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Constructivist research project needs assessment of rural drug court clients: A case study

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CONSTRUCTIVIST RESEARCH PROJECT NEEDS ASSESSMENT OF RURAL DRUG COURT CLIENTS: A CASE STUDY

A Project

Presented to the

Faculty of

California State University,

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In Partial Fulfillment

of the Requirements for the Degree

Master of Social Work

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by

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ABSTRACT

This constructivist research project qualitatively assessed the needs of both drug court clients and the treatment team in a rural California community utilizing the "hermeneutic dialectic process." Due to the rapidly evolving nature of court-ordered treatment in the era of California's Proposition 36, this research provided an expansionist approach toward inquiry and an observation of patterns rather than units. The goal of this project was to expose different perspectives, to solicit participation of the "subjects" rather than control over them, to provide enhancement of their ability to take action during and after this inquiry, and to reveal the implications of the needs of current drug court programs for social work practice.

This research revealed a partnership between the judicial system and the treatment program that contains elements of shared power, flexibility and negotiation. The findings also identified the significance of the role of the judge in program effectiveness. The Big Bear drug court appeared to maintain equal or better success rates than other drug courts, despite a higher level of pre-drug court incarceration and arrest rates for some clients.

This study examined the sanction and reward system of behavior modification. It identified treatment issues, which included post incarceration problems, client mental health, and medical needs, effects of family and social support on recovery, challenges with employment and housing. The research also revealed that mental health issues for clients with co morbid disorders are not adequately addressed and that mental health clinicians often have insufficient knowledge to adequately treat clients with dual disorders. Case management and staffing concerns, and the effectiveness of subcultures on recovery were also analyzed. The implications for social work practice and the need for additional drug court research, specifically in rural areas, were discussed.

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This research also gratefully depended on the trust and support of Donna French, present Director of Operation Breakthrough, Kara Krueger, Drug Court Manager, Larry Stanclift, counselor, and all the staff at Operation Breakthrough. Many warm thanks to Judge Sylvia Husing, the district attorney, and public defender at Big Bear Superior Court, the San Bernardino County Sheriff's office, Pine Ridge Treatment Center, Bob French and "Mr. K," Ukiah Drug Court and all the clients at the Big Bear Drug Court - the "proud the few, the drug court crew."

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Finally, this research would like to thank George Jung, who's life story was the inspiration for this research, and who wrote and encouraged this researcher and the Big Bear drug court clients to "never lose faith in your ultimate significance." George is currently serving a 22-year federal prison sentence for his part in a major Columbian cocaine smuggling operation, which impacted thousands of Americans who became addicted to the drug in the 1980's. The negative effects of George's drug smuggling efforts on his family, his life and ultimately on a large portion of American culture, may have been prevented had he been given the benefit of a rehabilitation program like the Big Bear drug court.

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CHAPTER ONE

INTRODUCTION

Overview

"The analysis of Nature into it's individual parts...has left us the habit of observing natural objects and processes in isolation, apart from their connection and vast whole; of observing them in repose, not in motion, as constants, not as essentially variable" (Engles, 1970, p. 119).

In it's deliberate avoidance of such a dissection, this research provides a process-oriented approach rather than an outcome-oriented design. Therefore, this paper contains three sections as follows:

Section one contains the initial proposal, including the description of the focus of inquiry, and details of the research paradigm, it's appropriateness and methodology.

Section two contains the findings which include factual, interpretive and evaluative aspects of the data collected from this case study and incorporates literature review as well as the researcher's own constructions.

Section three is the discussion, or review of the research, impact of study participation on the program and

recommendations for further investigation of constructs revealed herein.

Drug Courts and the Need for Research

According to the US Department of Justice, in 1999 6.3 million people in the United States were on probation, in jail or prison, or on parole. That same year, 1,532,200 people were arrested for drug abuse violations, with more than four-fifths of those arrests related to possession charges. Marijuana-related arrests exceeded all other types. Another 1,511,300 were arrested for driving under the influence of alcohol or other drugs (US Department of Justice, 2000). According to the Drugs and Crime Data Center, 22% of the state prison population and 61% of the federal prison population are drug offenders (Byrne, 1994).

Due to the staggering costs of incarceration for drug offenders, drug courts have become an increasingly popular alternative to incarceration. Since the pioneering efforts of the first drug court in Miami, Florida in 1989, there are now over 600 Drug Courts in the US (Goldkamp, 2001).

While the effectiveness of drug courts in reducing recidivism is a widely debated issue, empirical studies are limited and have produced varied results. For

instance, Peters and Murrin (2000), in their study of two Florida drug courts, reported reduced rates of re-arrest and substance abuse, and higher rates of employment for drug court graduates as compared to non-graduates or other groups of untreated offenders. However, a study of a drug court in Las Vegas (Miethe, Lu, & Reese, 2000) found that participants in their study had 10% higher recidivism rates than for a control sample. It is clear that reasons for the disparity in research findings are related to specific attributes of particular drug courts. For instance, the Florida drug courts utilized intensive monitoring by probation, weekly individual therapy, process groups and meetings with the judge, and vocational assistance while the Las Vegas court provided meetings with the judge only one to two times per month, and was more stigmatizing, utilizing hostility and degradation toward offenders in the public theater of the court (Miethe, Lue, & Reese, 2000). Goldkamp (2001) points out that these variances in treatment styles, along with differences in geography, economic climates and judicial environments, make sorting out the effectiveness of programs extremely difficult for researchers. He proposes that retrospective evaluation is inadequate in this rapidly changing and evolving field.

