] technology, it was very quickly, people could not get anything. Which was very alarming.
>
> (P-6, treatment provider)

Clearly, the drug court teams' and treatment agency partners' immediate responses during the onset of the pandemic focused on maintaining contact with clients to assure they were safe and that their basic survival needs were met.

Cognitive participation: preparing resources

Cognitive participation involves the engagement of participants working together to organize the resources and support to implement the new practices (May et al., 2015; May et al., 2009). In addressing the immediate need to incorporate remote technology to maintain continuity of judicial processes and agency programming, interviewees relied heavily on self-teaching and teamwork.

Learning to use remote technology—Court leadership team members shared their personal challenges learning to use the technology, especially videoconferencing software,

and having to train the clients. One interviewee, not versed in technology prior to the pandemic, quickly taught herself, describing her experience as "trial and error:"

> It was a huge learning curve. It was having to learn how to get calendars sent out and how to utilize this process, and then we literally had it down pat [sic], and then the Office Court Administration said, "Yeah, we're not using Skype anymore, and now you've gotta work with… [Microsoft] Teams."
>
> (P-2, court leadership team member)

A treatment provider from a partnering agency commented:

> …as court personnel, [the drug court team] never had a reason to do any kind of remote video conferencing, so they had to learn it themselves and then teach 150 participants how to do it without ever actually being in the same room.
>
> (P-5)

Agency personnel also had to quickly incorporate remote technology to stay in contact with clients and continue their programs. A treatment provider taught herself to use Zoom and then investigated how agency personnel could contact clients while keeping their personal phone numbers hidden:

> The first thing I did was figure out how to institute Zoom agency wide. The second thing I did was call the phone company and figure out the magic code so that when we call people using our individual cell phones, it only showed the [Agency] number.
>
> (P-7)

Some interview participants observed a generational divide between older workers who were less comfortable using remote technology than younger colleagues. A treatment provider admitted that "for me personally, it was not difficult to figure it out - which I think is just partly because of, being in a younger generation. We are accustomed to so much digital aspects." (P-13). This person described the challenges of teaching clients to use remote technology. Some clients were able to catch on over the phone: "we would walk through here's how to set up Zoom… we emailed instructions or mailed out hard copies of instructional sheets of how to use Zoom." There were others, however, who chose to "come in for five minutes, so we could teach them how to do it, so then they could do their sessions over Zoom going forward."

A peer recovery specialist who was an older adult initially resisted Zoom, finally became comfortable, and then had to learn Microsoft Teams. She persevered, "and I was so happy, everybody was cheering …because with me and technology, I guess, it's just with the age and how everything is today." (P-10).

Self-teaching, teaching others, and perseverance figured prominently in study participants' experiences in adopting remote technology to continue court procedures or agency services. Only one individual in our sample, a court leadership team member (P-14), mentioned using IT support. In this case, she contacted the municipal IT department which "had me all set

up at home with monitors, computers, and laptops" and "were right there to answer my questions."

Teamwork made learning new technology easier—According to interviewees, leveraging colleagues' technology expertise was critical. A treatment provider commented that "I think the biggest [key] for our success is that we were a team at our core, and we just together decided… we were going to move fast, and we did." (P-6). By April 2020, this agency had moved all their services online. This provider admitted that there were a few staff who had difficulty with technology, but "when you work as a team, it's easier … we just helped each other, and we did it."

In the court system, best practices for using remote technology were shared among local drug court judges and coordinators. Courts versed in technology shared knowledge and expertise with those who needed help during this difficult transition. A court leadership team member commented, "the best thing is that there's been a lot of communication. So that … people will tell us how to do things." (P-1). This person noted that weekly drug court judge meetings early in the pandemic promoted the sharing of best practices, including how to use Google phones to contact clients without revealing one's personal phone number.

The COVID-19 pandemic accelerated the technology learning curve for drug treatment court personnel and agency treatment providers who were not versed in remote technology. Interviewees relied on self-teaching and teamwork to quickly acclimate to using remote technology.

Collective Action: Implementing new practices

Collective Action focuses on the ways that people test out and operationalize new practices (May & Finch, 2009; May et al., 2015). This can include how people navigate the new work environment or circumstances, and begin implementing protocols, policies, and procedures (May & Finch, 2009). During the COVID-19 pandemic, treatment courts and partnering agencies not only implemented new procedures using remote technology, but also had to accommodate their day-to-day practices in adherence to COVID-19 mitigation rules. These changes also affected clients' behavior.

