

Problem-Solving Courts in the United States and Around the World: History, Evaluation, and Recommendations



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Problem-solving courts, sometimes referred to as specialty courts, have been developed in many jurisdictions around the world. These courts tend to fall into two broad categories: Some courts commonly address specific social *issues* thought to be underlying causes of crime, such as drug use, mental health issues, prostitution, and gambling addiction. Other problem-solving courts exist for special groups of *people*, such as veterans, juveniles, and families experiencing domestic violence. Because various societies and countries differ in their social mindsets toward crime (e.g., attributions), their goals (e.g., deterrence, incapacitation, and rehabilitation), and their reasons for adopting problem-solving courts (e.g., practical or philanthropic), it is no surprise that they might differ in the psychological and justice principles that underlie the development and procedures of problem-solving courts. With such differences among courts, it is important to conduct detailed evaluations to determine which components of courts make them more or less effective. While there are many published evaluations which examine the effectiveness of these courts, there has not been an attempt to synthesize these results and identify what components (e.g., the design or justice components) make these courts effective. It is important to note that there are several other types of courts that are “different” from traditional courts (e.g., juvenile delinquency courts, bankruptcy courts). These courts, while important, are not classified as problem-solving courts because their focus is not to help solve the underlying issue that caused a person to commit a

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crime; instead, their focus is to punish the person for breaking the law. Consequently, this chapter will focus on courts whose motivation *is* to help solve the underlying issue that caused a person to commit a crime.

The purpose of this chapter is to review the history and development of problem-solving courts in the United States and abroad, followed by a review of the various justice and psychological principles (e.g., restorative justice) that are sometimes components of such courts. Next, the chapter presents a thorough and detailed synthesis which will reveal the rigor and results of existing evaluations. By analyzing many types of courts, we can gain a more thorough understanding as to whether each type of court, in general, is working. Additionally, we provide general observations as to whether some of the program components might be bigger contributors to courts' outcomes than others. Based on this synthesis, we make suggestions for the design and evaluation of future courts, for example, by using justice principles and psychological theory in the courts—and how researchers can measure these in their evaluations.

History and Development of Problem-Solving Courts

While the term “problem-solving court” is relatively new, the general idea of using the court system to “help” justice-involved individuals has existed for many decades. For instance, in 1899, Illinois passed the Juvenile Court Act, which formed a juvenile court designed to protect and rehabilitate juveniles; however, this therapeutic focus was quickly replaced by a more adversarial and punitive system (Gatowski, Dobbin, & Summers, 2013; Lederman, 2013). Shortly after, in 1910, New York City's Women's Night Court was developed to address the problem of prostitution and related ills (e.g., spread of disease; Quinn, 2008). Although the Women's Court generally focused on reforming such women—especially those who were young or first-time offenders—there were still many punitive aspects to the Court (e.g., jail time). The Women's Court faced both criticism and applause from the public and legal officials for attempting to address a social issue through the court system. Ultimately, the Women's Court was not particularly successful at minimizing these social issues (e.g., prostitution), although it remained open until 1967 (Quinn, 2008). Perhaps early attempts at problem-solving through the court system were unsuccessful in part because they largely lacked the public support, technology, community infrastructure, funding, and medical and social science needed to help offenders alter their behavior and situation. By 1989, these elements had evolved such that a problem-solving court had more promise of success.

Since the 1989 adoption of the first drug court in Florida (see Goldkamp, White, & Robinson, 2001; Terry, 1999 for discussions), there have been more than 3100 problem-solving courts created in the United States (U.S. Department of Justice, 2017). As a whole, problem-solving courts have been created to meet the needs of various populations (e.g., veterans) and to address various social issues (e.g.,

homelessness) that might contribute to crime (Kondo, 2000; Meekins, 2006; Russell, 2009). For instance, mental health courts were developed because people experiencing mental illness often received punitive sanctions rather than treatment that might improve their life and prevent future crime (Kondo, 2000). The novel idea of using courts to help offenders caught on, and problem-solving courts were soon a multi-country phenomenon.

Although problem-solving courts have a fairly short history, it is not a simple history to depict. Even with a rather narrow definition of problem-solving, a complete summary would require descriptions of dozens of types of courts (e.g., drug courts, homeless courts), which have countless caveats (e.g., various participants, methods, and philosophies used) both within the United States and abroad. Indeed, there are many articles (Berman & Feinblatt, 2001; Kaplan, Miller, & Wood, 2018) and books (Nolan, 2009; Wiener & Brank, 2013) that provide more details about the intricacies and differentiations among courts. Most notably, a 2019 analysis compared “specialized court programs” to drug court programs (Kaiser & Rhodes, 2019). The courts were similar in many ways: the services they provide, staff training, and procedures. They differed on many aspects: inclusion of felony offenders, whether charges were dismissed after the program and whether participants began the program after adjudication. The current study compares types of courts on other aspects, specifically the justice principles and psychological principles on which they rely, that will be discussed later.

Because a comprehensive review of all courts—and their similarities and differences—is beyond this chapter’s scope, this section offers only an overview of the history and development of common problem-solving courts within the United States and around the world (see also Kaplan et al., 2018).

Problem-Solving Courts in the United States

The first widely recognized problem-solving courts in the United States were drug courts that arose in the late 1980s and early 1990s after the “War on Drugs” caused prison over-crowding and a revolving door of repeat offenders (see Goldkamp et al., 2001 for a discussion). Judges could not maintain their over-burdened dockets; something had to be done. Soon after Miami-Dade County, Florida, opened the first drug court in 1989, many other jurisdictions across the United States followed suit (see Kaplan et al., 2018 for review).

An early offshoot of drug courts was a type of problem-solving court that dealt with offenders accused of Driving while Intoxicated (DWI). The first DWI court was formed in New Mexico in 1995 (Ronan, Collins, & Rosky, 2009). Like traditional drug courts, DWI courts address underlying problems that contribute to offending. Other offshoots addressed juveniles (Volk, 2014), prisoners who are reentering society (Huddleston & Marlowe, 2011), and parents who were unable to pay child support (Lee, 2012).

About the same time as the drug courts were being developed, court administrators developed a Homelessness Court in San Diego, California in 1989 (Binder & Horton-Newell, 2014). Currently, ten states have homeless courts, which provide assistance with issues related to mental health, employment, life-skills, substance abuse, and legal issues (Lopez, 2017).

In the early 1990s, community courts began to address the needs of communities that were experiencing a variety of “quality of life” crimes such as shoplifting, prostitution, and graffiti (Karafin, 2008; Lee et al., 2013; Sviridoff et al., 2002). The Midtown Community Court in New York led the way in 1993, fueled by then-mayor Giuliani’s “tough on crime” approach (Gruber, Cohen, & Mogulescu, 2016). While the primary goal of the court was to reduce crime, it had secondary goals of restitution and rehabilitation (Gruber et al., 2016). Currently, community courts handle a variety of issues including landlord-tenant disputes, anger management, counseling, and treatment for mental health and substance abuse (see Kaplan et al., 2018 for details).

While community courts addressed prostitution among other issues, problem-solving courts eventually arose to deal with this issue specifically (Sanchez & Miller, 2009). The Hartford Community Court has a Prostitution Protocol Program in which a social service counselor leads discussion on topics ranging from emotions and self-esteem to goal setting (Johnstone, 2001; Justice Education Center, 2002). It also has a similar program for “Johns” (i.e., customers of prostitutes), in which a single class educates these men about health risks and risks for the community associated with prostitution. These programs help both prostitutes and Johns through sexually transmitted infection testing and drug treatment, among other services (Johnstone, 2001). Generally, prostitution courts provide services to help prostitutes leave the profession (Sanchez & Miller, 2009; Wolf, 2011), deter men from seeking prostitutes’ services (Johnstone, 2001), or generally prevent recidivism (Muftic & Updegrave, 2019).

Domestic violence courts became popular in the mid-1990s after the passage of the Violence Against Women Act in 1994 (Cleveland, 2010). Even before the Act was developed and passed, the country was beginning to consider such violence as a public health crisis rather than a private family matter and, as such, President Reagan developed a task force to investigate family violence (Gruber et al., 2016). The Brooklyn, New York, courts led the way for domestic violence courts by closely monitoring offenders and offering services for victims, including job training, counseling, and housing. Such courts can also handle civil restraining orders, criminal adjudications, divorce, and/or child custody cases.

Another social issue receiving attention in the late 1990s was that of child support noncompliance. Starting in 1997 in Jackson County, Missouri (Macoubrie & Hall, 2010), these “father’s courts” emphasize employment, vocational, and educational training, which address some of the reasons parents had difficulty paying child support. Some programs also integrate parenting classes to help participants develop skills needed for successful co-parenting (Lee, 2012). As with many other problem-solving courts, mental health and substance abuse treatment is often a core component (Lee, 2012).

In the early 2000s, elder abuse gained national attention. Consequently, elder protection courts, which originated in Alameda County, California, in 2001, were created to identify, investigate, and manage cases of elder abuse (Keilitz, Uekert, & Jones, 2012). The Contra Costa County Superior Court in California started a task force to connect numerous services for elders; the resulting elder court manages many issues including tenant–landlord disputes, elder abuse, and small claims. Counselors provide emotional support, and the courts are sensitive to elders’ needs (e.g., financial, physical needs).

In 2008, one of the first “hybrid” courts was developed to meet the needs of veterans who returned home from serving in the armed forces. The Buffalo, New York, Veteran Treatment Court combined treatment for mental illness and substance abuse (Russell, 2009). Veterans courts often provide peer mentoring and a variety of services to assist with housing, employment, and finances.

Other modern courts include animal courts, which began with the Animal Welfare Court in Tucson, Arizona, in 2012 (Animals and Society Institute, *n.d.*; Pierce, 2016). Along with traditional sanctions, judges in such courts can require participants to complete intervention treatment programs designed to address behavior related to animal abuse and neglect.

In 2012, President Obama’s speech at the Clinton Global Initiative addressed the issue of human trafficking as modern-day slavery (Gruber et al., 2016). This speech reflects the recent attention sex trafficking has received in the public and legal spheres; in response to this increased attention, human trafficking courts have been developed. In 2013, a New York State judge deemed the state’s new Human Trafficking Intervention Court as a “revolutionary” (Gruber et al., 2016) way to eliminate human trafficking and prostitution. While the court technically prosecutes women for their crimes, the court recognizes that many such women are in fact victims and thus deserve services rather than or in addition to punishment.

This long (and incomplete) list shows that, as courts have evolved, they have become more specialized and increasingly have recognized the complexity of the social issues they attempt to address. Other “hybrid” courts include those specifically designed for the complex needs of juvenile prostitutes (Gruber et al., 2016) and veterans with substance abuse and mental health issues (Russell, 2009). Courts have recently recognized the link between prostitution, domestic violence, and trafficking (i.e., all these are similar because of the power imbalance between the victim and the person who controls the victim; Gruber et al., 2016). Such cases are particularly complex because the line between offender and victim is blurred. For instance, a prostitute technically has broken the law, but perhaps only because she is under the control of a pimp. And reflecting situational complexity, a domestic violence victim might also be a perpetrator of violence. Perhaps the most complex problem-solving courts are dependency courts, which are a special branch of the juvenile or family court system (Gatowski et al., 2013). These courts help families experiencing child abuse and neglect by providing a range of services designed to resolve underlying issues in the family (e.g., anger management, substance abuse, and parenting skills).

As this review indicates, problem-solving courts began with a simple idea: Reduce recidivism by helping offenders recover from their drug addiction. The

evolution that followed has been remarkable in its breadth and complexity. This evolution did not stop within the US; as discussed next, problem-solving courts became a phenomenon that has since appeared in many countries all over the world.

Problem-Solving Courts Around the World

Countries around the world have developed problem-solving courts (Nolan, 2009), either independently or modeled after U.S. courts. While many drug courts in other countries are similar to those in the United States, others are quite different (i.e., they might have different methods and serve different populations; Nolan, 2009). Further, some problem-solving courts in other countries are generally not found in the United States (Miller, 2019). For instance, Italy has special courts to address the issues of illegal immigrants. While the United States has specific federal courts that deal with immigration issues, they are not problem-solving courts, as they do not focus on the well-being of those in the courts (Miller, 2019).

In many countries, including the United States, native populations (often called Aboriginal or Indigenous populations) are overrepresented in the criminal justice system (Pfeifer et al., 2018). While the United States has few, if any, problem-solving courts that focus on the well-being of these populations, many other countries do. These are likely the most common type of problem-solving courts not found in the United States. Within the United States, Native Americans have their own jurisdictions, typically called “Tribal Courts.” These courts, however, are general jurisdiction courts and not problem-solving courts. While there are Tribal Wellness Courts in the United States that focus on the substance abuse issues of those in the court (<http://www.wellnesscourts.org>), these courts are quite different from the Aboriginal courts of other countries. In Canada, the First Nations Court began in 2000, followed by the Aboriginal Youth Courts in 2010 (Pfeifer et al., 2018). The Supreme Court of Canada ruled in *R. v. Gladue* ([1999]1 S.D.R. 688) (n.d.) that courts can consider alternative sentences which reflect the culture of Aboriginal offenders. While not mandating problem-solving courts, the Supreme Court made it possible for the court system to address the special social issues faced by such populations.

Canada, along with Australia and New Zealand, also has Aboriginal courts, which are often a mix of “official” (i.e., Canadian law) and traditional Aboriginal legal processes (Nolan, 2009; Pfeifer et al., 2018; Richardson, Thom, & McKenna, 2013). Some Aboriginal courts deal with only one group of Aboriginal people, while other courts deal with a mix of Aboriginal peoples, especially in countries with a variety of Aboriginal groups and cultures living in close proximity. Others, like the Koori Children’s Courts in Australia, focus on Indigenous juveniles in the justice system (Pfeifer et al., 2018). This Court addresses youth crime through culturally appropriate responses that consider traditions and values while addressing the culture-related issues that might contribute to crime.

Within New Zealand, there are about a dozen problem-solving courts designed to address the overrepresentation of young Māori offenders (Richardson et al., 2013). These courts often take place in a tribal setting rather than a typical courthouse. Judges speak the Māori language and encourage youth to admit and take responsibility for their crimes in front of elders and their ancestors. Such procedures rely on cultural concepts of accountability, pride, and genealogy.

As these examples illustrate, some countries have courts to address social issues not often found in the United States. Other countries have no special courts for a variety of reasons (Miller, 2019), including the country's (1) inability to provide the funding, resources, or employees required to have problem-solving courts; (2) belief that judges are not qualified or that it is not the courts' role to help offenders; or (3) belief that other issues (e.g., drug cartels) are more pressing and deserving of legal attention. Perhaps most importantly, some countries do not have problem-solving courts because legal leaders believe that such courts would provide unequal justice because only some defendants would receive "help." Relatedly, some countries provide rehabilitation to *all* defendants, and thus there is nothing "special" about receiving treatment, education, or other rehabilitation services (Miller, 2019).

Perhaps the biggest difference between problem-solving courts in the United States and other countries is not in the *types* of courts, but the *delivery and methods* of such courts. As problem-solving courts have spread beyond the United States, they have been modified in many instances. Nolan (2009) lists a variety of differences between U.S. and foreign problem-solving courts. First, U.S. and foreign courts differ in the roles that legal actors play; for instance, English judges play a smaller role in supervision because probation officers there are more heavily involved than in the United States. Second, the way judges interact with court participants can differ; for instance, judges in Scotland, England, and Ireland are more business-like and less emotionally expressive than in the United States. Third, countries differ in treatment options. For instance, English courts are more likely to use methadone treatment, while U.S. courts are more likely to rely on social support treatments such as Alcoholics Anonymous. Finally, countries differ in the philosophies and beliefs that underlie problem-solving courts. For example, courts differ as to whether they believe that domestic violence is a learned behavior to be addressed by education (e.g., in Canada) or an illness to be addressed through treatment (e.g., in the United States; although treatment can sometimes include both drug and behavioral treatments). Such cultural differences can explain nuances in the delivery of problem-solving courts around the world (see also Karafin, 2008, for global comparisons).

As this review illustrates, there are a variety of problem-solving courts both in the United States and abroad. What began as a thoughtful attempt to reduce recidivism and addiction among nonviolent drug users has become a widespread phenomenon. Just as problem-solving courts vary in the populations (e.g., prostitutes, veterans) and social issues (e.g., homelessness) that they address, so too do they vary in the way they are implemented and evaluated, as discussed next.