Description of the Big Bear Drug Court

"Nature is the proof of dialectics...the two poles of an antitheses: positive and negative are as inseparable as they are opposed...they mutually interpenetrate" (Engels & Marx, 1961, p. 120). Big Bear valley, a rural community Northeast of San Bernardino, California, truly exemplifies the antithesis of positive and negative. On the one hand, Big Bear, at about 7000 feet in elevation, is considered a ski resort destination, with over 30,000 visitors arriving in the area on any given holiday weekend. On the other hand, it is a small, rural community with a combined population in 2000 of 11,217 in Big Bear Lake and Big Bear City (Big Bear Lake Chamber of Commerce, 2001). Despite it's isolated and rural status, Big Bear Valley has many of the same drug problems of its urban neighbors. In the Big Bear Valley, in 2000, there were 223 alcohol or other drug-related misdemeanor and felony arrests in Big Bear Lake and Big Bear City (RAND California, 2001). In order to address the drug problem, Big Bear Superior Court formed an alliance with Operation Breakthrough, an outpatient chemical dependency treatment program and formed a drug court in 1999.

The Big Bear drug court is patterned after the program outlined in the US Department of Justice (1997)

publication, "Defining Drug Courts: The Key Components" and is presided over by Judge Sylvia Husing.

After a referral to drug court is made, the prospective client is interviewed while still incarcerated. Acceptance into drug court requires; a) a client's self-admitted drug problem, b) identification of criteria for drug abuse from a nationally recognized assessment tool, the Addiction Severity Index, c) substance abuse problems, d) participant's agreement to random urinalysis tests, e) a nonviolent criminal history, and f) client signature agreeing to program participation (Logan, Williams, Leukefeld, & Minton, 2000). The Big Bear drug court is an eighteen-month program with six primary goals: (1) to promote abstinence, (2) to decrease recidivism, (3) to increase community safety, (4) to develop client life skills, (5) to increase community awareness of alternatives to incarceration and (6) to expand and maintain the community resource base. The program is comprised of four phases in one year, followed by the fifth phase of aftercare for six months. The drug court program consists of one-hour group sessions five days a week (with a graduated reduction in number of sessions attended per week); weekly in-court sessions with the treatment team (which includes the judge, public

defender, district attorney, bailiff, court clerk, and chemical dependency counselors); client payment of fees (ten dollars per week); a weekly social/recreational event and assistance with education, employment, housing and medication. Several sessions per week of Narcotics Anonymous are also required.

Sanctions and rewards are applied during the weekly in-court session and are determined by client behavior ("dirty" drug tests, non-attendance, continued abstinence, etc.) for the week. The Big Bear drug court utilizes three primary sanction methods: reassignment of clients to a prior phase which involves more frequent group attendance, referral to inpatient treatment, or immediate short-term incarceration in the local jail. Incarceration involves the handcuffing and removal of the client in full view of open court (and drug court cohort) in what has been called "reintegrative shaming" by proponents of the Miami Drug Court prototype (Miethe, Lu, Reese, 2000).

Reintegrative shaming is described by Braithwaite (1989) as public disapproval of the offender's behavior while maintaining a relationship of mutual respect and an understanding of the separation of the offender from their deed. Additionally, reintegrative shaming, does not allow the behavior to become a master status trait, as often can

occur with, for instance drug dealers or participants who obtain group power by deviant behavior. The opposite of reintegrative shaming, according to Braithwaite, is stigmatized shaming, which places permanent and stigmatizing labels on the offender with little or no opportunity for "second chances" or forgiveness. Braithwaite's research suggests that stigmatized shaming can result in further alienation and disengagement of the client (1989).

Rewards in the Big Bear Drug Court include in-court applause, handshakes from Judge Husing, medallions, and gift certificates for meals and activities. The final reward is graduation, a well-publicized event and involves a luncheon banquet for the clients, their families, employers and the treatment team.

Assessing the Fit of the Paradigm to the Focus

Residents of the Big Bear Valley live in an area isolated by geography and weather. As such, their relationships are often entangled and interdependent. One major snowstorm or period of drought can affect the entire economy, ecosystem and social environment. Interviews with Big Bear Valley residents reveal a special type of hardiness, independence, initiative and frontier spirit

necessary to live in an isolated mountain community where the weather is ever-changeable and the obstacles of daily living include driving on steep, winding icy mountain roads, keeping homes warm during periods of rising energy costs, and navigating around thousands of tourists during busy seasons. The research attempted to assess both the needs of clients and the treatment team from their individual perspectives. The model used is community-based action research in the constructivist tradition.

Lincoln describes the constructivist paradigm as not a definition of a single reality, but a revelation of numerous and sometimes, conflicting realities which are presented by the stakeholders and research participants at the moment of the research (Guba, 1990). The process revealed the needs as the construction developed. Any research utilizing other paradigms such as positivism, post-positivism, or critical theory would have been greatly challenged by the factors affecting the lives of Big Bear residents and not appropriate for these types of participants. Positivism, according to Guba and Lincoln (1989), is grounded in a belief that the business of science research is to reveal the "true" nature of reality and it's workings with the ultimate goal to "predict and control." Post-positivism, while acknowledging the

limitations of the researcher to be objective still attempts to find the "truth", and uses objectivity as a goal to attain (Guba, 1990). Critical theory, on the other hand, is what Guba describes as "ideologically oriented theory" and includes neo-Marxism, materialism, feminism, participatory inquiry and other movements. Critical theory, Guba proposes, rejects the claims by positivists and post-positivists of their ability to attain objectivity or any semblance of it. Guba criticizes critical theorists for their belief in an ability to measure reality objectively while commonly using phrases like "false consciousness" which implies there is a "true consciousness" that perhaps only their research can uncover. Guba also points out that critical theorists often discuss "transforming" the world and draws a parallel between "transformation" and power and control (1990). According to Vaillancourt (1986), many of the critical theorists, especially the Marxist researchers, view traditional research as an instrument of oppression that supports the status quo and attempts to reinforce the claims of those who seek to dominate the proletariat. While this research project, in it's early stages, considered utilizing a critical theory approach on this frequently stigmatized population, it became quite clear

that the constructivist approach was the most appropriate design for this study. As Erlandson, Harris, Skipper, and Allen (1992) point out, the dangers of bias and reactivity are great - and ultimately it is the subjects who suffer.