Courts adopted video conferencing—Court sessions adapted to accommodate videoconferencing and by necessity incorporated flexibility. With the shift to virtual treatment court proceedings, the judge in one court gave participants the option of logging off after their court appearance. Although they were strongly encouraged to remain online through the entire session, most logged off after appearing before the judge. Prior to the pandemic, this court required clients to remain present through the entire court session from start to finish so they could "to learn from others… [and] see the struggles and the things that cause people to get in trouble…" (P-1, court leadership team member).

However, increased flexibility within the drug treatment court proceedings was not all bad. The virtual court sessions allowed clients to log in from home or the workplace. Clients with full-time jobs were able to appear before the judge without taking time off. A court leadership team member commented that some employers frown upon clients who miss a

day of work for drug court: “A lot of people, I don’t know if they would be able to have a job or continue to work … if they had to report here and be here for several hours …. so that [flexibility] works for them.” (P-3). Another court leadership team member stated that for people with full-time jobs, it can become impossible to appear almost a full day every week in drug court and keep their jobs. (P-14).

The virtual court sessions also allowed clients in residential rehabilitation facilities to participate, which had not been possible prior to the pandemic. A court leadership team member commented:

> We have the ability to have people appear that are in residential placements which we wouldn’t do in person. So then, other people that are in halfway houses, they’re in residential rehabs and they can come in and we can see them, we can talk to them and make them part of the [drug court]. That’s a very good thing, because usually if we send them away for a 28-day program or longer and they’re not in court, they lose the concept of “I’m mandated, I’ve got this hammer hanging over my head,” and sometimes we see [their engagement] fall off.
>
> (P-1)

A treatment provider added that remote technology provides the ability to “conference-in folks that are in 28-day programs or long-term rehab …. They’re in [Neighboring State], they can’t transport people back and forth just for a one-hour court session.” (P-5). He explained that before the pandemic, months would go by and “we would just get reports saying, ‘Doing well.’ And quite frankly, a lot of time you’d find out they weren’t really doing well.”

Increased informality—Interview participants observed increased informality in how judges interacted with clients during virtual court to promote engagement. For example, in one court the judge seemed more “laid-back,” joked more often, and found ways to “pull people in so they’re listening and paying attention” (P-11). In a different court, a partnering treatment provider observed that the judge encouraged participant engagement by asking them to provide advice to others who were struggling (P-12). The interviewee explained, “that is something we hadn’t seen before [during] in-person [court].”

Interviewees also observed that in response to increased informality, clients’ behavior became overly relaxed and sometimes inappropriate during virtual court sessions. This included smoking, vaping, and logging into court while in bed. Other informality issues involved sleeping, working in noisy environments, and interrupting virtual court proceedings by accidentally leaving their microphones unmuted. A court leadership team member observed that participants become “very relaxed in their mannerisms, how they speak to us and how they dress, and what they’re doing on camera.” (P-3). They recounted that the judge would admonish the clients to stop smoking. A treatment provider commented that during virtual court session clients would turn their camera off to smoke a cigarette, which was described as “a way for them to disengage with what’s actually going on.” (P-11).

Alterations in sanctioning and urine toxicology procedures—COVID-19 mitigation rules limited courts’ ability to impose sanctions. Jails across the United States

were limiting capacity especially during the early phase of the pandemic, and judges refrained from mandating in-person activities, including self-help meetings or community service (Zilius et al., 2020). As an alternative, judges found creative ways to sanction clients, assigning essays or additional, virtual self-help sessions. A court leadership team member commented:

> So, we had to be creative with our sanctions. Write a paper about why you're missing treatment, the importance of keeping appointments or being on time … We couldn't use jail sanctions, that's our last resort for sanctions, but the people that continued to be non-compliant, we weren't able to use jail incarceration as a sanction. So, I had to keep those people to the side and document … the judge said, "When we do open, you'll receive X amount of days in jail."
>
> (P-14)

Additionally, pandemic mitigation restricted random urine toxicology, a key component of drug treatment courts. According to interviewees, during the first months of the pandemic, courts could not call individuals in for testing and frequently relied on agencies to conduct the urine toxicology tests. However, due to COVID-19 mitigation regulations, the urine tests were not observed. A treatment provider remarked that from the treatment perspective, "what we really saw change the most for drug courts was, we stopped doing supervised toxes, because we weren't having patients come into the clinic." (P-15). This person noted that, for a while, they were utilizing the commercial lab, "But the problem with that was those toxes were not supervised." They elaborated that "if you've been in drug courts, you know the importance of supervised toxes," because "you never know who to trust … so you always have to verify somehow. With COVID-19, that was probably the biggest shift and change in the way therapy or treatment was being done." (P-15).