How Problem-Solving Courts and Their Evaluations “Work”

Some problem-solving courts are formal, state-certified courts (e.g., Dolan, 2019). Others are informal grass-roots courts started by one or more judges in a particular jurisdiction. There is no national or international certification or requirements to implement a problem-solving court. Thus, there is great variety in how the courts are implemented. There are generally two ways problem-solving courts can be incorporated into criminal court: as a diversionary program or as part of a sentence post-conviction. There are also a variety of ways to evaluate a problem-solving court (Wood, Miller & Kaplan, 2018). These discussions will help lay the foundation for our later analyses.

How Courts “Work”

Some problem-solving courts are diversionary programs in which a defendant has been charged with one or more criminal offenses, but has not yet been convicted. Once charges are filed, a defendant will be screened or selected by a criminal courtroom workgroup to determine his eligibility for a specific problem-solving court. If selected for participation, the defendant will be expected to successfully complete the problem-solving court. If he does, the prosecutor will drop charges. If he does not successfully complete the problem-solving court, prosecution of the charges will continue.

Other problem-solving courts are part of an alternative sentence for a defendant after his conviction. In such cases, the defendant has been convicted through either a criminal trial or entering a guilty plea. The criminal courtroom workgroup determines the defendant's eligibility for participation in a problem-solving court. If selected for participation, he will be expected to successfully complete the problem-solving court in lieu of serving his prison sentence. If the defendant fails to successfully complete the problem-solving court, he likely will be required to fulfil his suspended prison sentence.

How Courts Are Evaluated

There are a variety of ways to evaluate the success of a problem-solving court. The Maryland Scientific Methods Scale (SMS; Farrington, Gottfredson, Sherman, & Welsh, 2002) lists the common types of research designs, from least to most rigorous: (1) a pre-and-post court assessment of a treatment group or a cross-sectional comparison of a treatment group and a nontreatment group. Neither design would use control variables; (2) a pre-and-post court assessment of a treatment group or a

cross-sectional comparison of treatment group and nontreatment group *with* control variables; (3) a nontreatment comparison group utilized with an adequate control of differences across the comparison group and treatment group through regression or matching, but important differences remain; (4) a quasi-experimental design that allows for the assumption that treatment is the only difference between the nontreatment comparison group and treatment group; (5) a randomized controlled trial. Evaluations of problem-solving courts thus differ in the rigor of their methodology.

Problem-solving courts also differ in their outcome measures. The most common measurement is whether the defendant has recidivated and committed more crimes. The length of this measurement period can vary from months to years. The definition of recidivism can also vary from including even minor crimes to only including serious crimes or crimes similar to the original offense. Some courts have other outcome measures too, such as mental health outcomes or community outcomes. As this brief review illustrates, there is great variety in the way courts are used and evaluated within any particular justice system. As discussed next, they also vary in the underlying principles that guide them.

Justice Foundations of Problem-Solving Courts Around the World

Both within the United States and around the world, problem-solving courts use a variety of justice principles as guiding beliefs about how to help those who come before them. For instance, many problem-solving courts utilize the notion of therapeutic jurisprudence, which is a focus on how the law and legal system can affect the well-being of people involved (Wexler, 2000). This section will discuss the most common justice principles found within problem-solving courts (i.e., therapeutic jurisprudence, procedural justice, restorative justice). This section concludes with a discussion of the conflicts that can exist between justice principles as applicable to problem-solving courts.

Adversarial Process

The United States and other common law countries such as Canada and Australia use the adversarial process to settle public disputes (Harrell, Castro, Newmark, & Visher, 2007; Newmark, Rempel, Diffily, & Kane, 2004). This adversarial process puts the prosecution and defense at odds with one another and works on the assumption that the truth will be revealed as the result of their competition in court. Judges play a somewhat passive role of referee, ensuring that the prosecution and defense follow the laws and procedures of due process. In comparison, other countries such as France, Germany, and Italy use the inquisitorial process. The inquisitorial

process puts the judge in charge of the investigation of the truth and relies less on due process principles. An inquisitorial process is less formal than the adversarial one, with fewer legal hurdles (e.g., hearings) due to less focus on due process.

The resulting punishments from the traditional adversarial process in the United States tend to be punitive in nature. Some of the most commonly used sanctions in the traditional criminal court involve the intense monitoring of the defendant's behavior. This can be done through incarceration, intensive supervision by probation/parole departments, use of technology to track whereabouts and behavior, and periodic alcohol and drug testing to ensure compliance with abstinence.

When problem-solving courts were developed, some of these common sanctions found their way into their programming (Berman & Feinblatt, 2001). Traditionally, this type of monitoring would begin as part of a sentence once a defendant was convicted through criminal case processing. However, through the use of diversionary programs like problem-solving courts and the expansion of pretrial programs, this intensive monitoring has been implemented *prior* to convictions, sometimes soon after arrest and charging decisions. Such monitoring can ensure public safety, while allowing defendants to remain in their communities to receive necessary treatment, continue their schooling and employment, and retain ties to supportive family and friends. While retaining traditional criminal court processes has its purposes, the unique combination of principles within problem-solving courts makes it imperative to understand how the remnants of the traditional process might relate to program outcomes (e.g., recidivism). Although many of the traditional, punishment-focused adversarial components are a part of problem-solving courts, what makes such courts unique is the inclusion of less punitive principles such as therapeutic jurisprudence and restorative justice (Berman & Feinblatt, 2001), as discussed next.

Therapeutic Jurisprudence

In some cases, the legal system is well situated to facilitate healing in those who come before the court (Wexler, 2000). Therapeutic jurisprudence, which focuses on how the law and legal system can affect someone's psychological and emotional well-being (Wexler, 2000), can help guide the court. By necessity, the law is a social force that drives behavior—it prescribes that certain behaviors are legal or illegal, and that certain consequences shall befall those who break the law (Wexler, 2000). Consequences for lawbreaking should, according to this principle, be therapeutic whenever possible; people should receive the help and treatment they need rather than only be harshly punished (Wexler, 2000). This does not preclude retributive responses (e.g., prison) when necessary, but simply emphasizes that legal actors such as judges should recognize how their actions affect others and should strive to limit harm.

Some problem-solving courts adhere to these principles, although this varies among jurisdictions and countries (Hora, Schma, & Rosenthal, 1999; Winick, 2013). For instance, therapeutic jurisprudence is commonly found in drug courts;

indeed, some posit that therapeutic jurisprudence is the theoretical foundation for effective drug courts (Hora et al., 1999). Due to the War on Drugs, traditional courts harshly punished those who were charged with drug-related offenses; consequently, a large number of drug users ended up in jail or prison for relatively minor offenses (Hora, 2002). Because mass incarceration comes with a heavy financial toll on the government, there has been a push to find ways to reduce incarceration rates (Cole, 2011). Judges and other practitioners in drug courts began to realize that, while incarceration was reducing the number of offenders on the street, it did little to reduce recidivism (i.e., incarceration did not address the root cause of the behavior; Hora, 2002). By adopting therapeutic jurisprudence as a guiding principle of drug courts, practitioners can attempt to address the root causes of drug-related behaviors. More specifically, by keeping therapeutic jurisprudence in mind, practitioners are able to determine what services or treatment programs (e.g., substance abuse counseling) might be appropriate for their participants (Hora et al., 1999). Rather than focusing on punitive consequences (e.g., incarceration), the focus in some drug courts is on providing therapeutic consequences for breaking the law (e.g., providing services and therapy).

Therapeutic jurisprudence is also used in other types of problem-solving courts (e.g., mental health courts; Kondo, 2000; Lurigio & Snowden, 2009). Because people with mental illness are often incarcerated in large numbers, just as those with drug offenses are, there has been a push to reduce this over-incarceration by providing therapeutic services to those with mental illness (Kondo, 2000). Furthermore, this principle is not only utilized by problem-solving courts within America but also by problem-solving courts around the world. For instance, drug courts in Scotland often use therapeutic jurisprudence to help reduce drug-related offenses (McIvor, 2009).

While some courts view therapeutic jurisprudence as a benefit to their court and those they serve, there are some court practitioners who have reservations about the use of therapeutic jurisprudence in problem-solving courts (Nolan, 2009). One of the major concerns with the use of therapeutic jurisprudence in courts is that judges are not trained to be social workers or counselors; instead, judges are trained to be legal fact finders and are often constrained by the law (Nolan, 2009). Without adequate training in areas such as social work or psychology, the concern is that judges will not be able to adequately help participants in problem-solving courts or might inadvertently cause more harm than good (Nolan, 2009). Thus, while therapeutic jurisprudence is often used in a variety of different problem-solving courts (e.g., drug and mental health courts), some court practitioners might prefer to utilize other justice principles such as procedural justice.

Procedural Justice

Procedural justice is the notion that people should be treated with both dignity and respect by the legal system (Thibaut & Walker, 1975). According to the literature, procedural justice can be either objective (i.e., focused on how the decision-making

process can be made fairer) or subjective (i.e., focused on whether a procedure enhances *perceptions* of fairness; Lind & Tyler, 1988). Procedural justice emphasizes that participants in the legal system should (1) feel as though they have a voice in their case, (2) be treated with dignity and respect, and (3) be treated equally (Hinds & Murphy, 2007; Tyler, 2004). The use of procedural justice in problem-solving courts can lead to more compliance with services (see Winick, 2013 for discussion).

A variety of different problem-solving courts utilize procedural justice. Dependency courts are often highly encouraged to utilize procedural justice principles when dealing with the families that come before them. For instance, the *Resource Guidelines: Improving Court Practices in Child Abuse and Neglect Cases*, published by the National Council of Juvenile and Family Court Judges, advocates that a “best practice” for dependency courts is to engage in early and active engagement of court participants (see Gatowski et al., 2013). More specifically, judges are encouraged to refer to the participant by name (e.g., Mr. Smith) rather than by a nondescriptive title (e.g., you or the parent) to make participants feel as though they are treated with dignity and respect. Furthermore, judges are encouraged to ask simple questions (e.g., “Do you have any questions?”) in order to make people feel as though they had a voice in their case—that they were able to speak up and discuss their concerns.

While dependency courts often utilize procedural justice, they are not the only problem-solving courts to do so. Another type of problem-solving court that utilizes these concepts of procedural justice is domestic violence court. For instance, an evaluation of a domestic violence court in South Carolina demonstrated that the court utilized these concepts. Court participants were often spoken to directly by the judge, given the opportunity to discuss their concerns about the case with the judge, and were addressed by name (Gover, Brank, & MacDonald, 2007). When procedural justice techniques were used, participants had more positive perceptions of the court process; the use of procedural justice techniques also related to a reduction in recidivism (Gover et al., 2007).

Procedural justice can also be utilized in mental health courts because stigmatized groups (e.g., people with mental illness) might be especially sensitive to issues of procedural justice (Watson & Angell, 2007). Many mental health court judges interact with court participants differently from judges in traditional courts; they tend to make more eye contact with participants, invite participants to approach the bench, shake hands with participants, and directly speak with participants (see Watson & Angell, 2007 for discussion). Use of such procedures is often beneficial, as they are associated with a reduction in recidivism and increase positive attitudes about the court process (Watson & Angell, 2007).

Finally, procedural justice occurs in drug courts around the world, such as Scottish drug courts (McIvor, 2009). Participants are often treated with respect and dignity by those involved in their case. For instance, participants who experience setbacks in their cases (e.g., they are unable to attend a treatment session) are often shown leniency; indeed, those involved in the participant’s case often make allowances to try and help the participant stay on track with his services (McIvor, 2009).

Furthermore, participants have the opportunity to explain why they experienced a setback in their case; these explanations are then taken into account by court personnel when determining if the participant should receive a sanction for the setback. This use of procedural justice could make participants more willing to comply with future orders (McIvor, 2009). Even so, the connection between procedural justice and recidivism is unclear, with at least one study finding no such relationship (see Atkin-Plunk, Peck, & Armstrong, 2019).

One potential drawback of procedural justice is that its use should begin at the start of the case (e.g., beginning with social workers and police). If procedural justice is not used early on in the case, it is possible that participants might not feel as though they have been treated with dignity and respect, regardless of the judge's actions. A well-meaning judge can utilize procedural justice, but a participant might not comply with services simply because procedural justice was not used from the beginning of their interaction with the legal system.

While the use of procedural justice can be beneficial in problem-solving courts, some court personnel have begun to acknowledge that it is equally important to try to restore the relationship between the offender, victim, and community whenever possible. Thus, the use of a justice principle known as restorative justice can be equally as important.

Restorative Justice

While the legal system can be therapeutic (i.e., therapeutic jurisprudence), there is also the potential for the legal system to be restorative (i.e., restoring relationships between the offender, victim, and community). This notion is known as restorative justice. Broadly speaking, restorative justice is an approach to reparation that focuses on healing and accountability (Poulson, 2003). This justice principle encourages perpetrators to take accountability for their actions (e.g., allowing the offender to apologize to the victim; Jehle & Miller, 2007) and encourages victims, and in some instances communities, to be active participants in the legal process (e.g., speaking with the offender so the offender can see the harm he has caused; Poulson, 2003). Restorative justice views crime as a violation of the relationship between two people, or an offender and his community, and not necessarily a violation of the law. Consequently, the focus is on mending the relationship between victim, offender, and community (see Latimer, Dowden, & Muise, 2005; Saulnier & Sivasubramaniam, 2018 for discussions).

Restorative justice is commonly found in courts that serve communities that value close social bonds. In New Zealand, restorative justice is often found in youth courts in the form of family group conferences (Reisig, 1998). A family group conference (FGC), which is often arranged by someone referred to as a "justice coordinator," includes the following participants: the youth, the youth's family, the victim, a police officer and, when appropriate, community representatives, and drug court representatives (Reisig, 1998). The conference is meant to determine what

compensation is appropriate for the victim while also encouraging the youth to accept responsibility for his actions (Reisig, 1998). Moreover, the Australian youth justice system also utilizes restorative justice through justice conferencing (see Blagg, 1997; Stewart, Hayes, Livingston, & Palk, 2008). Conferencing is designed to help juvenile offenders take steps to directly repair the harm they have caused (Blagg, 1997; Stewart et al., 2008).

Another type of problem-solving court that utilizes restorative justice is community court. Community courts, which are designed to address “quality of life” crimes such as prostitution and shoplifting, often sentence participants to community restitution (i.e., restitution is used to restore the harm their crimes caused the community; Sanchez & Miller, 2009; Sviridoff et al., 2002). In these courts, the community helps the offender identify, and take responsibility for, his problematic behavior while also working to ensure the relationship between community and offender is mended.

While there can be value in the use of restorative justice in problem-solving courts, there is also the potential for pitfalls. One major pitfall is that judges and other court personnel might not be properly trained in restorative justice practices; this lack of training might lead to unintended consequences (e.g., inattention to the principles or guidelines of restorative justice; Umbreit, Vos, Coates, & Lightfoot, 2005). For instance, if judges are not properly trained in restorative justice practices, they might not understand that having both the participant (i.e., the defendant) and the victim participate in mediation might be traumatic for the victim. A well-meaning judge might attempt to reconcile the two parties and restore any harm that has been caused; however, if the victim is not ready to face the person that has harmed him, the victim can be re-traumatized (Umbreit et al., 2005).

While restorative justice attempts to determine what offender behaviors are problematic, not all communities might agree that a certain behavior is problematic. Thus, community sentiment, as discussed next, can be a driving force in determining whether an offender is deserving of punishment for a particular behavior.

Community Sentiment

Within society, people can have differing opinions, perceptions, and attitudes toward a variety of topics. While *individual* sentiment toward a specific topic (e.g., whether it is acceptable to use drugs during pregnancy) can influence legal outcomes (e.g., how a juror votes), it is important to understand how *community* sentiment can also play a role in the legal realm. Community sentiment is broader than just one person’s attitudes or perceptions of an issue; instead, community sentiment represents a collective attitude or perception of an issue (Miller & Chamberlain, 2015). Generally speaking, a community can be the general public, a specific section of the public most affected by the legal action (e.g., drug users’ sentiment toward the court’s procedure), or a particular group (e.g., court personnel’s sentiment toward the problem-solving court). In general, community sentiment represents how an

entire community (or sub-community) perceives criminals and crimes; these collective perceptions can, in turn, determine how courts respond to lawbreakers.