Given the propensity for researcher bias, nature's tendency to surprise, and the character of the Bear Valley population, especially the drug court clients, who range from chronic repeat drug offenders with a history of manufacturing and sales of "hard" drugs like methamphetamine, to kids of high socio-economic status arrested for sales of marijuana, it would have been difficult indeed to utilize positivism, post-positivism, or critical theory for this type of research.

Guba and Lincoln indicate that the paradigm of constructivism, utilizing a qualitative rather than quantitative method for data collection and analysis, supplies an expansionist approach toward inquiry. This is the opposite of the more traditional narrowing method and it allows the research to view the larger picture, rather than specified units (1989). Furthermore Guba advises that it invites participation of the "subjects" rather than control over them or prediction of their behaviors (1990). According to Guba (1990), constructivism enhances the ability of participants and stakeholders to take action

during and after an inquiry and to conduct their own negotiations on their behalf regarding change. Therefore constructivism was an ideal fit for this type of population.

Utilizing Guba and Lincoln's "hermeneutic dialectic process," this research attempted to facilitate exposure of different perspectives from different individuals. Hermeneutics, which refers to an interpretive process, and dialectics, which utilizes a synthesis of contrasts and comparisons of divergent views, are together, an excellent process of exploration (as cited in Erlandson et. al, 1992). The best data source is the words of the people themselves - from current drug court clients, to those who have been terminated from the program, the judge and sheriff, public defender, district attorney, and chemical dependency counselors - to help create "consensus and negotiation...that enhances feelings of unity, control, and responsibility" (Stringer, 1996, p. 41).

Findings of this study resulted in identification of problems and issues by the stakeholders (rather than the researcher) and this produced a sense of participatory involvement for the stakeholders, change of informant perceptions and the beginnings of negotiation (Cooney & Steinberg, 1995). The findings of this study appeared to

"unleash energy, stimulate creativity, instill pride, build commitment, prompt the taking of responsibility, and evoke a sense of investment and ownership" (Guba & Lincoln, 1989, p. 227).

Through this research, the quality of Big Bear Drug Court was examined from the inside out, "not to establish 'the truth', or to describe what 'really is happening' but to reveal the different truths and to build an agenda for negotiating actions to be taken" (Stringer, 1996, p. 40). A research project of this kind might result in the development of further services as was accomplished in the Mount Vernon corridor as a result of a project conducted by students (Cooney & Steinberg, 1995).

Practical considerations for this research included issues related to weather and changes in participant availability due to sanctions or relocation.

Limitations of this approach included changes in respondents, expectations or agendas of stakeholders, which might produce the risk of impeding their ability to express themselves honestly, and researcher bias or value-ladenness as well as a desire for control over the outcome (Cooney & Steinberg, 1995). Additionally, Stringer advises "research facilitators cannot afford to be associated too closely with any of the stakeholding

groups" (Stringer, 1996, p. 40). In the initial stages, while the research facilitator was not directly involved with the management of Drug Court, association with the agency was employment-based. To navigate around these challenges, participants were provided with a detailed informed consent, explaining the project and process (Appendix A). Respondents were encouraged to engage in the research so that hidden agendas or constructions could be revealed. Erlandson et al. (1992) provide a checklist of elements in an observation that allows for maximum revelation of a construct. With regard to a possible drift into researcher bias, this project utilized a reflexive journal to routinely record internal constructs that might have been value-laden.

Preliminary interviews for this project revealed what Guba describes as a collapse of the usual distinction between ontology - the nature of reality - and epistemology - how one comes to know that reality (as cited in Stringer, 1996). This occurred when conflicting statements were made by stakeholders about the nature of a problem and it became evident that conflict would be a part of the study, that different truths and realities - constructions - held by different individuals would be brought forth in the project.

Existing Literature as Stakeholder

The literature reviewed and the research project became stakeholders as well - as this study required the "interaction of the inquirer with the 'object' inquired into" (Stringer, 1996, p. 2). Unlike positivist research, which initiates extensive literature reviews in it's theory formulation, this constructivist research focused on the constructs of the stakeholders first, and only then included relevant information from the existing literature. This is consistent with Erlandson's (1992) suggestion that new constructs dictate the direction of the literature review as they develop.

Data Collection

Erlandson, Harris, Skipper and Allen propose that the most effective way to elicit "the various and divergent constructions of reality that exist within the context of a study is to collect information about different events and relationships from different points of view" (1992, p. 31). Therefore, this research identified the initial hermeneutic dialectic circle by interviewing a primary drug court counselor at Operation Breakthrough as the first stakeholder. At the conclusion of the interview, the research invited her to identify another respondent with differing constructions. She suggested the district

attorney who seeks to incarcerate those people who commit serious drug-related offenses like manufacturing, cultivation, and sales. As suggested by Guba and Lincoln (1989) before the second interview began, the initial stakeholder's responses were carefully recorded and "member-checked" with her for fidelity. Other stakeholders for the circle included several clients (both active clients and graduates of the program, as well as some "failures"), the judge, public defender and district attorney, the agency's executive director, and representatives from the sheriff's office. Additionally, respondents from other facilities not related to the Big Bear community or it's drug court, but in similar programs were interviewed. These included client and treatment team informants from a rural Northern California drug court and participants who had been incarcerated for drug charges.