Restrictions on urine toxicology affected client accountability, according to interviewees. A court leadership team member expressed concern, that with unobserved toxicology "all they have to do is bring someone else's sample in…" This person explained that "Our regulations come from the Office of Court Administration. They are the ones saying that we can't observe, we have to maintain the social distancing and all that." (P-2). This posed additional challenges for the drug treatment courts. A treatment provider noted that with state restrictions on urine toxicology at agencies, participants were given significant leeway, and "they could kinda get themselves in a bind where they could potentially be using again, they're saying they're not. There's no way to test to see if they are to hold them accountable." (P-11). Another treatment provider elaborated that without random urine toxicology, it is difficult to discern what is really going on with the client, especially if they resume using substances and deny use: " …there was really no way to, one, tox them, and two, just prove that they were actively engaged in treatment or doing what they said they were doing." (P-12)

Agencies incorporated telehealth—Agency personnel gave examples of how their organizations acted nimbly to find ways to use remote technology to continue their programs and services. A treatment provider described how they "create[ed] a telehealth program out of thin air:"

> I call it the week that the pandemic became real, so Tom Hanks came down with COVID-19 and they canceled all the NBA sports. That week, Monday, it was just to program as usual, and it was like "What pandemic? I hear this thing is coming." By Wednesday we had reduced the capacity here, but we were still doing in-person services. We had our groups only in our largest group rooms, everybody was spread out and instead of the regular program we only ran one group at a time. And by Friday all of our clients were home, and we had a brand-new Zoom telehealth program.
>
> (P-7)

This agency revised their group curriculums and schedule to offer one group session per timeslot on Zoom 6–8 times a day. They supplemented it with phone sessions for clients who could not access Zoom.

A few agencies had some remote technology or telehealth capabilities already in place and were able to quickly adapt to the physical distancing restrictions early in the pandemic. Among the 11 interview participants who worked for treatment agencies, one peer (P-4) and one treatment provider (P-5) explicitly stated that their agency had been using remote technology for certain types of programs prior to the pandemic. Four others (P-9, P-10, P-12, P-13) mentioned providing services using the phone prior to and during the pandemic.

Other agencies realized they needed to quickly pivot to deliver telehealth services. A determining factor was whether an agency had some telehealth services already in place, making it easier to shift to fully remote services. A few interviewees mentioned that their agency physically closed for a few weeks while maintaining virtual operations, and then reopened to in-person services while adhering to COVID-19 mitigation guidelines.

Some agencies and organizations were able to adopt a hybrid approach. At one local treatment agency, the director had invested heavily in technology prior to the pandemic. This included a 100-inch TV screen installed in a large conference room. The peer recovery specialist used this room to run hybrid self-help groups with some people in person and others on Zoom. Conducting group therapy and self-help sessions using videoconferencing for clients confined to their homes required creativity to keep people engaged and active:

> When using Zoom, you definitely have to be really hyperly [sic] engaged, because I think you can lose them quicker. When they're in person, it just… It tends to be more engaging …. So, I'm just very aware of when I have to meet somebody through Zoom, like, when they're in [in-patient treatment facility], that just to keep them engaged, I'm aware that they start looking distracted.
>
> (P-4, peer support specialist)

To address client fatigue and distractions, a treatment provider and their team at another agency researched creative ways to engage clients remotely to help avoid burnout. This person remarked, "we really zipped it up to give it our best… We made sure it was just as entertaining and involved as possible." (P-6). Some activities involved "share our favorite shirt today" or "show your pet off today" and a session on plant therapy.

Phone contact remained essential in cases where clients did not have access to videoconferencing technology. This was especially important in rural areas with limited internet capability. A treatment provider serving a large, partly rural county explained that people "may not have the internet capabilities to connect, they may not have a smartphone, they don't have WiFi, there's lots of reasons why that didn't always work." (P-11). In these cases, telehealth appointments via phone served as the lifeline between clinicians and clients.

Overall, drug treatment courts and agencies made significant alterations to their day-to-day operations to accommodate restrictions imposed by the pandemic. They relied upon remote technology to maintain continuity of programming and to monitor the clients while supporting their recovery.