Community sentiment has often been a driving force behind not only the punishment that criminals receive but also legislative reforms meant to affect punishment decisions. For instance, until 2005, the United States allowed offenders to be sentenced to death for crimes committed as juveniles (Lane, 2005). For numerous years before the abolition of the juvenile death penalty, research consistently demonstrated that the public did not favor this form of punishment for juveniles (Boots, Heide, & Cochran, 2004; Finkel, Hughes, Smith, & Hurabiell, 1994; Vogel & Vogel, 2003). In making their decision to abolish the juvenile death penalty, the court cited the “national consensus” against the juvenile death penalty as one reason for abolishing the practice (Lane, 2005). Just as community sentiment can drive judicial decisions such as abolishing the juvenile death penalty, it can also drive judicial decision-making in problem-solving courts.

Community sentiment plays an especially crucial role in community courts. Community courts attempt to address local community problems and often try to build relationships between the court and community members (Karafin, 2008). What is determined to be a community “problem” can differ from one community to the next as this determination is often based on community sentiment. For instance, if community sentiment is negative toward prostitution, then this will be considered a problem and dealt with accordingly; if the community does not consider something to be a problem (e.g., marijuana use), then it will not be dealt with. Furthermore, community sentiment can potentially play a role in other types of problems-solving courts, such as drug courts or domestic violence courts. Judges who are elected officials might feel pressured to base their decisions on community sentiment especially during an election year. For instance, community sentiment in the United States is often negative toward drug users. If it is an election year, it is possible that judges might be more punitive in drug courts so as to appeal to their constituency—if they feel that community sentiment favors retribution over the rehabilitation provided in drug courts.

While community sentiment is negative toward drug users in the United States, other countries have not labeled drug use a problem worthy of legal action (Miller & Herron, 2020); therefore, because the community has relatively ambivalent attitudes toward those who use drugs, the legal system is less likely to punish drug users. For instance, within Mexico there is much more of a concern about drug cartels than drug users. Because community sentiment is negative toward drug cartels, but relatively ambivalent toward drug users, the legal system focuses much more heavily on prosecuting people involved with the cartels than those who simply use what the cartels are selling (Miller & Herron, 2020).

Community sentiment can be extremely useful when determining whether a behavior is viewed as problematic; it can also be helpful in determining the punishment an offender should receive. There are, however, concerns about the use of community sentiment in the legal system. Community sentiment can often times be positive toward ineffective legislation (e.g., sex offender registries; see Armstrong, Miller, & Griffin, 2015, for a discussion). Because people have positive attitudes

toward legislation such as sex offender registries, this type of legislation is often implemented without empirical evidence validating its success (Armstrong et al., 2015). This is concerning because lawmakers will be hesitant to change a law people endorse regardless of its effectiveness or possible unintended consequences.

These concerns regarding community sentiment also apply to problem-solving courts. If community sentiment is positive toward a specific problem-solving court that has shown little effectiveness in reducing recidivism or helping offenders, lawmakers might be hesitant to enact changes to this problem-solving court for fear of upsetting the public. Furthermore, if a judge in a drug court understands that community sentiment is negative toward drug users, they might be more punitive toward the offender and not offer appropriate services. This effectively undermines drug courts—the offender is not receiving help and services because of community sentiment. While community sentiment can sometimes be useful for judicial decision-making, it can also create conflicts with the other justice principles discussed in this part of the chapter.

Conflicts Present Between Justice Principles

Most of the justice principles discussed in this section (e.g., therapeutic jurisprudence, procedural justice, restorative justice) can, and do, work well together. For instance, the use of restorative justice can potentially be a form of therapeutic jurisprudence—by restoring the relationship between the victim and offender, or offender and community, the court does not create more harm to the offender but rather potentially promotes the offender's emotional and psychological well-being.

There can, however, be conflicts between community sentiment and some of these justice principles. For instance, community sentiment tends to be negative toward women who use drugs during pregnancy, which can lead to legal actions against these women (Miller & Thomas, 2015). These harsh punishments can oppose therapeutic jurisprudence principles—these harsh sentences are not therapeutic in nature (e.g., they do not offer the services or therapy offenders need), and they do not increase the psychological or emotional well-being of the offender.

There can also be conflicts between community sentiment, procedural justice, and restorative justice. It is possible that communities believe that certain offenders (e.g., offenders with drug charges or who commit domestic violence) do not deserve to be treated with dignity and respect by the court. This view opposes procedural justice principles that advocate that offenders be treated with dignity and respect and be given a voice at their trial. Furthermore, communities might be hesitant to reintegrate, or restore, their relationship with the offender because of negative opinions of the offender and their crimes. For instance, family group conferences, which occur in youth court in New Zealand, can include a community representative (Reisig, 1998). If the community has a negative perception of the offender, they are unlikely to participate in this conference and thus will not engage in restorative

justice. Thus, numerous conflicts can exist between community sentiment and justice principles such as therapeutic jurisprudence, procedural justice, and restorative justice. While justice principles are often guiding principles of problem-solving courts, these courts can also utilize a variety of different psychological principles to guide the types of services and consequences the offenders experience.

Psychological Foundations of Problem-Solving Courts Around the World

Just as some problem-solving courts in the United States and around the world utilize justice principles as guiding beliefs, some also use psychological theories. These psychological principles can help predict and explain why problem-solving courts work and why judges offer certain services and programs to those who come before them. To be sure, most courts do not explicitly use psychological theories, but are still affected by psychological principles that contribute to the success of such courts. What follows is a discussion of the most common psychological theories that relate to problem-solving courts (e.g., rational actor model, social support, and operant conditioning).

Operant Conditioning

According to operant conditioning, receiving a reward for a behavior increases the likelihood that the behavior will be repeated. If, however, behavior is followed by something unpleasant (e.g., a negative consequence), then this will decrease the frequency of this behavior (see Boza, 2007 for a discussion). For instance, teachers might incentivize students' appropriate behavior (e.g., taking turns or speaking kindly) by promising a reward (e.g., giving the children snacks) for good behavior; teachers might punish bad behavior (e.g., pushing) by putting children in time-out or taking away privileges.

Problem-solving courts often use operant conditioning, although it is rarely referred to by this name. Instead, courts might have incentives and sanctions, such as those that occur in drug courts. Drug courts often punish bad behavior by taking away privileges (e.g., creating a curfew for juveniles); these courts often incentivize good behavior by offering rewards (e.g., offering gift cards or other desirable things). There are problems, however, with the use of operant conditioning in problem-solving courts. To be effective, sanctions should come directly after, or in close proximity, to the behavior they are intended to punish (Boza, 2007). Furthermore, sanctions should be used consistently (Boza, 2007). In other words, two people should receive the same sanctions for the same behaviors; sanctions should also always be applied every time a negative behavior occurs. Even if all these

conditions are met, rewards might not be effective globally, as something (e.g., a gift card) that is a highly motivating reward for one person might not be perceived as such to another person.

The concern with operant conditioning arises because there is little evidence that these standards are adhered to in problem-solving courts (Boza, 2007). For instance, judges have wide discretion in determining the sanctions and incentives provided to court participants; there is no set script prescribing what punishment or reward should be given based on a specific behavior. This could lead to inconsistent sanctions and incentives, thereby making the use of operant conditioning ineffective. Thus, it is necessary that sanctions and incentives are determined as early in the case as possible and are consistently applied throughout the entirety of the case.

Social Support

Social support is defined as the perception, or experience, that an individual is loved, cared for, and is a part of a social network of mutual assistance and obligations (Taylor, 2010). Much of the literature on social support has demonstrated that it is a critical factor in determining health outcomes. For instance, social support promotes psychological adjustment to chronic illnesses (Taylor, 2007); a lack of social support is also associated with a risk for morbidity and mortality (House, Landis, & Umberson, 1988). Given the vast research linking social support to health outcomes, it is possible that social support is also important in other areas of life such as recidivism in offenders.

Once an offender is incarcerated, they often experience a loss of social contact and therefore social support (Cochran, 2014). This lack of familial or community ties means that offenders often have little access to certain necessities after their incarceration that can help reduce recidivism (e.g., housing and monetary support; see Cochran, 2014 for discussion). Furthermore, offenders who have little social support are more likely to experience isolation and loneliness (Cochran, 2014). These negative emotions and lack of resources can encourage recidivism.

Because social support is a critical component in ensuring that offenders do not recidivate (Cochran, 2014), many problem-solving courts utilize social support as part of their services. For instance, problem-solving courts often offer family counseling or family engagement services (Henggeler, McCart, Cunningham, & Chapman, 2012). These services allow offenders to remain close to family members and friends during their treatment, thereby strengthening social ties and increasing the likelihood the offender will successfully complete treatment and not recidivate.

As these last two sections demonstrate, there are a variety of justice principles and psychological theories that are utilized by problem-solving courts. While there are benefits associated with the use of some of these principles (e.g., the use of therapeutic jurisprudence can help reduce re-traumatization of victims), there can be drawbacks (e.g., judges are not trained social workers or psychologists and could incorrectly apply therapeutic jurisprudence). What justice principles or

psychological theories are applied depends in large part on the type of problem-solving court (e.g., community courts might be more likely to utilize restorative justice than drug courts). The next section describes our analysis, which was designed (in part) to determine how such justice and psychological principles are incorporated into problem-solving courts.

Methodology

In the current study, we collected previously published evaluations of problem-solving courts in order to make conclusions as to the cumulative success of the courts. We coded each evaluation's outcomes (i.e., whether the drug court was "successful"). We also coded whether each court contained program components described above (e.g., therapeutic jurisprudence, operant conditioning). By analyzing many courts, we can gain a better understanding as to whether each type of court, in general, is working. And we can make some general speculations (provided in the discussion) as to whether some of the program components might be bigger contributors to courts' successful outcomes than others.

Selection of Evaluations

We used three criteria to identify usable evaluations. First, the evaluation had to be focused on a problem-solving court. Typically, this was determined by whether the study self-identified itself as addressing a type of problem-solving court. Studies that focused only on stand-alone programs (e.g., substance abuse treatment programs or batterer intervention programs) were not included in the analysis. Some studies included multiple jurisdictions of a problem-solving court. If this was the case, then each jurisdiction's court was included as a separate problem-solving court since there were often differences in how each court operated. Second, the study had to include enough of a description of the problem-solving court to determine whether the court used the components of interest (e.g., therapeutic jurisprudence). Third, the study had to include an evaluation of the effectiveness of the problem-solving court. This often included an assessment of recidivism rates but could also include court-specific assessments such as mental health outcomes, victim safety, or community satisfaction.

The search for evaluations was conducted separately for each type of problem-solving court. The names of each type of problem-solving court were used as the keywords in searches in the following databases: NCJRS, Criminal Justice Abstracts, and PsycINFO, and Google Scholar. In addition, the eligible evaluations were searched to find references to other potential evaluations listed in the literature review and references sections. This search process continued until the results began repeatedly referencing already discovered evaluations.

Due to the large number of evaluations for adult drug treatment courts, there was an additional criterion used to narrow down the sample. The Maryland Scientific Methods Scale (SMS), described in the literature review above, was used to assess the methodological rigor of each evaluation, with level one being the least rigorous and level five being the most rigorous (Farrington et al., 2002). The evaluations for adult drug treatment courts had to at least reach level three on the SMS (meaning there was a comparison group utilized and an adequate control of differences across the comparison group and treatment group that was documented in the study) in order to be included in the analysis. There are also too many juvenile drug treatment courts to include in the current study. Therefore, juvenile drug treatment courts were eliminated from the analysis if they were classified as a level one on the SMS.¹

Because there are far fewer evaluations of the other types of problem-solving courts, we determined that using such a criterion for their inclusion would severely limit the number of evaluations included. Therefore, a limiting criterion was not applied to the other problem-solving courts. However, the methodological rigor of each evaluation was assessed and provided in the tables to account for these differences in the quality of the evaluations.

Outcomes

After selecting evaluations to include in our analysis, we coded the Outcome(s) reported in each evaluation. These included Recidivism Outcomes, Mental Health Outcomes (for mental health and veterans courts), Community Outcomes (for community courts), and Victim-Oriented Outcomes (for domestic violence courts).

Although there are many possible outcomes of a problem-solving court (e.g., whether the person was able to maintain suitable housing and a job), we chose recidivism as the main outcome of interest for our analysis because it is arguably the most important outcome for criminal courts. Each evaluation adopted its own definition of recidivism; they differed on the follow-up timeframe and whether they considered technical violations, as well as specific re-offenses. For our purposes, we considered “Recidivism Outcome” to be any outcome directly related to re-offending.

We categorized each evaluation’s Recidivism Outcome as “Neutral” (e.g., no difference between the problem-solving court and the comparison court or no change from pre- to post-court involvement), “Positive” (e.g., the problem-solving court group had lower recidivism than the comparison court group or there was less recidivism in the post-court involvement timeframe than in the pre-court

¹ Limiting the sample to only those evaluations that were at least level 3 (as we did with adult drug courts) limited the sample such that it reduced the variability in outcomes and factors (e.g., there would then be no courts that did not use a “high” level of adversarial process). It would also eliminate the evaluation with the largest sample size and the only juvenile drug court from outside the United States.

involvement timeframe), “Negative” (e.g., the problem-solving court group had higher recidivism than the comparison court group or there was an increase in recidivism pre- to post-court involvement), or “Mixed” (e.g., a mixture of positive, negative, and/or neutral outcomes).

In mental health courts and veterans courts, an additional evaluation outcome is included: improvement in the offender’s mental health (Honegger, 2015). Some evaluations of mental health treatment courts tried to identify changes in the psychiatric symptoms of the offenders and whether they used emergency psychiatric services. Similarly, veterans treatment courts are typically assessed by mental health outcomes. Mental health outcomes included the frequency of experiencing PTSD symptoms; alcohol use and drug use; and improvements in social functioning, relationships, and sleep. We coded each Mental Health Outcome as “Neutral,” “Positive,” “Negative,” or “Mixed” similarly to the codings for Recidivism Outcomes mentioned just above. For example, a “Positive” coding was used if the problem-solving court group had improved mental health outcomes compared to the comparison court group or if there was an improvement in mental health from pre- to the post-court involvement.

Similarly, Victim-Oriented Outcomes were measured in domestic violence courts. Such outcomes might include increased victim reporting or the victim’s perception of safety, support, and satisfaction with the court process. These Outcomes were coded as “Neutral,” “Positive,” “Negative,” or “Mixed,” similarly to Recidivism and Mental Health Outcomes.

Finally, Community Outcomes were measured in community courts. Such outcomes included increased community satisfaction, increased perceptions of safety in their community, and completion of community service hours by the participants. These were also coded as “Neutral,” “Positive,” “Negative,” or “Mixed.”

A final measure is Rigorous Research Design. “Rigorous” was defined as a 3 or higher on the SMS scale. In the Discussion section, a table summarizes the number and percentage of rigorous studies for each court type.

Classification of Program Components

In addition to coding for Outcome, we coded whether each problem-solving court contained any of the following components: adversarial process, therapeutic jurisprudence, procedural justice, restorative justice, community sentiment, operant conditioning, and social support. The first six tables in the Results section contain the data from the six most often evaluated court types. If a component was not included in a table, it was not present in any of the evaluations for that type of problem-solving court.

The program components were defined as follows: when classifying a problem-solving court as having an **Adversarial Process** component, the court had to incorporate at least one element of the traditional adversarial criminal court process (Harrell et al., 2007; Newmark et al., 2004). The most common way that the traditional adversarial process was utilized in the courts was through intensive

supervision by probation/parole departments. Such supervision was a common element of all problem-solving courts, regardless of whether the court was used as a diversionary program or a post-conviction program. Another common element of the traditional adversarial process was a condition to abstain from alcohol and drug use and comply with weekly testing. If a court only utilized intensive supervision, then this was classified as a “low” presence of the adversarial component. If a court added additional elements, then this was classified as a “high” presence of the adversarial component.

When classifying a problem-solving court as having a **Therapeutic Jurisprudence** component, the court had to incorporate treatment for the offender that was related to the type of problem-solving court, such as a substance abuse, mental health, or batterer intervention program. It could also increase offender access to social services such as healthcare, housing, education, vocational training, or employment. If a court included treatment only, this was classified as a “low” presence of the Therapeutic Jurisprudence component. If a court also attempted to increase offender access to social services, this was classified as a “high” presence of the Therapeutic Jurisprudence component.