Since the process of stakeholder "selection" was dependent upon participation of the "subjects" rather than control over them or prediction of their behaviors, selection of respondents was based upon revelations of each interview (Guba, 1990). As the second stakeholder was interviewed individually, and responses member-checked, when no further new information was added, the research then identified constructions given by the first

respondent and asked the second stakeholder to comment on them. Again, after further, "member-check," a nomination for a third respondent was solicited (Erlandson et al., 1992) and the process continued. The initial purpose was to provide maximum exposure to various stakeholders with divergent constructions. Due to limitations of time and place, each round of interviews consisted of the participation of no more than ten stakeholders.

Successive Phases of Inquiry

According to Guba and Lincoln (1989), the most effective method of constructivist research is to conduct the inquiry in three phases: 1) orientation and overview, 2) focused exploration, and 3) member check.

Phase I: Orientation and Overview

This phase consisted of the first round of interviews with stakeholders. Interview questions consisted of "who, what, where, how, and why" questions and focused on who or what the drug court clients rely on and who or what they are accountable to, identification and location of the resources they required, how they accessed them, and inquiry about why some drug court clients "succeed" and others "fail." Additionally the questions attempted to identify behavior patterns that appear to predicate those

outcomes. Multiple questions, leading questions, and those that result in "yes/no" answers were avoided. As proposed by Erlandson et al. (1992), additional insight into respondent's constructions was obtained by carefully observing all aspects of the respondents themselves, from body language, to dress, to office arrangements. Other materials, and the research's own constructions were introduced into the circle. Redundancy was always the defining characteristic signaling a discontinuation of additions to the circle. This phase revealed an overview of common themes and potential conflicts.

Phase 2: Focused Exploration

As prescribed by Erlandson et al., (1992), after the initial "round" of interviews was completed, and the data categorized identifying common themes, a second set of interviews was conducted with the same informants and a similar set of respondents. These occurred via individual interviews and in a focus group setting. In this phase the emphasis of the interviews was on common themes, issues and concerns. These interviews were again recorded both manually and by audiotape. The audiotape was transcribed and compared with the written recording. After "member check," this data, including notes of environmental observations, was sorted into categories or "units" of

themes and recorded on three by five cards. These "units" were sentences or phrases containing relevant points, which were related to recurring themes.

Utilizing what Guba and Lincoln (1989) describe as the "emergent category designation," connections between themes were then revealed and categorized. In addition, incomplete links were identified, and exploration of previously untapped sources was identified. Guba and Lincoln describe this as "bridging, extending, and surfacing data" (as cited in Erlandson et al., 1992, p. 121).

Phase 3: Member Check

Other constructions were introduced for contrast and comparison by conducting interviews with five informants not in the actual hermeneutic circle but with the same occupational positions or "client" status. Interviews were conducted with these informants at a drug court in Northern California community, which approximates Big Bear in size and demographics, and with clients at an inpatient substance abuse treatment program, which provides services to parolees. The identifying features of these respondents were not disclosed to protect their identity. This data was presented to the hermeneutic circle's major respondents to see if the constructs "rang true"

(Erlandson et al., 1992) in comparison to their own experience.

Protection of Human Subjects

The confidentiality and anonymity of the study participants were a primary concern of this research and all efforts were made to accomplish this. For the sake of protecting the participants' anonymity and accessing the data, a numbering system was utilized. No informant names were used. Study participants were asked to sign their mark on informed consent forms before they participated in the study and they were advised that they could stop at any time during the study (See Appendix D). The participants were given debriefing statements that contained the names of the researcher and the advisor along with a phone number to contact the researchers if there were any questions concerning the study (See Appendix E).

Determining Instrumentation

The constructivist paradigm utilizes research that creates " consensus and negotiation...that enhances feelings of unity, control, and responsibility" (Stringer, 1996, p. 41). Therefore, this research approached each respondent with a language that was non-judgmental,

respectful, and always inquiring. The research made every effort to establish what Stringer describes as a "legitimate and non-threatening" facilitation role with a neutral presentation and without the "swagger" of the expert (Stringer, 1996). Through the use of audiotape and meticulous note-taking, the constructions of the participants were portrayed as accurately as possible. Debriefing, which provides for "brainstorming" and venting, as described by Guba and Lincoln (1989) was utilized, with a faculty adviser and peers. Additionally, Guba and Lincoln's "reflexive journal" was implemented on each day that data was collected. This allowed for introspection, analysis of methods and responses, logistics planning, and monitoring of inquirer bias on a regular basis. An initial interview guide, rather than a formalized questionnaire was used (Appendix B).

Credibility in Data Collection

Erlandson et al. (1992), in their discussion of the writings of Guba and Lincoln suggest a series of strategies for maximum "credibility" in data collection. Credibility refers to the best fit possible between the respondents' constructions and what the inquirer attributes to them. These six strategies included, 1)

prolonged engagement - sufficient time in the field by the inquirer to "understand daily events" as well as those that are unusual or seasonal, [this research was conducted over a full year], 2) repeated observation [two to three times per week] consistent analysis and review of interpretations of events and relationships, 3) triangulation - use of various questions, sources and methods on the same data sets, with alternative proposals considered, 4) peer debriefing for feedback, refinement, and redirection, 5) referential adequacy materials - a fuller picture of the constructions was obtained by utilizing ancillary materials such as documents, curriculum, etc., 6) member checks - verification of all data recorded was provided to respondents for review and correction. Due to ongoing data categorization and analysis from the initial interview, it became evident what the boundary delineation's were, as common features repeated themselves in the various constructions through the process of surfacing described in Phase Two. This provided structure as the study progressed. An audit trail was established from the very beginning (as cited in Erlandson et al., 1992).