Reflexive monitoring – appraising the adaptations and alterations

Reflexive monitoring refers to how people evaluate or appraise the new practices. This work entails assessing the usefulness, effectiveness, and value of new procedures and processes, and whether certain aspects require modification. During the interviews, participants provided their perspectives on the benefits and drawbacks of remote technology and other accommodations made during the pandemic for treatment court and agency operations, and which innovations ought to be retained post-pandemic.

Characteristics of clients that benefit most and least from virtual court—We asked interviewees, "for which types of clients does virtual drug treatment court work best and for whom is it most problematic?" Interviewee responses suggested that clients who benefited most were stable in recovery or nearing completion of drug treatment court, employed, comfortable using technology, self-motivated and focused on recovery. Younger age was also mentioned, particularly people in their 20s, who are accustomed to using technology, especially social media, for communication and interaction. A treatment provider commented that "DWI clients tend to do better virtually, because they generally have these full-time jobs. And… I think they wouldn't participate in the program if they couldn't participate virtually." (P-12).

According to interviewees, virtual court functions least well for clients who are "high need," struggling with their addiction, have lower-level academic skills, and experience technology limitations (such as a lack of access or having a low comfort level using technology). In the words of a court leadership team member, clients for whom virtual court did not work well were those that need "some more handholding or maybe even some folks who maybe just can't wrap their head around the rules." (P-2). Lack of motivation also characterized people who did not do as well in virtual court. A treatment provider explained:

> If you have someone who might not be motivated to change and they're more there to maybe just complete their legal issues and move on …I think virtual kind of hurts a little bit because I do think those individuals get away with a little bit more, but what ends up happening is it all kind of catches up to them eventually.
>
> (P-15)

These observations support interviewees' appraisals of the benefits and challenges of using remote technology and other pandemic-related accommodations in the drug treatment courts.

Advantages of increased accessibility to court and treatment—Interviewees agreed that remote technology increased accessibility to court by reducing participant barriers such as transportation and childcare. A treatment provider commented:

> There was absolutely no excuse of why a client could not be participating in [virtual] court, insofar as 'I didn't show up for court today because I didn't have a ride,' or 'I didn't show up for court because I didn't have a babysitter.'"
>
> (P-8).

Another treatment provider, referred to transportation as "the bane of my existence because it is such a problem within [County Name]." (P-11). This person found that clients responded enthusiastically to remote technology for court and behavioral health appointments because they don't have to take time out from work, figure out bus schedules, find a ride, arrange childcare, or arrange Medicaid cabs. Their comments were echoed by a third treatment provider who explained that remote technology improved treatment access for many types of clients with unique barriers:

> People who couldn't get treatment, it allows them to get treatment, so in that respect, it's better. Because people who, like single mothers who can't get out, they don't have the time, people who don't have the transportation or they're just paralyzed with anxiety. For those people I think it's better because that's better than nothing.
>
> (P-6)

According to other interviewees, remote technology was helpful in increasing accessibility for clients with severe anxiety or complex medical problems. A court leadership team member gave an example of participants with social anxiety who became worried in the physical courtroom. One of these clients also had a hearing disorder. Using the videoconferencing software for virtual court, this client could wear a headset and "understand everything, but when we were in the courtroom, she had a hard time understanding everything that was happening. She'd have to sit all the way in the front, up where the prisoners sit" to read the judge's lips (P-3).

For some clients, however, technology presented barriers. Participating in virtual drug court or using remote technology to access behavioral health appointments presumed having a smart phone or PC with stable Internet. According to interviewees, while most drug court clients were able to access the technology to participate in court, there were a few with technology barriers. These individuals had the option to use the telephone for court appearances or behavioral health appointments, but this was considered less optimal.

Reduced accountability was problematic—Interviewees complained that virtual court and tele-behavioral health negatively affected clients' accountability. A treatment provider remarked:

> At the very, very beginning [of the pandemic] … It was like they opened up the flood gates and they were out running around doing whatever they wanted to, they weren't accountable to anyone. The clients weren't even accountable to themselves… You have more or less to take their word for it… but you also saw the honesty go out the door.
>
> (P-8)

Limits on courts' ability to enforce sanctions during the early phases of the pandemic contributed to clients' problems with accountability, according to interviewees. A court leadership team member commented: "So when someone's really not compliant, I try to bring them in. And I certainly couldn't do that. I would do Zoom calls with them, but again, it's not having that personal interaction face to face." (P-14). With the lifting of certain restrictions, the courts were able to bring people in. However, another court leadership team member described how participants would avoid coming in:

> … for the longest time you know we couldn't sanction, it took a little while for people to figure that out, but once they did, you can see full taking advantage of that. Then we had some ability to do [urine] testing …. And then people would avoid us …. We'd be like "Well you got to come in and see us or go to probation." "Oh, I'm symptomatic" or "Oh I've got this" or "Oh my phone, is no longer in service." There were so many more ways that they could avoid coming in.
>
> (P-1)

In a different court, a leadership team member observed a significant drop in attendance when the court was virtual. This individual noted that before the pandemic there were roughly 100–120 participants in their court. After the pandemic began and the court went virtual, "we dropped, weekly people weren't showing up obviously phone calls, text messages were sent out, emails were sent out re-engaging them. People were sick, reporting sickness. And so, it was a lot to manage to be honest with you." (P-14). According to a court leadership team member:

> Showing up in court is a more imposing experience for individuals …. Whereas if you just know on that date, I have to take a break in the morning and connect into virtual for a few minutes that's an easier thing to forget.
>
> (P-1)

Agency treatment providers complained that participants were similarly less adherent to telehealth appointments for behavioral health issues or substance use treatment. One interviewee noted that if participants perceive that an appointment is "just a quick phone call" there is a greater tendency to take it less seriously compared to if they're sitting in a counselor's office (P-13).

Reduced camaraderie in virtual court sessions was disadvantageous— Compared to virtual court, in-person court sessions promoted a greater sense of camaraderie, allowing participants to learn from each other, according to several interviewees. A court leadership team member explained that when court was in person,

> Someone might come up to them and say “You were looking for a good self-help meeting I know the person” or “You need a counselor” or “You need a good sponsor” or … “I’ve been through that. There’s a light at the end of the tunnel. Don’t be worried too much about that.”
>
> (P-1)

Another court leadership team member commented, “I think that there’s a huge, huge benefit to people being in the courtroom physically. I think physically in the courtroom… That’s a kind of grounding thing.” (P-2). A partnering treatment provider affirmed, “From a court’s perspective, there’s an incredible benefit of having people in the room, especially when they’re struggling.” (P-5).

Not having in-person graduations was also cited as a disadvantage of the virtual platform: A court leadership team member remarked:

> We did still have graduation, unfortunately it was through Zoom. But I would mail their certificates that they would get from the judge. I held it up when they were graduating so they could actually see it. They got a medallion for completing treatment that all got mailed to them. But totally different interaction than obviously if it’s in person.
>
> (P-14)

According to court team leadership interviewees, the virtual drug court graduation ceremony lacked the celebratory ambience of the in-person event, when graduates could see the other participants in court and receive a loud round of applause.

Communication benefits and challenges

Improved communication for some clients: Some interview participants believed that the virtual court enhanced communication by creating a more intimate environment with clients. A court leadership team member remarked that because the clients are “in a more comfortable setting, they’re in their home or in their car or whatever. They feel comfortable, so maybe there’s that chance for openness.” (P-3). Another leadership team member commented that the virtual court enabled clients to be “a little bit more open” noting that some people became embarrassed standing up in front of a courtroom with 40 others standing behind them:

> Whereas in a virtual proceeding, we probably don’t have all 40 at one time, we may have a dozen or so and they don’t feel that pressure. We’ll still get a few who say, you know, “I don’t feel comfortable talking about it in an open session” even virtual. But we would see that more so in person, just because I think the dynamic, the pressure and the visuals are much more intimidating than virtual. In addition, I think some defendants feel more of ability to open up when it’s virtual.
>
> (P-1)

A peer recovery specialist noted that virtual court promoted communication with the clients because she was easily able to contact them while court was in session, “and it was good

because they still knew that someone outside of traditional programming was on their team." (P-10).

Finally, court team members appreciated the ability to view the client's home environment which provided insights not previously obtainable with in-person court. A treatment provider commented that she personally liked the virtual court because as providers "we're actually able to see their home environment and actually see what they're actually doing on the outside and whom they're actually hanging out with, where when you bring them into court, you don't see that aspect at all." (P-8).