The problem-solving court was classified as having a **Procedural Justice** component (coded yes/no) if the court incorporated one-on-one contact between the judge and the offender that allowed for personal connection, explanation of process, and provision of a voice to the offender.

Classification of a problem-solving court as having a **Restorative Justice** component required the court to incorporate one of the following elements: victim advocacy (e.g., having a victim advocate present during proceedings or providing assistance to victims such as accessing healthcare or housing), offender accountability, or service to the community. If a court included one of these elements, then it was classified as having a “low” presence of the restorative justice component. If a court included two of these elements, then it was classified as having a “medium” presence, and if a court included all three of these elements, then it was classified as “high.”

A court was considered to have a **Community Sentiment** component (coded yes/no) if it incorporated input from the community regarding the problems the community needed to address and how to address those problems.

A problem-solving court was considered to use an **Operant Conditioning** component (coded yes/no) if it incorporated the use of rewards and sanctions as a method of changing an offender’s behavior. Sanctions include a judge giving an offender a short jail term as a result of a positive drug test; rewards include a reduction in number of required court appearances as a result of successfully attending all treatment sessions.

When classifying a problem-solving court as having a **Social Support** component (coded yes/no), the court had to incorporate an element of peer or family support as part of the program. For example, some courts required participation in Alcoholics or Narcotics Anonymous, a peer mentor, or family counseling.

If a particular component was not addressed in the evaluation’s description of the court, it was coded as absent. It is possible that a problem-solving court did utilize

one of these program components, but this component was not described in the evaluation. Unfortunately, the current study could not account for such omissions. The tables of analyses in the Results section, with findings for each type of problem-solving court, show the frequency of each component for each problem-solving court (if a particular component is not listed, it was because that component was not present).

Classification of Research Design

We categorized each evaluation as to its Research Design according to the Maryland Scientific Methods Scale (SMS) (Farrington et al., 2002). We used the following definitions: (1) a pre-and-post assessment of treatment group or cross-sectional comparison of treatment group and nontreatment group with no control variables; (2) a pre-and-post assessment of treatment group or cross-sectional comparison of treatment group and nontreatment group with control variables; (3) a nontreatment comparison group utilized and an adequate control of differences across the comparison group and treatment group through regression or matching, but important differences may remain; (4) quasi-experimental design that allows for the assumption that treatment is the only difference between the nontreatment comparison group and treatment group; (5) randomized controlled trial.

Results

The first purpose of this analysis was to assess how many courts were successful. The second purpose was to determine the sophistication of the evaluations for each type of court, as determined by the type of research design (e.g., randomized controlled trial) used in the evaluations. The third purpose was to determine how frequently each type of court used each of the program components (e.g., various justice and psychological principles such as procedural justice and operant conditioning) discussed above. The final purpose was to assess the proportion of courts that were successful, broken down by program components (e.g., the success rate for the courts that used procedural justice components). Although we can assess the percentage of courts that use a component and are successful, we are unable to test whether that component actually *caused* the court to be successful. Nor can we make any meaningful statistical comparisons between courts that did and did not use a particular component because of low sample size. Thus, we report only the descriptive statistics and patterns that emerge. This analysis is a first step in determining if some components might contribute to a court's success more than other components. This section details findings separated by type of problem-solving court.

Adult Drug Treatment Courts

Adult drug treatment courts are the most common type of problem-solving court. As of 2015, there were approximately 1558 adult drug treatment courts operating in the United States (National Institute of Justice, 2015). Drug courts are also the most popular problem-solving court to be adopted internationally, with drug courts in countries including Australia, Bermuda, Canada, Jamaica, New Zealand, South Africa, and the United Kingdom (Berman & Feinblatt, 2005). Due to the prevalence of adult drug treatment courts around the world, they are also the most commonly *evaluated* type of problem-solving court. As a result, the current analysis was limited to those evaluations of adult drug treatment courts that used a quasi-experimental design, a matched sample, or an experimental design.

The criteria used to screen participants for eligibility in an adult drug treatment court varied across jurisdictions. However, typically, court participants are those offenders who are alcohol and/or substance dependent and charged with a drug offense or other criminal offense influenced by their substance abuse (Huddleston & Marlowe, 2011). The majority have few previous felony convictions, and their current charges are typically either property or drug offenses (Mitchell, Wilson, Eggers, & MacKenzie, 2012). Most courts do not accept offenders who currently or previously committed violent offenses (Belenko, 1998). Drug court participation typically lasts 12–18 months and upon successful completion, participants “graduate” from the drug court (Myer & Buchholz, 2016).

In the evaluations we included, the most commonly evaluated Outcome measure was a reduction in recidivism, which was typically defined as either a new arrest or a new conviction. Out of the 21 adult drug treatment courts analyzed, 15 of the courts reported Positive Outcomes (i.e., reductions in recidivism), three others found Neutral Outcomes (e.g., no significant differences), one had a Negative Outcome, and the remaining two had Mixed Outcomes. Thus, as to the first purpose of this study, adult courts appear to be successful, with 17 out of 21 (81%) finding either Positive or Mixed Outcomes (see Discussion section).

The second purpose of this study was to determine the rigor of the evaluations for each type of court. Three adult drug court evaluations used the most rigorous Research Design (i.e., randomized controlled trial). Six used the next most rigorous (i.e., quasi-experimental design), and twelve used the third most rigorous (nontreatment comparison group with controls). We only sampled adult drug court cases that fit these criteria; we excluded less rigorous evaluations. Thus, these data merely represent how many more rigorous studies there are compared to other courts.

To address the third and fourth purposes of the study, we coded each evaluation as to whether it utilized each of the program components (e.g., procedural justice). The results of this analysis are in tables, with each table summarizing a different type of problem-solving court. Table 1 provides a summary of the effectiveness of adult treatment programs.

Table 1 Summary of studies that evaluated the effectiveness of adult drug treatment courts

Evaluation author	Location	AP	TJ	PJ	RJ	OC	SS	Research design	Recidivism outcome(s)	Findings
Goldkamp and Weiland (1993) <i>n</i> = 627	Dade County, FL	High	High	Yes	No	Yes	No	3	Neutral	Drug treatment court participants did not significantly differ from the comparison group in rearrest rates during the follow-up period
Deschenes, Turner, and Greenwood (1995) <i>n</i> = 630	Maricopa County, AZ	High	High	Yes	Low	Yes	Yes	5	Mixed	Drug treatment court participants did not significantly differ from the comparison group in rearrest rates during the follow-up period; drug treatment court participants had significantly lower rates of technical violations during the follow-up period
Granfield, Eby, and Brewster (1998) <i>n</i> = 300	Denver, CO	High	Low	Yes	No	Yes	No	3	Neutral	Drug treatment court participants did not significantly differ in rates of revocation or rearrest from the comparison group during the follow-up period
Vito and Tewksbury (1998) <i>n</i> = 290	Jefferson County, KY	High	High	Yes	Low	Yes	Yes	3	Positive	Drug treatment court participants were significantly less likely to have a new felony conviction than the comparison group during the follow-up period
Miethe, Lu, and Reese (2000) <i>n</i> = 602	Las Vegas, NV	High	High	Yes	No	Yes	Yes	3	Negative	Drug treatment court participants had significantly higher rearrest rates than the comparison group during the follow-up period
Peters and Murrin (2000) <i>n</i> = 89	Okaloosa County, FL	High	High	Yes	No	Yes	Yes	3	Positive	Drug treatment court participants were significantly less likely to be arrested than the comparison group during the follow-up period; drug treatment court participants had significantly fewer arrests during the follow-up period

(continued)

Table 1 (continued)

Evaluation author	Location	AP	TJ	PJ	RJ	OC	SS	Research design	Recidivism outcome(s)	Findings
Brewster (2001) <i>n</i> = 245	Chester County, PA	High	High	Yes	No	Yes	No	3	Positive	Drug treatment court participants had significantly lower rates of rearrests than the comparison group during program participation
Goldkamp et al. (2001) <i>n</i> = 1009	Clark County, NV	High	High	Yes	No	Yes	No	3	Positive	Drug treatment court participants had significantly lower rates of rearrests than the comparison group during the follow-up period
Goldkamp et al. (2001) <i>n</i> = 1092	Multnomah County, OR	High	High	Yes	No	Yes	No	3	Neutral	Drug treatment court participants did not have significantly lower rates of rearrests than the comparison group during the follow-up period
Harrell, Roman and Sack (2001) <i>n</i> = 397	Brooklyn, NY	High	High	Yes	Low	Yes	No	3	Positive	Female drug treatment court participants were significantly less likely to be rearrested than the comparison group after entering the program; female drug court participants were significantly less likely to be rearrested than the comparison group during the follow-up period
Spohn, Piper, Martin, and Davis-Frenzel (2001) <i>n</i> = 711	Douglas County, NE	High	Low	Yes	No	Yes	No	3	Mixed	Drug treatment court participants were significantly less likely to be rearrested than the comparison group during the follow-up period; drug treatment court participants were significantly more likely to be rearrested than the diversion program comparison group during the follow-up period; drug treatment court participants had significantly longer periods of time until their rearrest than the comparison group during the follow-up period; drug treatment court participants had significantly shorter periods of time until their rearrest than the diversion program comparison group during the follow-up period

<p>Truitt, Rhodes, Hoffman, and Seeberman (2002) n = 735</p>	<p>Escambia County, FL</p>	<p>High</p>	<p>High</p>	<p>Yes</p>	<p>Low</p>	<p>Yes</p>	<p>Yes</p>	<p>4</p>	<p>Positive</p>	<p>Drug treatment court participants were significantly less likely to be rearrested for felonies than the comparison during the follow-up period</p>
<p>Truitt, Rhodes, Hoffman, and Seeberman (2002) n = 2109</p>	<p>Jackson County, MO</p>	<p>High</p>	<p>High</p>	<p>Yes</p>	<p>Low</p>	<p>Yes</p>	<p>No</p>	<p>4</p>	<p>Positive</p>	<p>Drug treatment court participants were significantly less likely to be rearrested for any new offense and for felony offenses than the comparison group during the follow-up period</p>
<p>Gottfredson, Najaka and Kearley (2003) n = 235</p>	<p>Baltimore City, MD</p>	<p>High</p>	<p>Low</p>	<p>Yes</p>	<p>No</p>	<p>Yes</p>	<p>No</p>	<p>5</p>	<p>Positive</p>	<p>Significantly fewer drug treatment court participants were rearrested during the follow-up period than the comparison group; drug treatment court participants had significantly lower number of arrests than the comparison group during the follow-up period</p>
<p>Shanahan, Lancersar, Haas, Lind, Weatherburn, and Chen (2004) n = 468</p>	<p>New South Wales, Australia</p>	<p>High</p>	<p>High</p>	<p>Yes</p>	<p>No</p>	<p>Yes</p>	<p>No</p>	<p>5</p>	<p>Positive</p>	<p>Drug treatment court participants had significantly lower frequency of drug offending than the comparison group during the follow-up period; drug treatment court participants had significantly longer times until their first theft offense and first drug offense than the comparison group during the follow-up period</p>

(continued)

Table 1 (continued)

Evaluation author	Location	AP	TJ	PJ	RJ	OC	SS	Research design	Recidivism outcome(s)	Findings
Galloway and Drapela (2006) <i>n</i> = 95	Mariner County, WA	High	High	Yes	No	Yes	No	3	Positive	Drug treatment court participants were significantly less likely to be rearrested than the comparison group during the follow-up period; drug treatment court participants were significantly less likely to be re-convicted than the comparison group during the follow-up period
Krebs, Lindquist, Koetse, and Lattimore (2007) <i>n</i> = 475	Hillsborough, FL	High	High	Yes	No	Yes	Yes	4	Positive	Drug treatment court participants were significantly less likely to be rearrested than the comparison group during the follow-up period
Somers, Currie, Moniruzzaman, Eiboff, and Patterson (2012) <i>n</i> = 360	Vancouver, Canada	Low	High	Yes	No	No	No	4	Positive	Drug treatment court participants were significantly less likely to commit any new offense than the comparison group during the follow-up period; drug treatment court participants were significantly less likely to commit any new drug-related offense than the comparison group during the follow-up period
Koetzle, Listwan, Guastafarro, Kobus (2015) <i>n</i> = 133	Ada County, ID	High	High	Yes	No	Yes	No	3	Positive	Drug treatment court participants were significantly less likely to have new charges filed than the comparison group during the follow-up period

Hamilton et al. (2016) n = 355	Spokane County, WA	High	High	Yes	Low	Yes	Yes	4	Positive	Drug treatment court participants had significantly lower odds of committing a new offense, being returned for revocation, and being re-convicted than the comparison group during the follow-up period
Myer and Buchholz (2018) n = 126	Midwestern State	High	High	Yes	No	Yes	Yes	4	Positive	Drug treatment court participants were significantly less likely to have a new conviction than the comparison group during the follow-up period; drug treatment court participants had significantly longer periods before a new conviction than the comparison group during the follow-up period

AP adversarial process, *TJ* therapeutic jurisprudence, *PJ* procedural justice, *RJ* restorative justice, *OC* operant conditioning, *SS* social support
 Research design = (1) a pre-and-post assessment of treatment group or cross-sectional comparison of treatment group and non-treatment group with no control variables, (2) a pre-and-post assessment of treatment group or cross-sectional comparison of treatment group and nontreatment group with control variables, (3) a nontreatment comparison group utilized and an adequate control of differences across the comparison group and treatment group through regression or matching, but important differences may remain, (4) quasi-experimental design that allows for the assumption that treatment is the only difference between the nontreatment comparison group and treatment group, (5) randomized controlled trial

All but one of the adult drug treatment courts included a high level (i.e., multiple components) of the Adversarial Process, including intensive supervision, abstaining from alcohol and/or substances, and undergoing regular drug and alcohol testing (Mitchell et al., 2012). The remaining court had a low level. Thus, as to the third purpose of the study, we found that the Adversarial Process component was very frequent (100%). As to the fourth purpose, we found that this component was associated with success, as 17 out of the 21 (81%) had either Positive or Mixed Outcomes (see Discussion section).

Similarly, the Therapeutic Jurisprudence component appeared in all 21 (100%) adult drug treatment courts that were included in the study—with 18 at a high level. Therapeutic jurisprudence is typically implemented through the use of substance abuse treatment, including counseling. Most adult drug treatment courts also incorporated access to social services such as mental health treatment, educational assistance, housing and employment assistance, and increased access to healthcare services. Also, we found that this component was associated with success, as 17 out of the 21 (81%) had either Positive or Mixed Outcomes.

All 21 adult drug treatment courts included in the analysis (100%) also included the Procedural Justice component. All incorporated one-on-one contact between the judge and the offender. Many of the evaluations of these courts touted the relationships that are built between the judges and offenders, with judges knowing the names of the offenders and the stories of their families and struggles with substance abuse. This one-on-one contact also allows the offender to provide their own voice to the process, leaving them with a greater degree of satisfaction with the process. Thus, as to the third purpose of the study, we found that the Procedural Justice component was very frequent (100%). As to the fourth purpose, we found that this component was associated with success, as 17 out of the 21 (81%) had either Positive or Mixed Outcomes.

Only six evaluations (29%) incorporated a Restorative Justice component; all did so at a low level. Most focused on offender accountability as opposed to victim assistance or community service. Despite its relative infrequency, we found that this component was associated with success, as all six that included Restorative Justice components (100%) had either Positive or Mixed Outcomes.

None of the adult drug courts used the Community Sentiment component.

All but one adult drug court (20/21; 95%) implemented rewards and sanctions as reflected by the Operant Conditioning component. Courts used rewards (e.g., gift cards) and sanctions (e.g., a weekend in jail or community service) to mold participants' behaviors. We also found that this component was associated with success, as 16 out of the 20 (76%) had either Positive or Mixed Outcomes.

The Social Support component only appeared in eight courts (8/21; 38%). Social support was implemented most often through the requirement of participation in social support groups such as Narcotics Anonymous and Alcoholics Anonymous. The Social Support component was associated with success, as 7 out of the 8 (88%) had either Positive or Mixed Outcomes.

Juvenile Drug Treatment Courts

In 2011, it was estimated there were 460 juvenile drug treatment courts operating in the United States (SAMHSA, n.d.). In addition to receiving substance abuse treatment, juvenile drug treatment courts often put emphasis on strengthening their family relationships and education. As with adult courts, juvenile drug treatment courts are typically assessed by whether there are reductions in recidivism among the offenders.