Data Analysis

The "constant comparative method" was used, as proposed by Glazer and Strauss (1967). This system provided for development of theory after data collection, rather than before, and involved comparison of every incident (and construction) from the very first round of interviews. These comparisons began the inquirers', "thinking in terms of the full range of types or continua of the category, its' dimensions, the conditions under which it is pronounced or minimized, its major consequences, its relation to other categories, and its other properties" (p. 106). Phrases or sentences, which were relevant, were recorded on a note card. These units were then assembled in groupings based on content similarity. Peer and faculty advisor debriefing assisted in the creation of defining characteristics and assignment of these units.

Guba and Lincoln (1989) propose that assignment of various units of data to categories should continue until the following criteria are met: 1) all sources are exhausted; 2) saturation occurs and minimal new information is gleaned about a category; 3) categories begin to reveal irregularities; 4) "overextension" occurs - new data collected extends too far beyond any category

to be included. Further collection and analysis was discontinued when the research and faculty advisor concurred about the four criteria.

Logistics

One researcher conducted the study over an entire year utilizing both an audiocassette recorder and handwritten notes as methods of recording. Initial contacts were made via a telephone call, followed by a letter, confirming appointment time and location. After each interview, the researcher transcribed the interview and provided the typed draft to the participant for a validity check with instructions to review and correct the interview data. Data categorization and analysis began immediately utilizing index cards. The researcher also attended four meetings comprised of stakeholders. One meeting was the standard weekly open drug court session, two were focus groups of active clients, and a fourth was the drug court luncheon and graduation ceremony. Relevant points within the data sets or units, which had been initially identified in the individual interviews, were then compared with the process revealed in those group gatherings. This served as a secondary validity check for common constructions.

Quality Control

Every effort was made to provide a fair representation of gender, ethnic backgrounds, active, graduate, and clients who have left the program. The research did not interview clients who appeared mentally unstable or currently using alcohol or other drugs. Reflexive journal entries were made on each day of data collection and reviewed with faculty advisor.

The shift from open-ended phase of data collection to the more focused stage was orchestrated after the last "round" of individual interviews took place.

The reflexive journal contains a timeline of events and an account of the process.

CHAPTER TWO

FINDINGS

Introduction

Interviews with both treatment team and client respondents revealed a great deal of consensus with some divergent perceptions about issues in the drug court program. While the majority of the interviews focused on the nature of certain problems, there was general agreement about a desire to work together to resolve them. Interviews with respondents from a similarly rural, isolated community drug court program in Northern California provided validation to stakeholders that their problems were not unique but rather common to that type of community. Constructs that were revealed during the course of research included: 1) the partnership between the judicial system and treatment, 2) an analysis of the sanction and reward system of behavior modification, 3) treatment issues, 4) the need for better case management and staffing concerns, and 5) the impact of subcultures on recovery. Areas that respondents identified as "growth filled opportunities" focused primarily on treatment issues and included: 1) assessment, 2) problems associated with history of incarceration, 3) mental health needs,

4) medical issues, 5) family and social support, 6) employment and financial support, 7) affordable housing.

Construction One - Judicial System and Treatment

Drug courts are treatment interventions that involve a working relationship between criminal courts and chemical dependency treatments programs. They are managed by the court with the judge at the center, leading a treatment process which is less punitive than traditional judicial process, and which focuses on treatment, provision of the second chance, and restoration or healing (Goldkamp, 2001). This approach, started first in Florida's Eleventh Judicial Circuit in 1989 (Goldkamp, 2001), is conceptually a radical divergence from traditional judicial philosophy, which focuses on deterrence, punishment and removal of offenders from society. Drug court is the joining of two systems with divergent constructions of reality that have historically utilized different methods and processes to arrive at sometimes competing goals. For instance, traditionally, the district attorney's office, with it's emphasis on public safety, social control and incapacitation of the offender via incarceration, has had quite different motives from the public defender's office and substance

abuse treatment staff, who's goal is to advocate for the client and assist in the rehabilitation process. In Big Bear and in the Northern California program, this was poignantly illustrated, when drug court treatment clinicians, recovering substance abusers with a history of incarceration themselves, were at times working on the drug court team with the very judge who had sentenced them years before. This required a paradigm shift on the parts of all parties, from judge and attorney's to chemical dependency counselor/clinicians to clients.

One clinician respondent who's substance dependence was in remission for five years stated that, "I was in prison for several years and when I got out, I got clean, went back to school and became a contributing member of society. When I was hired to work with drug court, I found myself sitting in judge's chambers with the very judge who had sentenced me to prison and we were working on the drug court treatment team together. But a), my recovery program taught me he didn't put me in prison, I put myself there and b), my goal is to help the client and protect society, which means I work with the judge to accomplish that, and c) role modeling is part of the treatment approach and that means the clients are watching me - I can't afford to retain resentments."

The Big Bear drug court team includes the judge, one public defender, one district attorney, two full-time chemical dependency counselors and two part-time clinical staff. At the time of this research, 26 active clients attended an one-hour group on a daily basis at the offices of Operation Breakthrough. In the initial stages of this research, individual sessions and crisis intervention services were provided only as needed.

The entire drug court cohort comprised of all clients, are required to appear at the Big Bear Superior court every week. The court sessions are preceded by a case conference, which takes place in the judge's chambers with the entire drug court team present - the judicial representatives and treatment staff. The case conference process in Big Bear is similar to drug courts throughout the country (Miethe, Lu, & Reese, 2000) with a review of the client files, attendance, results of urinalysis tests, and specific progress, challenges, or obstacles. The team discusses clinical staff recommendations and after a thorough review, the judge makes determinations regarding rewards and/or sanctions to be applied. During the open court session, each client appears before the judge. According to most respondents of the treatment team, the judge who directed drug court at the time of this research

often took an interest in personal issues for clients related to family, housing, and employment. "She cares about us, not just as 'drug offenders' but as individuals in the community", stated one respondent. Another stakeholder made the comment that, "The judge is a social worker, whether she considers herself one, or not. What she does affects social policy. And she brings the clients back into society. In the past for many of these people, the judge has been someone to put them in jail. The Big Bear court judge creates a connection for the 'offender'. They begin to feel a connection with the system, and eventually society at large. They're no longer alienated, an outsider. There's someone in the system, someone in power, who really cares about them."