Communication challenges: Interviewees reported that remote technology hindered the ability to interpret nonverbal communication from clients. In virtual court, participants could appear briefly before the judge and affirm that things were going well when the reality was different. In some courts, clients were permitted to turn their cameras off, further limiting court team members' ability to read nonverbal cues. A treatment provider noted, "sometimes people are struggling and want to talk and sometimes you wonder if in person, where you could get a little more info from nonverbal cues." (P-9). Another treatment provider gave a specific example of when a local drug court had a concern about a participant early in the COVID-19 pandemic and were reassured by a counselor that the person was doing well and there were no issues. Upon further investigation, it became apparent that the individual had been struggling leading up to the pandemic, although the client affirmed that they were staying sober. When the local court reopened in person, "the client showed up to court and they were under the influence so much so to the point where they had to be taken to [County Hospital] and … very close to having a fatal overdose." (P-15). This interviewee reported that, "the individual was able to get through their telehealth sessions… they would kind of just put on a T-shirt and sit in front of the camera for 30 minutes." This treatment provider added that this case constituted a wake-up call for the local court: "people need to start coming in. We need to get eyes on our [clients]." (P-15).

Another communication challenge involved misinterpreting or distorting the meaning of conversations. A peer recovery specialist gave the example of a judge making jokes to engage participants, yet the participants would occasionally take offense and not understand that the comments were well-intended and meant to inject humor into the court session. This individual expressed concern that participants were overreacting to seemingly innocuous jokes in virtual court: "people are misinterpreting comments … they're being much more sensitive, so I think a message is being lost in the translation." (P-4).

Some drug court participants expressed privacy concerns to court team members. In the virtual court, they could not see all the other participants, as in a physical courtroom. This increased inhibition among some clients when presenting before the judge. A court leadership team member explained:

> I know a lot of folks will say, "I don't wanna really talk about it," when they're on the virtual…. if they're in the courtroom, they actually know who's in the courtroom versus virtually, they might not necessarily know everyone that's there. So, I think that that causes people to possibly maybe be a bit more reserved.

(P-2)

A treatment provider found that clients did not seem as engaged over phone or video calls than they were in person: “I don’t think that people get the same connection no matter how you try to engage them via video that you would in person.” (P-11). This person also noticed that during virtual counseling sessions, clients did not seem as “vested as in actually going through the assessment and following through, because it’s almost like they have a buffer around them of COVID-19.” This provider suspected that some people were putting off treatment because they wanted “in person.” (P-11).

Remote technology adaptations worth retaining—During the interviews, we asked, “Which features of remote technology and other modifications made during the COVID-19 pandemic would you like to retain and integrate into usual practice (if you are able)?” Interviewees responded enthusiastically to keeping specific practices related to remote technology. Several interview participants suggested that the option of logging into drug treatment court remotely could be offered as an incentive for participants who are stable in recovery and nearing completion of the drug court program. A court leadership team member reflected:

> I think in person should be the general stay, but once you settle in and you’re doing well and you’re moving towards the end, or holding down a job, having a virtual possibility at the court’s discretion is really amazing. And I’d love to see that continue.

(P-1)

Another interviewee agreed:

> I think maybe as a reward for the people… that are doing really well in phase three or four, giving them an opportunity to earn the privilege to appear via video. That way they don’t have to come and sit in the courtroom all day.

(P-3)

The ability to have people in residential rehabilitation participate in treatment court virtually was also frequently mentioned as another reason to maintain a teleservices option for drug treatment court.

Treatment providers mentioned that the remote option, while sometimes not optimal, was helpful in engaging people with significant transportation or mental health barriers. One interviewee commented that the ability to communicate with clients using telehealth technology was “instrumental in getting people in and through the door and accessing people who are just mired in those symptoms and just can’t bring themselves to participate in treatment.” (P-7). Another treatment provider noted that prior to the pandemic, clients who were interested in drug court but lived in outlying rural towns were dissuaded due to transportation barriers. “So, I think that virtual would be a great way to kind of capture some of those people who are interested, but just for one reason or another can’t really make it down to court.” (P-9).

Discussion

Our findings underscore the rapid response of court and agency personnel in addressing the needs of the drug court participants and maintaining operations during a national emergency. Normalization Process Theory provided a useful framework to understand and characterize the specific ways that drug court and agency personnel adopted new processes and practices in the wake of the pandemic, as well as how these personnel assessed the effects of these programmatic modifications and incorporated them into prospective operations moving forward. NPT is an action theory that helps to explain what people do when faced with the need to alter existing practices (May et al., 2023). In this sense, the use of NPT enabled the researchers in the present study to investigate the steps that court and agency personnel took to alter established practices and procedures to maintain operations and monitor the clients during the COVID-19 pandemic. Specifically, the four NPT constructs enabled us to closely examine how individuals reacted to the closing of courts and agencies, made decisions on how to proceed, organized resources, incorporated new practices, and then reflected on the benefits and limitations of the processes and procedures.