Out of the 14 juvenile drug treatment courts analyzed, only six reported Positive Outcomes (i.e., reductions in recidivism), five others found Neutral Outcomes (e.g., no significant differences), one had a Negative Outcome, and the remaining two had Mixed Outcomes. Thus, as to the first purpose of the study, juvenile courts appear to be only moderately successful, with 8 out of 14 (57%) finding either Positive or Mixed Outcomes (see Discussion section).

As for purpose two of this study, the Research Designs used in juvenile drug courts were only moderately rigorous. None used the most rigorous design. Only four were at the next level of rigor (i.e., quasi-experimental design). Seven were moderately rigorous (i.e., nontreatment comparison group), and three were even less rigorous (i.e., pre-post assessment/cross-sectional comparison with control). Thus, 79% were at least moderately rigorous as being a level “3” or higher on our Research Design scale. This, however, was intentional, given that we sampled only juvenile drug court cases that were over a level 1. Thus, these data are only useful in as much as it represents how many more *rigorous* studies there are compared to other courts (since all rigorous studies are included for each court type).

Table 2 lists each juvenile drug court program included in the analysis. The Adversarial Process component included the use of intensive supervision and regular drug and alcohol testing. It was implemented in 13 of the 14 juvenile drug treatment courts (93%), with all 13 at a “high” level. Although the Adversarial Process component was very frequent, it was only moderately associated with success, as only 8 out of 13 (62%) had either Positive or Mixed Outcomes.

Therapeutic Jurisprudence components were also in each of the courts examined in the analysis (100%), all but two at a “high” level. This component was included through the use of substance abuse treatment, counseling, and increasing access to social services, similarly to adult courts. It was only moderately associated with success, as only 8 out of 14 (57%) had either Positive or Mixed Outcomes.

All 14 juvenile drug courts (100%) included the Procedural Justice component. The one-on-one contact between the judge and offenders that is synonymous with all types of drug treatment courts was routine in each of the juvenile drug treatment courts—similarly to adult courts. Despite its high frequency, this component was only moderately associated with success, as only 8 out of 14 (57%) had either Positive or Mixed Outcomes.

In half of the juvenile drug courts (50%), the Restorative Justice component—typically in the form of offender accountability—was included through the use of community service or victim restitution. This component was included at a “low”

Table 2 Summary of studies that evaluated the effectiveness of juvenile drug treatment courts

Evaluation author	Location	AP	TJ	PJ	RJ	OC	SS	Research design	Recidivism outcome(s)	Findings
O'Connell, Nestlerode, and Miller (1999) <i>n</i> = 490	Delaware Counties, DE	High	High	Yes	No	Yes	Yes	3	Positive	Drug treatment court participants were significantly less likely to have a new arrest than the comparison group at nine months of follow-up
Rodriguez and Webb (2004) <i>n</i> = 318	Maricopa County, AZ	High	Low	Yes	No	Yes	Yes	3	Positive	Drug treatment court participants were significantly less likely to have a subsequent incident of delinquency than comparison group
Thompson (2004) <i>n</i> = 85	Eastern Central Judicial District, ND	High	High	Yes	Low	Yes	No	2	Negative	No significant differences between the drug treatment court participants and comparison group in new arrests for class A misdemeanor or higher, new convictions for class A misdemeanor or higher, and new felony convictions; comparison group was significantly less likely to have a new arrest for a substance use violation than the drug treatment court participants
Thompson (2004) <i>n</i> = 85	Northeast Central Judicial District, ND	High	High	Yes	Low	Yes	No	2	Mixed	No significant differences between the drug treatment court participants and comparison group in new convictions for class A misdemeanor or higher, new felony convictions, and new arrests for a substance use violation; drug treatment court participants were significantly less likely to have a new arrest for class A misdemeanor or higher

Carey, Waller, and Marchand (2006) <i>n</i> = 113	Clackamas County, OR	High	High	Yes	No	Yes	Yes	3	Positive	Drug treatment court participants were significantly less likely to have a new referral or new arrest than the comparison group at fifteen months and twenty-four months after program entry
Crumpton, Carey, Mackin, Finigan, Pukstas, Weller, Linhares, and Brekhus (2006) <i>n</i> = 195	Hartford County, MD	High	High	Yes	No	Yes	Yes	3	Positive	Drug treatment court participants had significantly fewer new arrests and fewer days on probation than the comparison group
Anspach, Ferguson, and Phillips (2003) <i>n</i> = 210	Maine	High	High	Yes	No	Yes	Yes	4	Positive	Drug treatment court participants were significantly less likely to be arrested for any new offense, an alcohol or drug-related offense, and a violent offense than the comparison group
Searle and Spter (2006) <i>n</i> = 982	Christchurch, New Zealand	No	High	Yes	No	Yes	Yes	2	Neutral	No significant differences between the drug court participants and two comparison groups in rates of new offenses at six and twelve months of follow-up
Kralstein (2008) <i>n</i> = 345	Suffolk County, NY	High	High	Yes	Low	Yes	Yes	4	Neutral	No significant differences between the drug court participants and comparison group in rearrest rates

(continued)

Table 2 (continued)

Evaluation author	Location	AP	TJ	PJ	RJ	OC	SS	Research design	Recidivism outcome(s)	Findings
Mackin, Lucas, Lambarth, Waller, Herrera, Carey, and Finigan (2010a) <i>n</i> = 198	Anne Arundel County, MD	High	High	Yes	Low	Yes	Yes	3	Neutral	No significant differences between the drug court participants and comparison group in rearrest rates during the follow-up period
Mackin, Lucas, Lambarth, Waller, Herrera, Carey, and Finigan (2010b) <i>n</i> = 245	Baltimore County, MD	High	High	Yes	Low	Yes	Yes	3	Positive	Drug court participants were significantly less likely to be rearrested than the comparison group at six, twelve, eighteen, and twenty-four months of follow-up
Mackin, Lucas, Lambarth, Waller, Herrera, Carey, and Finigan (2010c) <i>n</i> = 100	St. Mary's County, MD	High	High	Yes	Low	Yes	Yes	3	Neutral	No significant differences between the drug court participants and comparison group in rearrest rates during the follow-up period

Picard-Fritsche and Kralstein (2012) n = 147	Nassau County, NY	High	High	Yes	No	Yes	Yes	4	Mixed	No significant differences between drug court participants and comparison group in rearrest rates up to two years after the case filing; drug treatment court participants were significantly less likely to have a rearrest for a violent charge than the comparison group up to two years after the case filing
Bolan Consulting (2016) n = 390	King County, WA	High	Low	Yes	Low	Yes	Yes	4	Neutral	No significant differences between drug court participants and comparison group in conviction rates after 18 months

AP adversarial process, *TJ* therapeutic jurisprudence, *PJ* procedural justice, *RJ* restorative justice, *OC* operant conditioning, *SS* social support
 Research design = (1) a pre-and-post assessment of treatment group or cross-sectional comparison of treatment group and nontreatment group with no control variables, (2) a pre-and-post assessment of treatment group or cross-sectional comparison of treatment group and nontreatment group with control variables, (3) a nontreatment comparison group utilized and an adequate control of differences across the comparison group and treatment group through regression or matching, but important differences may remain, (4) quasi-experimental design that allows for the assumption that treatment is the only difference between the nontreatment comparison group and treatment group, (5) randomized controlled trial

level in all seven courts. It was not, however, strongly associated with success, as only 2 out of 7 (29%) had either Positive or Mixed Outcomes.

None of the courts used a Community Sentiment component.

In regards to the inclusion of psychological principles, the Operant Conditioning component was accounted for in each of the juvenile drug courts (100%) through the use of rewards and sanctions. This component was only moderately associated with success, as only 8 out of 14 (57%) had either Positive or Mixed Outcomes.

The Social Support component was implemented through the presence of family and/or peers. This often took the form of family counseling or group peer counseling. While the component was quite frequent (it was in 12 of the 14 (86%) evaluations), it was only somewhat associated with success, as 7 out of the 12 (58%) had either Positive or Mixed Outcomes.

Domestic Violence Courts

According to Labriola, Bradley, O'Sullivan, Rempel, and Moore (2009), there are more than 208 domestic violence courts operating in the United States. Internationally, estimates report more than 50 domestic violence courts in Canada (Quann, 2007) and 100 domestic violence courts in the United Kingdom (Crown Prosecution Service, , 2008). However, domestic violence courts have often lacked a set of common goals, policies, and practices across different jurisdictions (Cissner, Labriola, & Rempel, 2013; Labriola et al., 2009). Domestic violence courts have roots in the problem-solving court philosophy, but victim advocacy also played a role in their development. Therefore, while the vast majority of domestic violence courts report victim safety, offender accountability, and deterring future violence as "extremely important" goals, there is less agreement on the importance of rehabilitating offenders (Labriola et al., 2009). These differences are reflected in the analysis of their justice and psychological principles, as seen in Table 3 (which lists each of the studies included in the analysis).

Out of the 10 domestic violence courts analyzed, two did not report Recidivism Outcomes. Of the eight courts that did report, three reported Positive Recidivism Outcomes, and the remaining five had Mixed Recidivism Outcomes. For Victim-Oriented Outcomes, eight of the 10 evaluations reported Positive Outcomes, and two reported Mixed Outcomes. Thus, as to the first purpose of the study, domestic violence courts appear to be very successful, with all finding either Positive or Mixed Outcomes for both Recidivism and Victim-Oriented Outcomes.

When evaluating the rigor of the Research Designs, we found that domestic violence courts were most often evaluated using low-rigor designs. Three had the lowest level of rigor (pre-post assessment with no control). Two had the next lowest level (i.e., pre-post assessment with control), and five had the third least rigorous method (i.e., nontreatment comparison group with control). Thus, only 50% had a moderate level of rigor or higher (as scored by a "3" or higher on the SMS scale).

Four of the ten domestic violence courts implemented a low level of components of the traditional Adversarial Process, while another two reported a high level. Thus,

Table 3 Summary of studies that evaluated the effectiveness of domestic violence courts

Evaluation author	Location	AP	TJ	PJ	RJ	OC	Research design	Victim-oriented outcome(s)	Recidivism outcome(s)	Findings
Dawson and Dinovitzer (2001) <i>n</i> = 474	Toronto, Ontario	No	No	No	Med	No	2	Positive	Not reported	Victim cooperation most significant factor in prosecution going forward; victim cooperation significantly more likely with victim/witness assistance program or when videotaped statement provided
Gover, MacDonald, and Alpert (2003) <i>n</i> = 400	Lexington County, SC	Low	Low	Yes	High	Yes	3	Positive	Mixed	Majority victims rated experience as good or excellent; county domestic violence arrest rates significantly increased after domestic violence court established; domestic violence court participants were less likely to be rearrested than the comparison group during eighteen-month follow-up
Cook, Burton, Robinson, and Valley (2004) <i>n</i> = 50	Cardiff, United Kingdom	No	No	Yes	High	Yes	1	Positive	Positive	Victim satisfaction increased; number of victims refusing to make a complaint decreased; reduced case processing time; recidivism rates decreased for domestic violence court participants
Cook, Burton, Robinson, and Valley (2004) <i>n</i> = 50	West London, United Kingdom	No	Low	Yes	High	Yes	1	Positive	Not reported	Number of hearings reduced; reduced case processing time

(continued)

Table 3 (continued)

Evaluation author	Location	AP	TJ	PJ	RJ	OC	Research design	Victim-oriented outcome(s)	Recidivism outcome(s)	Findings
Cook, Burton, Robinson, and Valley (2004) <i>n</i> = 50	Wolverhampton, United Kingdom	No	No	Yes	High	Yes	1	Positive	Positive	Victim reporting rates increased; victims reported increased confidence and support; recidivism rates decreased for domestic violence court participants
Newmark et al. (2004) <i>n</i> = 229	Kings County, NY	High	Low	Yes	High	Yes	3	Mixed	Mixed	Increased prosecution rates for less serious cases; domestic violence court participants had significantly fewer new charges for nonviolent felonies than the comparison group; probation violation rates were comparable across the two groups; increased case processing times
Harrell, Newmark, Visser, and Yahner (2007) <i>n</i> = 593 victims <i>n</i> = 197 participants	Dorchester County, MA	High	Low	Yes	High	Yes	3	Mixed	Mixed	Increased contact between prosecution and victims; victims reported moderately high levels of safety and well-being; victims not more likely to contact victim services; domestic violence court participants more likely to attend BIP than the comparison group; no significant difference in rearrest rates between domestic violence court participants and comparison group

Harrell, Newmark, Visher, and Yahner (2007) <i>n</i> = 622	Milwaukee County, WI	Low	Low	Yes	High	Yes	2	Positive	Positive	Victims reported moderately high levels of safety and well-being; domestic violence court participants were less likely to be rearrested for domestic violence than the comparison group at twelve-month follow-up
Harrell, Newmark, Visher, and Yahner (2007) <i>n</i> = 441 victims <i>n</i> = 186 participants	Washtenaw County, MI	Low	Low	Yes	High	Yes	3	Positive	Mixed	Victims significantly more likely to contact victim services; increased contact between prosecution and victims; victims reported moderately high levels of safety and well-being; domestic violence court participants more likely to attend BIP than the comparison group; no significant differences in rearrest rates between the domestic violence court participants and comparison group
Tutty and Koshan (2013) <i>n</i> = 6407	Calgary, Alberta	Low	High	No	High	Yes	3	Positive	Mixed	Victims more likely to appear in court proceedings, domestic violence court participants significantly less likely to have new domestic violence charges filed than the comparison group; domestic violence court participants more likely to breach orders than the comparison group

AP adversarial process, *TJ* therapeutic jurisprudence, *PJ* procedural justice, *RJ* restorative justice, *OC* operant conditioning
 Research design = (1) a pre-and-post assessment of treatment group or cross-sectional comparison of treatment group and nontreatment group with no control variables, (2) a pre-and-post assessment of treatment group or cross-sectional comparison of treatment group and nontreatment group with control variables, (3) a nontreatment comparison group utilized and an adequate control of differences across the comparison group and treatment group through regression or matching, but important differences may remain, (4) quasi-experimental design that allows for the assumption that treatment is the only difference between the nontreatment comparison group and treatment group, (5) randomized controlled trial

as to the third purpose of the study, we found that the component was somewhat frequent (60%). As to the fourth purpose, we found that this component was associated with success, as all of these courts had either Positive or Mixed Outcomes for both Recidivism and Victim-Oriented Outcomes.

In addition, mandatory batterer intervention programs (BIP) were commonly used as an element of the Therapeutic Jurisprudence component, while providing other forms of treatment or access to social services to the offenders was less common. This is likely a reflection of the lack of agreement in offering rehabilitative services to offenders in these courts. Six of the courts used a “low” level of Therapeutic Jurisprudence components, while another one used a “high” level. Overall, the component was frequent, as 7 out of the 10 (70%) courts used this component. All seven reported Victim-Oriented Outcomes and six of the seven reported Recidivism Outcomes. This component was associated with success, as all evaluations had either Positive or Mixed Outcomes for both Recidivism and Victim-Oriented Outcomes.

A Procedural Justice component is common in domestic violence courts in the form of one-on-one interaction between the judge and offender. The Procedural Justice component was frequent (8 out of 10 courts; 80%). Seven of those eight reported Recidivism Outcomes and all eight reported Victim-Oriented Outcomes. Additionally, this component was associated with success, as all had either Positive or Mixed Outcomes.

Use of a Restorative Justice component included victim advocacy and facilitating victim access to services such as housing referrals, counseling, and safety planning. While some domestic violence courts also focused on offender accountability, this was less common. Nine courts had a high level, while one had a medium level of Restorative Justice components (100% total). Eight reported Recidivism Outcomes and all 10 reported Victim-Oriented Outcomes. This component was associated with success, as all had either Positive or Mixed Outcomes for both Recidivism and Victim-Oriented Outcomes.

The Community Sentiment component was not found in any court.

An Operant Conditioning component was included in 9 out of the 10 courts (90%), in the form of rewards and sanctions for the offender during their program. Of those nine courts, eight reported Recidivism Outcomes and all reported Victim-Oriented Outcomes. The Operant Conditioning component was associated with success, as all had either Positive or Mixed Outcomes for both Recidivism and Victim-Oriented Outcomes.

The Social Support component was not found in any of the domestic violence courts.