This approach appears to be a critical component of reducing recidivism. According to Miethe et al (2000), a factor in the success of the Miami Drug Court (approximately 60% of clients graduated) was the judge's role in societal reintegration. The judge stated, "The voters of California are committed to treatment, as evidenced by the passing of Proposition 36 and so there is that same commitment from the presiding judge. That mandates engagement on some level."

This research recorded activities and dialogue of a weekly open drug court session attended by all the drug court clients, and the entire treatment team. The judge's attempt at engagement was evidenced by the physical arrangements of both the clients and the judge. Instead of sitting at her elevated platform and using a microphone to speak down to the clients, she stood to the side of her chair as, one by one, the clients appeared, not before her, but to her side so that both parties were standing. This gave the appearance of a partnership type of interaction rather than the traditional view of the judge sitting at a dais meting out a sentence to a defendant standing below. The judge asked each client about their progress and made comments, recommendations, or gave kudos as she reviewed their program attendance sheet and handed them gift coupons, or award certificates for "clean time." The research noted that during one episode, when it appeared that the judge was discussing a potential sanction with a client, she lowered her voice so that it was inaudible to the open court during most of the exchange. She raised her voice to an audible level only when she reviewed with the client the expectations of the court and consequences for failure to comply in a clear example of the "reintegrative shaming" approach described

earlier. This environment appears to be the opposite of one drug court studied by Miethe, et al., where the judge utilized a more stigmatized shaming approach. This court had a significantly higher recidivism rate that the researchers attributed to the judge's treatment of the clients. According to field observers of that program, the judge seemed to express, "a common hostile attitude and a public in-court degradation of participants who failed to comply with treatment with a focus on the individual offender and not their actions" (2000, p. 138). The researchers suspected that public shaming which reduced client engagement, contributed to the higher recidivism rates because it alienated the offender further and promoted secondary deviance.

Some drug courts provide elaborate positive reinforcement rewards, such as payment vouchers, memberships for health clubs, clothing, etc. (Marlowe & Kirby, 1999). The Big Bear drug court does supply gift certificates for meals, recreational events, etc. but since it is a small program, rewards are often small, simple and personal. For instance, a large basket filled with candy was placed on a table below the judge's dais and each respondent removed several pieces as they returned to their seat. While the court maintained a

certain atmosphere of decorum, with clients addressing the judge as "your honor", there was also a great deal of clapping, gratifying body language and eye contact, and encouragement from both the clients, judge, bailiff, and treatment team.

One of the predominant concepts of drug court is the expectation of relapse for clients in the early stages and the resultant need for graduated sanctions and some flexibility on the part of the court (Goldkamp, 1994). A respondent stated, "Relapse is a part of early recovery. Our job is to immediately identify the behavior and apply a brief and uncomfortable consequence, then return the client to treatment." Law enforcement and the public who may not understand the process, however, can misconstrue this and may view it as unacceptable "leniency."

These divergent constructions were revealed when research interviewed other informants. Some respondents in the law enforcement field did not agree with the judge's attempts to connect with clients, "The judge needs to mete out judgment and to provide the deterrent - jail time - so people get the message, not to be their friend." Another respondent stated that, "Judgment needs to be swift and consistent, not the revolving door that can happen in drug court." However, while law enforcement respondents did

appear to have an understanding of the "disease concept of addiction", when asked by this research, they stated that they hadn't been thoroughly educated about the drug court process. Some respondents stated that they felt that rehabilitation could be effective, but expressed the opinion that consequences and pain were deterrents for relapse and that fear and respect were motivating ingredients. This is consistent with the traditional criminal justice perspective that punishment is a deterrence to drug offenders (Goldkamp, 1994). One law enforcement informant stated that his exposure "to drug users at their worst, has given me a bias. I don't get to see the success stories too often."

When this construct was revealed to informants on the treatment team, they advised that creation of a bridge between local law enforcement and the drug court would be a future goal. "We could do some reciprocal trainings. Perhaps we can invite the sheriff in to the offices of Operation Breakthrough and have them teach us about the procedures for, say, transporting someone to the psychiatric facility on a 5150, and we can provide them with information about the goals and methods of drug court. Also, perhaps we can invite more of them to witness the drug court graduations", stated one respondent.

During the course of this one-year research project, two major events took place, which could have a major impact on the Big Bear Drug Court: one was a county decision to change the drug court judge and the other was the advent of Proposition 36.

The Judge's Role

While the judge who had assisted in the development of the Big Bear drug court presided during the entire year of this research, at the time of it's completion, she had been notified of reassignment. The court was advised by the County that a new judge would be assigned and reduced court hours would be in effect within several months. Some drug court team members expressed concern about these proposed changes. "This judge has invested a great deal of time and energy learning about the drug court method by attending a number of conferences, symposiums and visiting other established drug court programs. It takes time to learn about the process and develop a good working relationship with the team, which we have." According to those respondents, while ultimately the fate of the drug court client is always in the hands of the judge, she consistently emphasized her role as a facilitator and listened carefully to clinician recommendations. Inciardi (1994) cites research suggesting that the most effective

courts have been presided over by judges who use this type of collaborative approach with the treatment team. Some respondents also stated that the current Big Bear judge appeared to have a working knowledge of the nature of addiction as well as the needs of clients with potential comorbid disorders. This resulted in an easy dialogue among drug court team members in resolution of client needs regarding level of care. For instance, a client in late stage addiction with physical effects of withdrawal, which may pose a risk of fatality, needs inpatient medical management as delineated by the American Society of Addiction Medicine (Hoffman, Halikas, Mettre, & Weedman, 1991). The current judge, according to stakeholders, understood that, and would mandate inpatient treatment accordingly. Respondents expressed concern that if, for example, the new judge didn't understand the need for inpatient medical stabilization and ordered the client to simply attend the outpatient treatment, both the client and the program would suffer.