The coherence process was directly influenced by the dynamic circumstances surrounding the pandemic and mitigation rules. In contrast to a planned intervention (e.g., court systemwide adoption of a new client screening process or administrative database), the COVID-19 pandemic disrupted all sectors of society including the justice system, necessitating immediate responses with little time to plan (Schwalbe & Koetzle, 2021). Court and agency personnel confronted the need to shift operations to remote or virtual platforms, requiring alterations to established protocols and procedures and a reaction in the moment of crisis. An overriding concern among interviewees was maintaining contact with clients and assuring their safety.

Interviewees' engagement in cognitive participation relied on self-teaching – especially among court personnel. Court leadership team members and treatment providers also emphasized the importance of teamwork to share best practices. This collaborative effort extended to onboarding clients into new teleservices platforms and protocols, as well as providing older treatment providers and court personnel with extra guidance.

Collective action involved courts and agencies testing out and adapting new practices to the altered regulatory and virtual environment. Interviewees observed that judges became more relaxed in their court demeanor and tried to find creative ways to keep clients engaged, including eliciting client's feedback. Although these changes varied by judge and court, our interview participants' comments and observations suggest that during the COVID-19 pandemic, the local drug treatment courts continued to abide by the core guiding principles of drug treatment courts (Carey et al., 2012; National Association of Drug Court Professionals, 1997). These include participant monitoring, integrating treatment with judicial case processing, using a non-adversarial approach, working in partnership with treatment providers and agencies, and interacting with each participant – albeit using telecommunications technology or maintaining contact via phone (Carey et al., 2012; National Association of Drug Court Professionals, 1997). Differences across courts may reflect the well-documented variations in how drug treatment courts in the United States

have operationalized the core guiding principles or 10 key components (Carey et al., 2012; National Association of Drug Court Professionals, 1997).

Interviewees' reflexive monitoring yielded insights about the characteristics of clients who benefited most and least from virtual treatment court. Interview participants' descriptions of these two groups correspond to the Risk-Need-Responsivity (RNR) model: a widely used approach in the criminal justice system, especially the drug treatment courts, to target the highest-risk, highest-need individuals (Bonta & Andrews, 2007; Schwalbe & Koetzle, 2021; Taxman & Marlowe, 2006). The RNR model advocates that the level of services match an individual's recidivism risks and needs (e.g., social supports, substance use, education); and that the services provided should be responsive to the client's learning style, motivation, and abilities (Bonta & Andrews, 2007). Interview participants' descriptions of clients with the greatest challenges adhering to virtual drug court could be considered high risk, following the RNR model. These individuals struggled with addiction, had lower educational attainment, limited access to technology, and were described as "high need" by interviewees. In contrast, clients who benefitted most from a remote option could be considered lower risk; described as nearing completion of drug court, stable in recovery, employed, motivated, and comfortable with technology.

In light of the RNR model, these findings suggest that drug treatment courts using or considering a remote or hybrid option should potentially require in-person appearances until the client is stable in recovery or in the later phases of drug treatment court. Asking clients about access to and comfort-level with technology can uncover socio-economic disadvantages or cognitive challenges that can be incorporated into a clients' individualized program plan. Courts can partner with local adult education programs that provide technology support, resources, and training for disadvantaged individuals. Galleguillos, Sánchez Cea, and colleagues' 2022 study of probation supervision in Chile during the COVID-19 pandemic echoes these policy suggestions – especially the importance of considering socioeconomic disparities and participants' access to technology before implementing programs involving remote supervision (Galleguillos, Sánchez Cea, et al., 2022).

Most of our study participants expressed a preference for in-person court appearances and counseling appointments to assure that clients were accountable and making progress in their recovery. Yet, interviewees also endorsed the idea of keeping the remote option post-pandemic for specific categories of clients: as an incentive for people who are stable in recovery and for those in long-term residential treatment.