Mental Health Treatment Courts

Mental health courts try to increase participants’ access to mental health services such as counseling, case managers, and psychopharmacology. There are approximately 337 mental health treatment courts operating in the United States (Strong,

Rantala, & Kyckelhahn, 2016). Participants in mental health treatment courts are diverse in terms of the conditions and subsequent treatment needed.

All of the 13 mental health courts reported Recidivism Outcome, with six of the courts reporting Positive Outcomes (i.e., reductions in recidivism), one reporting a Neutral Outcome (e.g., no significant differences), and the remaining six reporting Mixed Outcomes. Ten of the studies reported Mental Health Outcome: eight Positive, one Negative, and one Neutral. Thus, as to the first purpose of the study, mental health courts appear to be successful, with 12 out of 13 (92%) finding either a Positive or Mixed Recidivism Outcome. Mental health courts appear to be somewhat successful in the Mental Health Outcome realm as well, with eight (80%) reporting Positive Mental Health Outcomes (Table 4).

The Research Designs of mental health courts varied greatly, with five using the least rigorous method, one using the most rigorous methods, and the others in between. Only 54% of the evaluations used a moderate or higher Research Design.

While offenders in mental health treatment courts are placed under intensive supervision, this was typically the only element of the traditional Adversarial Process component that was included in the courts, if it was included at all. Seven courts used a low level, and one used a high level of the Adversarial Process. Thus, as to the third purpose of the study, we found that the component was somewhat frequent (8 out of 13; 62%). As to the fourth purpose, we found that this component was associated with success, as all eight that used Adversarial Process components had either Positive or Mixed Recidivism Outcomes. For Mental Health Outcomes, only four courts using the Adversarial Process included Mental Health Outcomes in the assessment. Three of these four courts were associated with success for mental health as well, having either Positive or Mixed Mental Health Outcomes.

The Therapeutic Jurisprudence component included offering mandatory mental health treatment and increased access to social services like stable housing and healthcare. Eight incorporated a high level and the other five incorporated a low level of Therapeutic Jurisprudence. Thus, the component was very frequent (100%) and quite successful as well, as 12 out of 13 (92%) had either Positive or Mixed Recidivism Outcomes. This component was somewhat less associated with success for Mental Health Outcomes, as 8 of the 10 (80%) that reported such outcomes reported Positive Mental Health Outcomes.

The Procedural Justice component was included in all 13 courts analyzed (100%) in the form of the one-on-one interaction between judges and offenders. This component was associated with success, as 12 out of 13 (92%) had either Positive or Mixed Recidivism Outcomes. This component was associated with success for mental health as well. Out of the ten that reported Mental Health Outcomes, eight reported Positive Mental Health Outcomes.

There were no instances of the Restorative Justice component or the Community Sentiment component in any of the mental health courts.

In regards to psychological principles, the Operant Conditioning component was present in most of the courts in the form of rewards and sanctions: 9 out of the 13 (69%). Further, we found that this component was associated with success, as 8 out of the 9 (89%) had either Positive or Mixed Recidivism Outcomes. This component

Table 4 Summary of studies that evaluated the effectiveness of mental health courts

Evaluation author	Location	AP	TJ	PJ	OC	Research design	Mental health outcome(s)	Recidivism outcome(s)	Findings
Trupin and Richards (2003) <i>n</i> = 77	King County, WA	No	High	Yes	No	3	Positive	Mixed	Mental health court participants had increased mental health treatment referrals, increased mental health treatment hours, decreased booking rate, and improved functioning after entering the program; mean charge severity for new offenses increased for comparison group but not for mental health court participants; mental health court participants and comparison group both had an increased length of stay in jail
Trupin and Richards (2003) <i>n</i> = 147	Seattle, WA	No	High	Yes	No	2	Positive	Mixed	Mental health court participants had increased treatment referrals, but a significant increased length of stay in jail after entering the program; mental health court participants had significant decrease in booking rate but not for comparison group
Teller, Ritter, Salupo Rodriguez, Munetz, and Gil (2004) <i>n</i> = 87	Akron, OH	Low	High	Yes	Yes	1	Positive	Mixed	Mental health court participants had their number of hospitalizations decrease over time after entering the program; mental health court participants more likely to spend time in jail after enrolled, but rates decreased as program progressed

Boothroyd, Mercado, Poythress, Christy, and Petrla (2005) <i>n</i> = 121 Christy, Poythress, Boothroyd, Petrla, and Mehra (2005) <i>n</i> = 211	Broward County, FL	No	High	Yes	No	3	Neutral	Mixed	Mental health court participants had no significant changes in symptoms and self-reported aggressive and violent behavior; mental health court participants spent significantly fewer days in jail than the comparison group; no differences in likelihood of arrest, median number of arrests, and time from release to rearrest between the mental health court participants and the comparison group
Cosden, Ellens, Schnell, and Yamini-Diouf (2005) <i>n</i> = 235	Unidentified	Low	High	Yes	Yes	5	Positive	Mixed	Mental health court participants had significant reduction in psychological distress and substance abuse and greater improvement in their quality of life when compared to nonparticipants; small percentage of mental health court participants had increased involvement in criminal activity, but most had a reduction in days in jail when compared to nonparticipants
Herincx, Swart, Ama, Dolezal, and King (2005) <i>n</i> = 368	Clark County, WA	No	Low	Yes	Yes	1	Positive	Positive	Mental health court participants received more hours of case management and medication management, had fewer days of inpatient treatment, had more days of outpatient treatment and fewer hours of crisis services after enrollment; mental health court participants significantly reduced their number of arrests and number of probation violations after enrollment

(continued)

Table 4 (continued)

Evaluation author	Location	AP	TJ	PJ	OC	Research design	Mental health outcome(s)	Recidivism outcome(s)	Findings
Eckberg (2006) <i>n</i> = 191	Hennepin County, MN	Low	Low	Yes	Yes	1	Negative	Mixed	Mental health court participants had more visits to the ER after enrollment; mental health court participants had significantly lower number of convictions, but did not have significantly lower number of new charges after enrollment
Moore and Hiday (2006) <i>n</i> = 265	Southeastern U.S.	Low	High	Yes	Yes	2	Not reported	Positive	Mental health court participants had a rearrest rate about half of the comparison group; mental health court participants had less severe rearrests when compared to nonparticipants
O'Keefe (2006) <i>n</i> = 37	Kings County, NY	No	High	Yes	Yes	1	Positive	Neutral	Mental health court participants had fewer hospitalizations and significantly improved their cognition, depressed moods, and living conditions after enrollment; no significant difference in recidivism or homelessness for mental health court participants

Evaluation Author	Location	AP	TJ	PJ	RJ	OC	Research design	Mental health outcome(s)	Recidivism outcome	Findings
McNiel and Binder (2007) n = 340	San Francisco, CA	Low	Low	Yes	No	Yes	4	Not reported	Positive	Mental health court participants remained in community for a longer period without any new charges and without any new violent crime charges when compared to nonparticipants
Ferguson, Hornby, and Zeller (2008) n = 436	Anchorage, AK	Low	Low	Yes	No	Yes	3	Positive	Positive	Mental health court participants had fewer psychiatric hospital visits when compared to nonparticipants; mental health court participants were less likely to commit new felonies, violent crimes, and drug-related crime when compared to nonparticipants; mental health court participants had longer times between release and recidivism and fewer incarcerations when compared to nonparticipants
Frailing (2010) n = 364	Washoe County, NV	High	High	Yes	No	Yes	1	Positive	Positive	Mental health court participants spent fewer days in the hospital in the year after graduation when compared to nonparticipants; mental health court participants reduced their positive drug and alcohol tests when compared to nonparticipants; mental health court participants served significantly fewer days in jail during enrollment and after graduation when compared to nonparticipants
Hiday, Wales, and Ray (2013) n = 1095	District of Columbia	Low	Low	Yes	No	No	3	Not reported	Positive	Mental health court participants were significantly less likely to be arrested, had fewer arrests on average, and had longer time until recidivism when compared to nonparticipants

AP adversarial process, TJ therapeutic jurisprudence, PJ procedural justice, RJ restorative justice, OC operant conditioning

Note: Rows with two citations indicate that the same court program was evaluated twice and published separately. We consider this one "evaluation"

Research design = (1) a pre-and-post assessment of treatment group or cross-sectional comparison of treatment group and nontreatment group with no control variables, (2) a pre-and-post assessment of treatment group or cross-sectional comparison of treatment group and nontreatment group with control variables, (3) a nontreatment comparison group utilized and an adequate control of differences across the comparison group and treatment group through regression or matching, but important differences may remain, (4) quasi-experimental design that allows for the assumption that treatment is the only difference between the nontreatment comparison group and treatment group, (5) randomized controlled trial

was associated with success for mental health as well. Out of the 9, seven reported Mental Health Outcomes, and six had Positive Mental Health Outcomes.

There was no inclusion of the Social Support component in any court.

Veterans Courts

There are over 400 veterans treatment courts in the United States (Tsai, Finlay, Flatley, Kaspro, & Clark, 2018). Approximately 1.5 million members of the U.S. military served in or around active combat in Iraq and Afghanistan and that 300,000 of these veterans suffer from traumatic brain injury (TBI), post-traumatic stress disorder (PTSD), substance abuse, and/or mental health disorders (Hawkins, 2009–2010). Studies also estimate that more than 700,000 veterans are in the correctional system (McCaffrey, 2013; Mumola & Noonan, 2008), resulting in the creation of such courts to treat a combination of needs, including treatment for substance abuse, mental health symptoms, sexual trauma, and psychological issues (Douds, Ahlin, Howard, & Stigerwalt, 2017).

Despite the high number of veterans courts, only four evaluations could be found that fit the inclusion criteria for this study. As to the first purpose of this study, three of the four veterans courts analyzed reported Positive Recidivism Outcomes, while the other had a Negative Recidivism Outcome. Two of the studies reported Mental Health Outcomes: one had Mixed and one had Positive Outcomes. Thus, the courts seem fairly successful, albeit with a small sample size.

Three out of four evaluations used the lowest-rigor Research Designs (pre-post comparison with no control). The other used a moderate rigor Research Design (i.e., nontreatment comparison group with control).

The adversarial process was incorporated into three of the four veterans courts (2 “low” and 1 “high”; 75% total) through the use of intensive supervision, and one of the four courts incorporated the additional component of drug testing. Thus, as to the third purpose of the study, the Adversarial Process component was used frequently (75%). As to the fourth purpose, this component was associated with success, as all three (100%) had Positive Recidivism Outcomes. Similarly, two evaluations reported Mental Health Outcomes, one with Mixed and one with Positive Outcomes (Table 5).

A high degree of the Therapeutic Jurisprudence component was incorporated into all four veterans courts (100%) through the use of mandatory substance abuse treatment and/or mental health treatment and through improving access to education, employment, housing, and social services for participants. The component was moderately successful, as 3 out of the 4 (75%) had Positive Recidivism Outcomes. Similarly, two evaluations that used therapeutic jurisprudence components reported Mental Health Outcomes: one with Mixed and one with Positive Outcomes.

Procedural Justice was included in veterans courts in the form of the one-on-one interaction between judges and offenders for all courts analyzed (100%). Further, the Procedural Justice component was associated with success, as 3 out of the 4

Table 5 Summary of studies that evaluated effectiveness of veterans treatment courts

Evaluation author	Location	AP	TJ	PJ	OC	SS	Research design	Mental health outcome(s)	Recidivism outcome(s)	Findings
Smith (2012) <i>n</i> = 133	Anchorage, AK	No	High	Yes	Yes	No	1	Not reported	Negative	Over three-year follow-up period, 45% of veteran treatment court graduates reoffended, 31% of failed veteran treatment court participants reoffended, and 41% of opt-outs from the veteran treatment court participants reoffended
Slattery, Tascha-Dugger, Lamb, and Williams (2013) <i>n</i> = 83	Colorado Springs, CO	High	High	Yes	No	Yes	1	Mixed	Positive	Veteran treatment court participants significantly decreased their clinical level PTSD symptoms, severity of PTSD symptoms, and alcohol use and drug use after enrollment; veteran treatment court participants had significant improvement in social functioning, but not in relationships or psychosis; ten veteran treatment court graduates had no new charges one year after graduation
Knudsen and Wingenfeld (2014) <i>n</i> = 86	Large Midwestern City	Low	High	Yes	Yes	Yes	1	Positive	Positive	Veteran treatment court participants had significant decreases in PTSD symptoms, significant improvements in recovery orientation, sleep, family relations, substance abuse, depression, emotional well-being, self-harm, overall energy, social connectedness, social functioning, emotional limitations, relationships, and general health; nine veteran treatment court participants out of eighty-six were rearrested at twelve months

(continued)

Table 5 (continued)

Evaluation author	Location	AP	TJ	PJ	OC	SS	Research design	Mental health outcome(s)	Recidivism outcome(s)	Findings
Hartley and Baldwin (2016) <i>n</i> = 285	Large Urban County	Low	High	Yes	Yes	No	3	Not reported	Positive	Mental health court participants were significantly less likely to be rearrested than the comparison group up to thirty-six months after beginning program

AP adversarial process, *TJ* therapeutic jurisprudence, *PJ* procedural justice, *OC* operant conditioning, *SS* social support
 Research design = (1) a pre-and-post assessment of treatment group or cross-sectional comparison of treatment group and nontreatment group with no control variables, (2) a pre-and-post assessment of treatment group or cross-sectional comparison of treatment group and nontreatment group with control variables, (3) a nontreatment comparison group utilized and an adequate control of differences across the comparison group and treatment group through regression or matching, but important differences may remain, (4) quasi-experimental design that allows for the assumption that treatment is the only difference between the nontreatment comparison group and treatment group, (5) randomized controlled trial

(75%) had Positive Outcomes. Two evaluations that used this component reported Mental Health Outcomes, one with Mixed and one with Positive Outcomes.

The Restorative Justice and Community Sentiment components were not included in the programming of any veterans court.

The Operant Conditioning component, in the form of rewards and sanctions, was used in three of the four courts in the analysis (75%). This component was somewhat less associated with success, as two out of the three (67%) had either Positive or Mixed Outcomes. Only one evaluation that used operant conditioning reported a Mental Health Outcome; it was a Positive Outcome.

The Social Support component was incorporated into two of the four (50%) veterans courts through the involvement of a mentor who has also served in the military (Russell, 2009). The mentor is a volunteer who has experience with mental health issues and the criminal justice system and can provide the participants with guidance and encouragement. The Social Support component was associated with success, as both courts had Positive Recidivism Outcomes; 1 also had Mixed and 1 had Positive Mental Health Outcomes.

Community Courts

There are roughly 37 community courts in the United States (Lang, 2011). Such courts aim to develop a working relationship with the local community to understand and target the concerns of those living in the neighborhood. Community courts have a much lower level of intensity compared to other types of problem-solving courts; therefore, there are some clear differences between community courts and other courts regarding their use of justice and psychological principles, as seen in Table 6.

All of the five evaluations of community court programs reported Positive Recidivism Outcomes. All three of the evaluations that reported Community Outcomes reported Positive Outcomes. Thus, as to the first purpose of the study, the courts appear to be successful.

As to the second purpose of the study, the Research Designs varied. Two were at the moderately low level of rigor (i.e., pre-post test with control), two were at a moderate level (i.e., nontreatment groups with control, and one at the moderately high level (i.e., quasi-experimental).

All but one of the community courts (80%) examined incorporated the Adversarial Process component, including using intensive supervision and payment of fines. However, these community courts included fewer aspects of the adversarial process compared to other types of problem-solving courts. This is partly a reflection of the less serious nature of the offenses being addressed by these courts. This component was associated with success, as all four (100%) had Positive Recidivism Outcomes. Three of the four reported Community Outcomes; all three were Positive Outcomes.