Several treatment and client informants were also unclear about the impact of reduced court hours on the program and wondered about the new judge's level of commitment and participation. One respondent stated that, "We've had the same judge from the beginning of the

program. She was integral in its establishment. She attends every single graduation, she hands out graduation plaques, but also a handshake and a hug." This concern from client and treatment respondents about the new judge contrasted with responses from most of the court informants who expressed confidence that (1) the new judge would continue the commitment to treatment and (2) drug court would not be affected by reduced court hours.

Proposition 36

The second major event, which occurred during the year of research, was the implementation on July 1, 2001 of California's Proposition 36.

Proposition 36 changed sentencing laws and required offenders convicted of "non-violent drug possession" to be sentenced to probation and drug treatment (Tauber, 2001). According to almost half of the respondents on the drug court treatment team including both members of the court as well as clinicians, implementation of Proposition 36 affected the Big Bear Drug Court in several ways.

First, according to some subjects of this research, the number of county-funded inpatient beds available were cut since inpatient programs are required to allocate a certain number of beds specifically to Proposition 36 clients. Since most inpatient programs have not increased

their total number of beds available, the overall availability of beds becomes more limited. Since mandatory referral to inpatient treatment is an alternative to incarceration for clients who repeatedly relapse, if inpatient beds are not available, the client goes to jail. The respondents felt that this defeats the goals of rehabilitation. According to Huddleston (1999), the goal of drug court is to maintain a continuum of treatment care and ideally, short-term incarceration as a sanction works best only if jail-based treatment is available. Informants advised that the Big Bear drug court clients do not have access to jail-based treatment while in the short-term stay mandated by sanctions, therefore the treatment and client engagement is disrupted.

Secondly, while the current Big Bear judge has not done so, some respondents feared that a new judge might refer more clients to Proposition 36 treatment, which is less intensive (and potentially less effective) than drug court. A former executive director of the National Association of Drug Court Professionals reiterated this concern among drug court professionals throughout California. In an Alcoholism and Drug Abuse Weekly article, Judge Jeffrey Tauber describes visits to five jurisdictions in California after the implementation of

Proposition 36 that revealed a "marked decline in drug court program enrollments. The danger here is that interest and focus will move away from the drug courts, resulting in reduction in resources and disintegration of the programs. If that happens, we may find the drug court programs replaced by the watered-down programs" like Proposition 36 (Tauber, 2001).

Other informants did not appear as concerned about this potential trend and felt confident that the new judge either already had or would receive training, which would assist in appropriate sentencing.

Third, according to some stakeholders, since Proposition 36 specifically prohibits programs from charging fees for urinalysis testing, and does not provide additional funding to programs to pay for urine testing, a small program like the Big Bear drug court could not absorb the cost of urinalysis testing and hence, would probably not administer them as frequently. The research suggests that close monitoring of attendance and urinalysis testing are contributing factors to reducing recidivism (Leukefeld & Tims, 1980; Marlowe & Kirby, 1999). Some respondents proposed that without stringent urinalysis monitoring, the success of Proposition 36 is

questionable and its failure may impact public perception of substance abuse treatment in general.

The research revealed divergent constructions regarding Proposition 36. There appears to be a growing debate between the "harm reduction" movement and current anti-drug enforcement policies. Some respondents felt that Proposition 36, which was backed by the Lindesmith Center, a New York City-based drug policy reform group, is simply a move toward ultimate legalization of drugs, which they disagreed with (Harcourt, 1999). The Director of the Lindesmith Center, Ethan Nadelmann, appears to have affirmed this by stating publicly that harm reduction is a method to "reduce the negative consequences of both drug use and drug prohibition...to keep public health precepts and objectives front and center in it's drug control policies and to banish the racist and xenophobic impulses that stirred prohibitionist sentiments and laws earlier in this century" (Harcourt, 1999, p. 90).

Both treatment team and clients appeared to have divergent views about continuation of current drug laws versus the harm reduction theory. Interestingly, several client respondents were not in favor of Proposition 36. These clients who had been successful in drug court and remained drug free and active in Narcotics Anonymous were

in favor of continued strict drug laws, stating that such laws were needed to help the chemically dependent person become motivated to change their lifestyle. "If I didn't lose my family, my job, and my freedom, I might not have gotten clean. Going to jail and being forced to do drug court got me clean and helped me stay clean", stated one respondent with almost two years of sobriety. A respondent from law enforcement concurred adding that, "if there's no control over drugs, people will abuse drugs. Then everybody suffers, the children and the taxpayer who has to foot the bill for the whole family and their drug-related health problems." Another law enforcement respondent expressed concern that Proposition 36 would "weaken the Big Bear drug court and create a revolving door with inconsistent types of punishment."