Our findings resonate with recent studies documenting how courts, community correction agencies, and providers adopted remote technology in the context of the COVID-19 pandemic (Batastini et al., 2016; Carey, 2022; Connolly et al., 2020; Galleguillos, Sánchez Cea, et al., 2022; Galleguillos, Schwalbe, et al., 2022; Hartsell & Lane, 2022; Mark et al., 2021; Ray et al., 2022; Schwalbe & Koetzle, 2021; Viglione et al., 2020; Viglione & Nguyen, 2022; Zilius et al., 2020). Similar to our study, drug treatment court team members in the NPC Research surveys cited the benefits of reducing transportation and logistical barriers and participant-specific limitations, such as severe anxiety. (Carey, 2022; Zilius et

al., 2020). However, survey results suggested that most respondents did not consider virtual drug treatment court an optimal approach for all participants, especially for those struggling in their recovery (Zilius et al., 2020). Our findings also support those of Hartsell & Lane (Hartsell & Lane, 2022), who reported increased informality among judges and clients in Marion County, Florida during virtual court sessions, reduction in transportation barriers, and reduced urine toxicology testing during the pandemic. While Viglione and colleagues (Viglione et al., 2020) focused on community correction supervisory agencies rather than drug courts, they raised the issue of client accountability and limitations of the ability to sanction clients, both of which were major concerns expressed by interviewees in our study.

Treatment provider interviewees in our study spoke about the challenges of providing substance use treatment and counseling to clients via remote technology. Two recent studies of treatment providers' experiences with telehealth for substance use treatment echo the challenges our study participants recounted in discerning client nonverbal cues, establishing the therapeutic relationship virtually, and keeping clients focused and engaged using remote technology (Connolly et al., 2020; Mark et al., 2021).

These studies and ours highlight the challenges and potential advantages of remote technology for drug treatment courts and delivery of behavioral health treatment. On the one hand, remote technology can address client access barriers, especially transportation, job obligations, and childcare. Importantly, however, communications with clients, especially the vital ability to detect problems and read nonverbal cues, might be compromised with remote technology. As noted in our study, there were some clients, albeit a minority, who did not have access to smart phones, or a PC linked to the Internet – suggesting a digital divide. Access to technology must also be considered, in addition to other client-specific circumstances, when offering the option of remote technology for participation in drug treatment court or behavioral health treatment.

Limitations

Our study has several limitations. The sample size was small and limited to court and agency personnel in Western New York. This was a convenience sample of individuals who volunteered to be interviewed, which may have resulted in self-selection bias. Due to budgetary limitations, we were not able to offer incentives, which may have further influenced sample size. All interview recruitment was done remotely, which may have affected our responses because establishing rapport in person is easier when undertaking qualitative studies (Hartsell & Lane, 2022). Interviews were conducted at one point in time during the first two years of the COVID-19 pandemic and we were not able to conduct longitudinal, follow-up interviews. Thus, we were not able to assess the depths and long-term effects of the technological adaptations. Nor were we able to analyze the data in terms of specific years or time frames during the pandemic.

Our study, guided by Normalization Process Theory, lends insight into the local and personal context of how court and agency personnel adapted to challenges imposed by the pandemic that entailed major alterations in judicial processes and delivery of services to clients. Notably, our study also documents the heroic efforts of drug courts and treatment providers in assuring the safety and survival of a vulnerable population - drug treatment

court clients - during the turbulent early days of the pandemic. Future large-scale studies should consider the extent to which specific changes and innovations adopted during the COVID-19 pandemic have been incorporated into drug treatment courts and the resulting impacts on client outcomes.

Acknowledgments

This study was supported by the Baldy Center for Law and Social Policy at the University at Buffalo (Faculty Research Grant awarded to L. Kahn, PI) and the Centers for Disease Control and Prevention under Grant #R017CE003144 (PIs: L. Kahn and G. Homish).

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Table 1

Normalization Process Theory (NPT) constructs and themes

NPT Construct	Related Themes
Coherence	• Rapid response to COVID-19 mitigation rules: focus on assuring the safety of clients • Need to find alternative ways to maintain contact with clients
Cognitive Participation	• Court personnel learned to use remote technology • Teamwork among treatment providers made learning new technology easier
Collective Action	• Courts adopted video conferencing and became virtual • Increased informality • Alterations in sanctioning and urine toxicology procedures • Agencies incorporated telehealth
Reflexive Monitoring	• Characteristics of clients that benefit most/least from virtual court • Advantages of increased accessibility to court and treatment • Reduced accountability was problematic • Reduced camaraderie in virtual court sessions was disadvantageous • Communication benefits and challenges • Remote technology adaptations worth retaining