Therapeutic Jurisprudence components were also included in each of the community courts (100%), such as increasing access to social services, housing,

Table 6 Summary of studies that evaluated effectiveness of community courts

Evaluation author	Location	AP	TJ	PJ	RJ	CS	OC	Research design	Community outcome(s)	Recidivism outcome(s)	Findings
Eckberg (2001) <i>n</i> = 405 community members <i>n</i> = 133 participants and nonparticipants	Hennepin County, MN	Low	Low	Yes	High	Yes	Yes	2	Positive	Positive	Community members reported higher perceptions of safety in their community; community court participants had increased compliance with community service when compared with nonparticipants
Sviridoff et al. (2001) <i>n</i> = 562 community members	Midtown Community Court, NY	Low	High	Yes	Med	Yes	Yes	2	Positive	Positive	Community members reported overall improvement in quality of life; arrests for non-felony offenses decreased in the Midtown Community Court jurisdiction compared to other jurisdictions; community court participants more likely to complete their community service compared to nonparticipants
Katz (2009) <i>n</i> = 22,753	Bronx, NY	Low	High	Yes	Med	Yes	Yes	3	Not reported	Positive	Community court participants had an increased use of alternative sanctions, reduced number of jail sentences, and reduced number of days served in jail when compared to nonparticipants

Ross et al. (2009) n = 300	Yarra, Melbourne, Australia	No	High	Yes	High	Yes	Yes	Yes	3	Not reported	Positive	Community court participants had reductions in residential burglaries, commercial burglaries, and motor vehicle thefts when compared to nonparticipants; community court participants had reductions in new convictions, increased compliance with community service, and completed more hours of community service when compared to nonparticipants
Lee et al. (2013) n = 3127 participants and nonparticipants Moore (2004) n = 1169 community members	Red Hook Community Justice Center	Low	High	Yes	Med	Yes	Yes	Yes	4	Positive	Positive	Community members reported increased perceptions of safety, approval of criminal justice agencies, and the community court; community court participants were more likely to have alternative sanctions and less likely to have sentence to jail when compared to nonparticipants; community court participants were significantly less likely to commit a new offense when compared to nonparticipants; decreases in misdemeanor and felony arrests in the court jurisdictions

AP adversarial process, *TJ* therapeutic jurisprudence, *PJ* procedural justice, *RJ* restorative justice, *CS* community sentiment, *OC* operant conditioning
Note: Rows with two citations indicate that the same court program was evaluated twice and published separately. We consider this one "evaluation"
 Research design = (1) a pre-and-post assessment of treatment group or cross-sectional comparison of treatment group and nontreatment group with no control variables, (2) a pre-and-post assessment of treatment group or cross-sectional comparison of treatment group and nontreatment group with control variables, (3) a nontreatment comparison group utilized and an adequate control of differences across the comparison group and treatment group through regression or matching, but important differences may remain, (4) quasi-experimental design that allows for the assumption that treatment is the only difference between the nontreatment comparison group and treatment group, (5) randomized controlled trial

healthcare, mental health treatment, substance abuse treatment, and education or vocational training. Four courts were at the high level and one at the low level. Additionally, this component was associated with success, as all five (100%) had Positive Outcomes. Similarly, three of the five reported Community Outcomes; all three were Positive Outcomes.

Procedural justice was also present in each of the community courts through the inclusion of the one-on-one interaction between the judge and the offender. The component was associated with success, as all (100%) had Positive Recidivism Outcomes and the three that reported Community Outcomes all reported Positive Outcomes.

The Restorative Justice component was implemented in 100% of community courts through the use of community service, restitution to victims, and victim-offender mediation. As to the third purpose of the study, we found that the component was very frequent (100%), with two at the high level and three at the medium level. As to the fourth purpose, we found that this component was associated with success, as all five (100%) had Positive Recidivism Outcomes. Similarly, three of the five reported Community Outcomes; all three were Positive Outcomes.

All five community courts included Community Sentiment components. Since community courts want to improve the quality of life in the neighborhoods surrounding them, they work closely with members of the community to ensure their concerns are being addressed. This often took the form of citizen surveys, town-hall meetings, and door-to-door canvassing of residents and businesses. This component was associated with success, as all five (100%) had Positive Recidivism Outcomes and the three that reported Community Outcomes all reported Positive Outcomes.

As with other courts, the Operant Conditioning component was incorporated through the use of rewards and sanctions for the offender's behavior, but another unique component of community courts was their focus on using community service to achieve restorative justice. Many of the offenders in community courts were sentenced to hours of community service to serve the specific requests of those living in the area as opposed to spending time in jail as their punishment. All five courts included Operant Condition components (100%), and all five (100%) had Positive Outcomes. All three that reported Community Outcomes reported Positive Outcomes.

Social Support was not used in any of the five community courts.

Family Dependency Treatment Courts

Evaluations of family dependency treatment courts are not as common as other types of problem-solving courts; therefore, there was no analysis completed for these courts. However, a few general observations can be made. Family dependency treatment courts serve parents who experience alcohol and/or substance abuse and who are also involved in civil child abuse or neglect proceedings (Ashford, 2004). Similar to adult drug treatment courts, such courts combine the typical Adversarial

Process, Therapeutic Jurisprudence, Procedural Justice, and Operant Conditioning components to assist offenders. In regards to the Therapeutic Jurisprudence component, such courts not only provide substance abuse treatment to parents, but they also provide parenting skills and coping skills that promote future stability to the family unit.

Evaluations show promising outcomes for family dependency treatment courts. A four-year, quasi-experimental study of four family dependency treatment courts evaluated the effectiveness of the program by comparing outcomes to nonparticipants (Green, Furrer, Worcel, Burrus, & Finigan, 2007). Three out of the four courts reported that parents in the program attended twice as many treatment sessions and were twice as likely to successfully complete the program when compared to nonparticipants. In addition, the study found that within these three courts, children were significantly more likely to be reunited with their families (Green et al., 2007). Another set of studies found similar results among parents participating in family dependency treatment courts and also found that such parents had significantly fewer criminal arrests over a 4-year period when compared to nonparticipants (Carey, Sanders, Waller, Burrus, & Aborn, 2010a; Carey, Sanders, Waller, Burrus, & Aborn, 2010b). Lastly, a study found that a family dependency treatment court resulted in a 58% reduction in foster care costs for the county (Crumpton, Worcel, & Finigan, 2003). While such results are promising for the future of family dependency treatment courts, more research is necessary to determine the consistency of such findings and other outcome measures.

DUI/DWI Courts

The creation of DUI/DWI courts was a response to promising results of drug treatment courts and a desire to apply similar procedures and practices to another population of offenders with similar needs. Their purpose is to assist and treat offenders who are experiencing alcohol abuse and who have been charged with driving while intoxicated—often multiple times (Huddleston & Marlowe, 2011). As of 2012, there were 183 DUI/DWI courts operating in the United States (Strong et al., 2016). There is also a collection of drug and DUI/DWI hybrid courts that accept both drug and DWI offenders (Cavanaugh & Franklin, 2012).

DUI/DWI courts resemble drug treatment courts. Elements of the traditional Adversarial Process were retained in the form of intensive supervision and drug and alcohol testing. Therapeutic Jurisprudence took the form of mandatory outpatient alcohol treatment and counseling, as well as mandatory attendance at Alcoholics Anonymous for an element of Social Support.

There is limited research on the effectiveness of DUI/DWI courts; however, there are a few evaluations with promising results. An evaluation of four DWI courts in Idaho found that offenders in the program had significantly lower rates of new convictions when compared to offenders who were eligible to participate but opted out of the program (Ronan et al., 2009). Furthermore, if DWI court offenders were

charged with a new offense, they were less likely to be charged with a serious offense or multiple offenses when compared to the other offenders not receiving treatment. However, several other studies of DUI/DWI courts have failed to find any significant differences in recidivism rates between participants and nonparticipants (Bouffard & Richardson, 2007; Bouffard, Richardson, & Franklin, 2010; Cavanaugh & Franklin, 2012; MacDonald, Morral, Raymond, & Eibner, 2007). The lack of promising findings of reduced recidivism rates for DUI/DWI courts might have hindered their development in other jurisdictions.

Reentry Courts

Reentry courts are another more recent innovation in problem-solving courts; therefore, there are fewer courts in existence compared to other types of courts and little evaluation of their effectiveness. Reentry courts address another important population of offenders in the criminal justice system: the approximately 870,500 people under parole supervision across the United States (Kaeble & Cowhig, 2016). Many of these offenders experience alcohol and substance abuse, mental illness, a lack of educational or vocational training, unemployment, poverty, and lack of access to social services (Wolf, 2011). Due to the needs of the parolee population and the previous lack of assistance provided to them upon reentering their communities, recidivism rates are high. In order to reduce recidivism among this group, reentry courts offer services similar to those of other problem-solving courts. Often, the difference is only one of timing. Whereas most problem-solving courts offer services in lieu of prison time, reentry courts offer services after the offender has served some of his prison sentence. Both types of court have the consequence of the offender going to (or back to) prison if they fail to complete the court program. Many reentry court programs are open to a wide variety of offenders who are being released; others are designed only for those who have re-offended after release.

Reentry courts assist parolees with their reentry into the community by helping them to find employment, housing, and treatment services. Such services improve their overall functioning, using multiple elements of therapeutic jurisprudence in their programming (Hamilton, 2016). However, the Adversarial Process component of the intensive supervision of offenders is a major component of reentry courts, since the offender population is still under parole supervision. Components of Procedural Justice and the use of graduated sanctions and rewards (Operant Conditioning) are also included in such courts.

The most extensive evaluation of a reentry court was conducted by the Center for Court Innovation on the Harlem Parole Reentry Court (Hamilton, Hsieh, Campagna, Abboud, & Koslicki, 2016). Participants in the reentry court were significantly less likely to be rearrested for misdemeanors during their first year and for drug-related offenses during their first 2 years. These participants were also significantly less likely to be re-convicted compared to nonparticipants. However, due to the intensity of supervision in the court, participants were also more likely to have their parole

revoked and be returned to incarceration (Hamilton, 2016). In addition, the study found that participants who began the program with a high school diploma or GED, prior drug treatment, prior experience on parole, and marriage or cohabitation were more likely to successfully complete the reentry court program.

As this review indicates, there are many evaluations of the various types of problem-solving courts. The evaluations vary in their rigor and outcome measures, but all have the same goal: to assess whether these courts are working. The courts themselves differ in the components they use; this allows for the discussion of whether some components contribute more toward a court's success than other components. Such discussion is provided next.

Discussion

Using only the six types of courts which could be analyzed, some general conclusions can be drawn to address the general purposes of this study. The first purpose of this analysis was to assess how many of these courts were successful. "Success" was operationalized as either Positive or Mixed Recidivism Outcomes. Recidivism was chosen because it was the only measure that was common among all courts (e.g., Mental Health Outcomes were only measured in two types of courts). The overall average success rate for all courts was 82%. Success rates for individual courts ranged from 57% (juvenile drug courts) to 100% (community courts and domestic violence courts; see Table 7). However, this conclusion should be taken with caution because comparing two types of courts is a bit like comparing apples and oranges. Each type of court has different purposes, samples, research designs, and components. Our own sampling procedures were different for different types of courts (i.e., we could not feasibly include all adult drug court evaluations, so we included only the 21 most rigorous. Yet, we included all of the four existing veterans courts' evaluations). These and other limitations are discussed below. Despite these limitations, the overall take-home message is that these courts seem to be successful by the measures chosen in the evaluations and this study. Further research is needed, however to determine how the less-successful courts (e.g., juvenile drug courts) might be changed to become more successful, perhaps by adopting the more successful components studied here. For instance, the juvenile drug courts might consider incorporating more components of Restorative Justice. This was infrequently used in juvenile courts—yet when it was used in *adult* courts, it was very successful.

The second purpose was to determine the level of rigor of each court type evaluation. Adult drug court evaluations were all at least moderately rigorous, but this is because the great number of existing evaluations required us to limit our sampling to only rigorous evaluations. Thus, the percentage is less important than the absolute value. Even so, the finding that there were 21 rigorous evaluations suggests that adult drug courts are being evaluated at a very high rate and in a very sophisticated manner. In contrast, there is only one (out of four) rigorous evaluation of veterans courts and three (out of five) rigorous evaluations of community courts. While we limited the sample for juvenile and adult drug courts (because there were so many),

Table 7 Comparison of recidivism success rate across type of problem-solving courts

	Overall recidivism success rate	AP Total used (Success rate)	TJ Total used (Success rate)	PJ Total used (Success rate)	RJ Total used (Success rate)	CS Total used (Success rate)	OC Total used (Success rate)	SS Total used (Success rate)
Adult drug treatment courts	17/21; 81%	21/21; 100% (17/21; 81%)	21/21; 100% (17/21; 81%)	21/21; 100% (17/21; 81%)	6/21; 29% (6/6; 100%)	0/21; 0%	20/21; 95% (16/20; 76%)	8/21; 38% (7/8; 88%)
Juvenile drug treatment courts	8/14; 57%	13/14; 93% (8/13; 62%)	14/14; 100% (8/14; 57%)	14/14; 100% (8/14; 57%)	7/14; 50% (2/7; 29%)	0/14; 0%	14/14; 100% (8/14; 57%)	12/14; 86% (7/12; 58%)
Domestic violence courts	8/8; 100%	6/10; 60% (6/6; 100%)	7/10; 70% (7/7; 100%)	8/10; 80% (7/7; 100%)	10/10; 100% (8/8; 100%)	0/10; 0%	9/10; 90% (8/8; 100%)	0/10; 0%
Mental health treatment courts	12/13; 92%	8/13; 62% (8/8; 100%)	13/13; 100% (12/13; 92%)	13/13; 100% (12/13; 92%)	0/13; 0%	0/13; 0%	9/13; 69% (8/9; 89%)	0/13; 0%
Veterans treatment courts	3/4; 75%	3/4; 75% (3/3; 100%)	4/4; 100% (3/4; 75%)	4/4; 100% (3/4; 75%)	0/4; 0%	0/4; 0%	3/4; 75% (2/3; 67%)	2/4; 50% (2/2; 100%)
Community courts	5/5; 100%	4/5; 80% (4/4; 100%)	5/5; 100% (5/5; 100%)	5/5; 100% (5/5; 100%)	5/5; 100% (5/5; 100%)	5/5; 100% (5/5; 100%)	5/5; 100% (5/5; 100%)	0/5; 0%
Average success rate	53/65; 82%	46/55; 84%	52/64; 81%	52/64; 81%	21/26; 81%	5/5; 100%	47/60; 78%	16/22; 73%

Note: Success is defined as having Positive or Mixed Recidivism Outcomes
 Note: Includes courts with both “high” and “low” amount of this component

we included every available evaluation for four types of courts: domestic violence, mental health, veterans, community. None of these types had more than ten or more than 54% rigorous evaluations. Three types of courts (DWI, reentry, and family) did not even have enough evaluations to make any meaningful analysis. This indicates that some types of courts (adult and juvenile drug courts) are being frequently and rigorously evaluated—but the other courts are not.

The third purpose was to determine how frequently each type of court uses the program components (e.g., various justice and psychological principles such as Procedural Justice and Operant Conditioning) discussed above. The most commonly used component was Procedural Justice, which was used in all courts except 20% of the domestic violence courts. The second most used component was Therapeutic Jurisprudence, which was used in all of the courts of each type except for domestic violence courts (which had a 70% rate). The least commonly used component was Community Sentiment, which was only used in community courts.

The fourth purpose of the analysis was to assess the proportion of courts that were successful, broken down by program components (e.g., the success rate for the courts that used Procedural Justice components). This can help guide courts as to what components they should include or avoid. The component with the highest success rates was the Community Sentiment component. But, because this was used in only one type of court, this is not an accurate comparison to other components. Other types of courts could, however, consider using this component—and evaluate whether it increases the success of their court. The next most successful component was the Adversarial Process component, followed by Therapeutic Jurisprudence and Procedural Justice. All three were used frequently in almost every court type. Thus, if one general conclusion can be made, it would be that these components are the ones that should be included in problem-solving courts. However, because of the inherent differences in types of courts, care should be taken to determine that each component is actually beneficial in any particular court—hence the importance of evaluation. Simply put, components that “work” in one type of court might not work in a different court. The least successful component was Social Support, but only half of the types of courts used Social Support components at all. This is not to say that problem-solving courts should not use social support components, but merely that they should carefully evaluate whether such efforts are actually beneficial. The sections below address the findings related to each justice and psychological component, across all types of courts.

Adversarial Process

In reviewing each type of problem-solving court, it is evident that elements of the Adversarial Process found in traditional criminal courts have found their way into problem-solving courts frequently. Many of the problem-solving courts utilized intensive supervision through probation and parole services to monitor program participants, and therefore most of the courts that were analyzed ranked at least a “low” on the adversarial component. This presents some difficulty in determining

what impact the adversarial process component might have on outcomes compared to a traditional court (which has *primarily* adversarial processes)—because there were so few courts that had no adversarial components. Thus, it is difficult to make recommendations as to whether courts should include this component.

Due to very small sample sizes, it is not possible to determine whether courts with a “high” amount of Adversarial Process were more successful than those with a “low” amount or none at all. However, a casual observation is that the Adversarial Process was *least* successful in adult and juvenile drug courts—two courts with very large proportion of “high” use of Adversarial Process. But, of course, there are many differences between drug courts and other courts (in addition to their differential use of the Adversarial Process) that could account for that observation. Thus, any suggestion that “low” amounts are more preferable is tenuous at best.

Indeed, there is reason to believe that more Adversarial Process is actually better than less. For both adult and juvenile courts, the adversarial component was consistently ranked as high due to the use of alcohol and drug testing, in addition to the typical elements found in low-ranking courts. The other types of problem-solving courts had more variation in the adversarial component, because addressing substance abuse was not always the main goal or purpose of the program. Research suggests that drug testing can have positive outcomes for participants when used within a drug treatment court. For example, within an adult drug treatment court, an increase in the number of days of drug testing reduced the frequency of participants using multiple drugs (Gottfredson, Kearley, Najaka, & Rocha, 2007). It is possible that participants with substance abuse issues in other types of problem-solving courts (e.g., domestic violence courts, mental health treatment courts, and veterans courts) could benefit from the use of drug and alcohol testing—that is, greater Adversarial Process. Despite the difficulties isolating the effects of the Adversarial Process component, the finding that this component was the second most successful of all the components analyzed, at an 84% success rate (behind community sentiment, which had a very low sample size), merits the suggestion that this component be regularly included in courts.

Therapeutic Jurisprudence

The implementation of components of Therapeutic Jurisprudence was consistent across all types of problem-solving courts included in the analysis—except domestic violence courts. When a therapeutic component was included in those courts, it was typically in the form of a mandatory batterer intervention program. Two evaluations found that the domestic violence court participants were significantly more likely to attend such programming compared to their control groups who were not in a special court (Harrell et al., 2007). In the one domestic violence court that did include multiple elements of Therapeutic Jurisprudence for the offenders, the Recidivism Outcomes were Mixed (Tutty & Koshan, 2013.). On one hand, the participants were significantly less likely to have new charges of domestic violence compared to the control group, but they were also more likely to breach court orders.

For all the other types of courts, the Therapeutic Jurisprudence component was found in every court that was evaluated. This is hardly surprising, given that Therapeutic Jurisprudence and its concepts were the foundation of many of the early problem-solving courts (Wexler, 2000; Winick, 2013). Success rates for all court types that used this component was fairly high at 81%, which would be no surprise for those who believe that rehabilitation and other therapeutic approaches are better than punishment-only approaches at reducing recidivism (Haney, 2020). Even so, it is difficult to know what this number means, because there are so few courts that did *not* use the component (and all of those were domestic violence courts) that any comparison is of little meaning. Even so, it seems that Therapeutic Jurisprudence principles are valuable components of problem-solving courts and thus should be included.

Procedural Justice

The implementation of Procedural Justice components was consistent across all types of problem-solving courts; therefore, it is difficult to make inferences about the relationship between procedural justice and the outcomes of those courts based on the analysis alone. However, results from a few studies support the notion that Procedural Justice components likely relate to successful court outcomes (e.g., reduced recidivism), as would be predicted by the general Procedural Justice principles (Hinds & Murphy, 2007; Lind & Tyler, 1988; Thibaut & Walker, 1975; Tyler, 2004). Thus, including procedural justice in problem-solving courts is likely warranted.

Three separate studies of three different types of courts all found that Procedural Justice relates to increased satisfaction with court outcomes and processes. Gover, Brank, and MacDonald et al. (2007) interviewed victims and offenders in a domestic violence court. Both groups reported they had their voices heard throughout the process and were treated with respect, which was related to increased satisfaction with their case outcomes and the court itself. Similar positive results were found (although with different dependent variables) for mental health treatment court participants (Poythress, Petrila, McGaha, & Boothroyd, 2002) and drug court participants (McIvor, 2009). Therefore, evidence exists from evaluations of three different types of problem-solving courts that they can achieve the desired outcomes of procedural justice—and promote the success of a court.

While perceptions of the court process are important, perhaps more important are the actual behavioral outcomes (e.g., recidivism). Two studies have found that the use of procedural justice can have mediating effects on participant outcomes in two different types of problem-solving courts. First, a study conducted by Gottfredson and colleagues (2007) found that incorporating elements of procedural justice in an adult drug treatment court-mediated reductions in drug use and recidivism. Participation in the drug court increased the number of judicial hearings, which is the source of that one-on-one interaction between the judge and the offender that defines procedural justice. This increase in the number of judicial

hearings increased perceptions of procedural justice, which was then related to a reduction in the variety of new offenses committed by the participants (Gottfredson et al., 2007). Similar results were found in an evaluation of a mental health court (although using different dependent variables; Redlich & Han, 2014). These examples, and our analysis, suggest that including procedural justice components would be a positive addition to a problem-solving court.

Restorative Justice

The implementation of restorative justice components was not as common compared to the other justice principles. It was never used in mental health or veterans courts and was used in 50% or fewer of the two types of drug courts. In contrast, it was used in *all* community courts and domestic violence courts. When it was used, it achieved an 81% success rate. In domestic violence court evaluations, there was significantly increased victim reporting and participation; significantly improved victim's ratings of safety, confidence, and support; and increased satisfaction. In community courts, participants were significantly more likely to complete community service hours than comparison groups, spent fewer days in jail, were less likely to commit a new offense, and were less likely to receive a new conviction (Eckberg, 2001; Ross, Halsey, Bamford, Cameron, & King, 2009; Sviridoff et al., 2002). The community court and domestic violence court evaluations—all of which included Restorative Justice components—provide some evidence that restorative justice might be contributing to court success and thus courts should consider including them.

In comparison, even though participants in drug treatment courts, mental health treatment courts, and veterans treatment courts also have committed crimes that affect their community, there appears to be less focus on having these participants pay back the community for their actions. Instead, there is more focus on encouraging these offenders to work on their substance abuse problems, mental health, and personal well-being. This lack of restorative justice could also highlight the difficulty in identifying a specific victim in some types of offenses that brought an offender into veterans court (for example) compared to domestic violence and those quality-of-life offenses handled in community courts. Even so, Restorative Justice components seem to promote court success in our analysis and should be included in problem-solving courts.

Community Sentiment

Community Sentiment components were the rarest of all of the components included in the analysis, with community courts as the only type of problem-solving court using them. This justice principle is important to consider, however, because the community (both the public and the sub-community of court staff) must buy in to the underlying goals and procedures of the courts in order for courts to have the

resources and personnel to be successful (Miller, Blumenthal, & Chamberlain, 2015). While our data are limited, it does support this relationship, as 100% of the courts that included Community Sentiment components were successful (although this was a very small sample). Thus, a tentative suggestion would be for courts to seek ways to include community sentiment in their procedures.

It is possible that courts believe that the issues most problem-solving court participants experience (e.g., substance abuse, mental health issues, domestic violence, and combat-related trauma) are too personal, complicated, or emotional for the community to understand. Thus, courts are less likely to consider the community's desires as to the solutions to such problems. The broad community might not know much about problem-solving courts and might perceive them as being soft on criminals, rather than as an effective way to reduce recidivism (as the results here suggest they are). Thus, educating the public and court staff that implement problem-solving courts is an important step in promoting positive community sentiment that would promote the success of problem-solving courts.

Operant Conditioning

The implementation of components of Operant Conditioning was consistent across all types of problem-solving courts, ranging from 69% for mental health courts to 100% for juvenile drug courts and community courts. The analysis showed that the use of sanctions and rewards for participants is important, even though the courts that used them averaged a success rate of only 78%, the second lowest success rates. Notably, the success rates for courts using Operant Conditioning components were particularly low for juvenile drug courts (57%), veterans courts (67%) and adult drug courts (76%). Possibly, rewards are not always effective for these groups—which likely struggle with addiction—because the reward (e.g., a gift card) is quite small compared to the reward of using drugs/alcohol. Similarly, the punishment associated with Operant Conditioning components might not be particularly effective because these courts also tended to have high levels of Adversarial Process components which, to some extent, are a form of punishment. Thus, there might be limits to how much punishment and reward is effective, especially when combined with other components. Due to the mixed results, more research is necessary to determine whether operant condition should be used in each type of court.

Social Support

Social Support components were not as common as other components. Only juvenile drug courts (86%) used them more than 50% of the time. In the adult and juvenile drug treatment courts, Social Support components were sometimes implemented through the use of Alcoholics/Narcotics Anonymous, but this was not consistent across all of the courts included in the analysis. A few adult drug treatment court

evaluations have found that social support contributes to positive outcomes for drug court participants. For example, drug court participants who spent their free time with their families as opposed to alone or with friends were significantly less likely to fail out of the drug court (Hickert, Boyle, & Tollefson, 2009). A more recent study assessed the impact of social support on the graduation rates of adult drug court participants in courts across Ohio. Adult drug treatment court participants who reported having social support had over three times the odds of graduating from the drug court (Baughman, Tossone, Singer, & Flannery, 2019).

Social support had varying success depending on the type of court. Juvenile drug courts using social support components had only moderate success (58%) while adult drug courts using social support components had greater success (88%). Both of the veterans courts that used a Social Support component were successful. Perhaps knowing that there are others in their situation (i.e., soldiers who have returned from war with problems) is very valuable—even more so than for people with drug problems who are not veterans. This raises the question as to whether people in certain situations (e.g., being a veteran) benefit more from social support than others do. As such, it is important for each type of court to assess whether social support will be beneficial—and thus no strong recommendation is possible based on this analysis.

Recommendations for Future Evaluations

The preceding sections have implications for how best to design problem-solving courts (e.g., which features and principles make them most effective); the last goal of this chapter is to offer recommendations to improve future evaluations of such courts. The following section will provide some recommendations for the evaluation of problem-solving courts in general, and in regards to the use of specific justice and psychological principles.

1. Problem-solving courts, especially those with fewer evaluations, need to be subjected to more (and more methodologically rigorous) evaluations.

This analysis is not the first to make such a recommendation, but it always bears repeating. In order to make more firm conclusions regarding the impact of these courts, evaluations should at least use a comparison group that is matched to the participant population. This is especially relevant for more recently developed problem-solving courts, such as veterans treatment courts and mental health treatment courts. Many of the evaluations used for such courts were very weak methodologically, which makes it difficult to make firm conclusions regarding their impact. Future evaluations of these courts should consider increasing sample sizes and the creation of matched comparison groups to reduce bias in their results.

This recommendation holds even for those problem-solving courts that do have a long history of evaluation, such as adult drug treatment courts. Multiple meta-analyses have suggested that adult drug treatment courts are associated

with reduced recidivism. However, as noted by two of those meta-analyses (Shaffer, 2011; Wilson, Mitchell, & MacKenzie, 2006), very few evaluations of drug courts examine the *long-term* impact drug courts have on recidivism. Further investigation is critical because more rigorous evaluations have at times found smaller reductions in recidivism.

2. Evaluations of problem-solving courts should assess how each of their program components is related to each of the outcomes.

Rather than simply reporting that “the court works,” evaluations of problem-solving courts should try to assess what it is about their programs that is working. Knudsen and Wingefeld (2016) performed an exploratory analysis to determine how specific program components related to the measured outcomes in a veterans treatment court. Using a univariate correlation, they discovered that peer mentoring, trauma treatment, psychiatric medication, and substance abuse services were all components related to positive clinical outcomes. Then, using multilevel modeling, they examined which components were most related to each outcome. First, they found that peer mentoring predicted significant, positive improvements in social connections and emotional limitations. Next, receiving trauma treatment predicted significant, positive improvements in PTSD, depression, functioning, and emotional limitations. Third, inpatient substance abuse services predicted significant, positive improvements in substance abuse and sleep hours. Lastly, use of psychiatric medication was related to improvements in depression, emotional lability, psychosis, and functioning.

Because problem-solving courts (and their related programs) provide many program elements, programs should be careful about removing any one piece of the puzzle before understanding the full impact of each piece. It is possible that retaining adversarial components will not be detrimental to participants as long as the elements of therapeutic jurisprudence and operant conditioning are also present. On the other hand, a program could remove one essential component, and all effects would be lost. Until further research is conducted on what is working and how these components interact with one another, changes to programming could eliminate the positive results that are occurring.

3. Evaluations of problem-solving courts should assess how various elements included in their programming impact participants differently.

As established in the previous recommendation, it is important to establish what works about a particular problem-solving court. As this analysis indicated, some components (e.g., social support, procedural justice) were more successful for some types of courts than other types. A related question that evaluations should also be asking is *who* the problem-solving courts are working for and consider why that might be the case. Future evaluations should include analyses on how the different types of problem-solving courts affect participants based on their characteristics, such as demographic, socioeconomic, and criminal behavior factors. For instance, job assistance might be more helpful for offenders who are low in SES. Such evaluations have been conducted on mental health treatment courts (Callahan, Steadman, Tillman, & Vesselinov, 2013; Dirks-Linhorst, Kondrat, Linhorst, & Morani, 2011; Reich, Picard-Fritsche, Cerniglia, & Hahn, 2013) and should be applied to other types of problem-solving courts.

Limitations

As with any study, the current study has some limitations. The first is related to sampling. There were far more evaluations of adult drug treatment courts than other courts, and far more than we could reasonably include in this analysis. We only included all of the rigorous evaluations of adult drug treatment courts: those that used a quasi-experimental design, a matched sample, or an experimental design. We also limited the juvenile drug court sample, though not as strictly. Yet, for other less frequently evaluated courts, we included all evaluations, even less rigorous ones. Thus, it is difficult to make comparisons across court types.

A second, and similar, limitation is related to sample size. Community courts and domestic violence courts were deemed most successful because all the evaluations reported Positive or Mixed Outcomes. However, both of these had very small sample sizes (five community courts and eight domestic violence courts). Thus, conclusions should be taken with caution.

Third, some evaluations did not specifically mention a component, but that does not mean it did not exist. For instance, a particular court might have been based on the input of the community; however, the authors of the evaluation might not have mentioned that in the write-up. Thus, our analysis is limited to the data provided in the evaluations and might be under-reporting.

Conclusion

Problem-solving courts vary widely depending on many factors, including where they are located, what social issues they address, and what justice and psychology principles they utilize. While there is literature examining the effectiveness of these courts, this chapter is the first attempt to synthesize these results and identify what components (e.g., justice principles) might contribute to the effectiveness of these courts.

Our first purpose was to determine which types of courts tended to be most successful. The most successful court types were the domestic violence and community courts, while the least successful were the juvenile courts. The second purpose was to determine the level of rigor used in each type of court. We found that evaluators of adult drug courts had the highest number of rigorous research designs to evaluate the courts, while evaluators of veterans courts used the fewest rigorous designs.²

²The sampling for the adult drug courts and juvenile drug courts differed slightly from the other courts, as noted in the methods section. Adult drug courts were only included if they were level 3–5 on the SMS scale. Juvenile drug courts were included if they were level 2–5 on the SMS scale. Thus, evaluations that were lower in rigor (levels 1 for juvenile courts and level 1 and 2 for adult courts) were excluded. However, every rigorous evaluation was included for all court types, making it possible to compare the number of rigorous courts, while it is not possible to compare less-rigorous evaluations across court types.

The third purpose was to determine which components were most common (Procedural Justice and Therapeutic Jurisprudence) and least common (Community Sentiment). Finally, the synthesis sought to determine which of the components were most related to successful outcomes. The most successful components were Community Sentiment and Adversarial Process. The least successful component was Social Support. Because all components were associated with at least moderate success, courts should consider their wide adoption. Even so, important limitations to the findings suggest that further research is needed to more fully answer these research questions and to parse out caveats regarding the findings. For instance, to determine why some components are more successful in some courts more than other courts.

In conclusion, problem-solving courts generally are effective at reducing recidivism. There are certain aspects, however, that might make a problem-solving court more effective in reducing recidivism and reaching other goals. The purpose of this chapter was to identify these components and make recommendations. While all components were successful, a blanket recommendation to use all components in all courts is premature. Instead, they should be adopted with caution and thoroughly evaluated using the recommendations listed here. Practitioners and stakeholders in problem-solving courts should adhere to these recommendations when designing and evaluating problem-solving courts to ensure that their courts are successful.

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