On the other hand, several respondents favored Proposition 36 and were not as concerned about it's impact on drug court. About one-half the treatment and client respondents questioned stated that they were in favor of Proposition 36, indicating an agreement with the concept of harm reduction and/or legalization. "Just because I'm an addict and I can't use any type of drug, including alcohol, doesn't mean that someone else who isn't chemically dependent shouldn't be able to smoke a joint

now and then", stated one respondent. Another stakeholder added that it seemed contradictory for a drug like marijuana to be illegal while a drug with greater debilitating effects and higher dependence potential like Xanax was not. Several respondents cited the harmful aspects of the "drug war" including cost considerations, death and injury due to raids and highway police chases, as well as long-term physical and psychological effects of incarceration. One respondent commented that his entry into the "drug subculture" and exposure to "criminals" in jail resulted, for him in increased "criminal behavior like stealing. And after a while, it was like a badge of honor to hide out from the law, then get busted and go to jail." He added that jail made him stronger and more willing to take risks, especially as he experienced the irrevocable negative effects of incarceration: lost employment, respect from "straight society" and having a criminal record. One informant from the court felt that Proposition 36 was simply an adjunct to drug court and provided another alternative for the judge. "It is mandated treatment which falls between the PC 1000 drug diversion program (a lighter 16-week program) and the more intensive drug court."

Construction Two - Sanctions and Rewards

The term, "therapeutic jurisprudence" has been described as the use by the legal system of the mental health processes to promote the psychological and physical well being of the substance dependent "offender" with the long term goal of public safety promotion (Lurie, 2000). "Drug courts are basically long term behavior modification programs. The judge, district attorney, public defender, bailiff, probation, the counselor, psychiatrist, the medical team, the family, and the community all contribute to the mix", stated one treatment respondent from a Northern California drug court. Respondents from the Big Bear drug court concurred with this statement but advised this research that one missing piece in Big Bear was probation. "Due to funding problems in this county, we don't have a designated probation team working with us, like other drug courts." The informant explained that sanctions and rewards are the tools of the behavior modification program. In the Northern California drug court, respondents emphasized that probation was a critical component of treatment effectiveness, acting as the identifying agent for behaviors that may need sanction. "Since we don't have probation involved in our

drug court, our counselors are often forced to act as probation officers. Due to time constraints, the counselors are not as available to conduct frequent unannounced home visits which results in undetected infractions," stated one Big Bear drug court informant. According to Marlowe and Kirby (1999), research on other drug courts has shown that a failure to consistently detect infractions and impose sanctions can reduce the effectiveness of the program.

This can especially be a problem, when for instance; a client is suspected of using drugs but through tampering with urinalysis collection, appears clean. The Northern California Drug court informant advised that this is exactly the type of situation where probation is most helpful. "They go out to the client's house and do a site visit. If anything is going on, they catch it, bring it back to the team, and the client is then sanctioned. Also, if they're living in a home where drugs are being used, probation can identify it."

During the initial stages of this research, clients who admitted to alcohol or other drug use were sanctioned just as clients who tested positive during urinalysis testing. When one client pointed out that he was punished for being honest and asking for help to avoid further

relapse, the team agreed that this didn't seem quite fair. Therefore, after extensive discussion, the drug court team made a decision to provide deferred sanctions. They agreed that if a client voluntarily came forth and admitted a relapse, they would be not be immediately sanctioned, but rather their treatment attendance requirements would be increased and monitoring of their activities would be stricter. If after a period of time, the client remained abstinent, the deferred sanction status would be dropped. However, if they failed to comply, sanctions would be in place. All client respondents appeared enthusiastic about this adjustment but some admitted that they took advantage of the one-time deferred sanction and planned a relapse, "one last hurrah" as one respondent stated it.

While the tangible rewards in the Big Bear Drug Court include medallions, gift certificates for meals and activities and award plaques, this research revealed that the most important rewards appear difficult to measure. Stakeholder clients expressed gratitude for reunification with family, a return to physical and mental health, employment and healthier relationships. "I have been rewarded by my counselor, the judge, my family and my community", advised one client.

Construction Three - Treatment Issues

Respondents in this research addressed several treatment issues. These were areas of treatment delivery provided at the Operation Breakthrough facility and included assessment and treatment strategies, post incarceration problems, mental health issues, medical needs, family and social supports, employment and financial needs, housing and transportation.

Assessment and Treatment Strategies

A potential client for the Big Bear drug court is sometimes initially identified during arraignment, within 48 hours of arrest. According to one stakeholder at the court, early decisions required during arraignment pose a problem because a client may not be competent to consider the options, if he/she is still cognitively impaired from drug use and/or a comorbid disorder. The respondent added, "A person who has been on methamphetamine for say, six straight days without sleep, is thrown in jail and begins to withdraw from the drug, will probably have paranoia, sluggishness and confusion. On top of that, she may be desperately craving the drug and willing to do anything to get out of jail so she can get more. Or maybe the paranoia is so great that jail is intolerable and she wants out no

matter what, she may be willing to sign anything to get out. Then she's asked to make decisions which may have life-long implications." The American Society of Addiction Medicine acknowledged that the medical and psychological implications of drug use are significant in decision-making. In a symposium on these issues, ASAM addressed the fact that people whose criminal behavior arises from drug addiction have a medical problem and should not be treated as criminals. ASAM advised that this may force judges and attorneys to play a social worker role when dealing with these client/defendants (Lurrie, 2000).

According to treatment team respondents, while the defendant is still incarcerated, a clinician visits him/her in jail and conducts a brief assessment. This includes an abbreviated orientation about drug court, identifies if there is a substance abuse/dependence problem and a willingness to participate in the program. Ideally, it is at this time that the potential client submits an admission of "powerlessness and a desire to get help. It's really Step One in the 12-step programs," according to one clinician.

A treatment respondent stated that the program utilizes Prochaska and DiClemente's (1982) six stages of

change model, a theory that defines readiness for change as beginning with a "precontemplation" stage. According to Miller and Rollnick, (1991) this stage is characterized by either an initial defensiveness or the opposite - an external appearance of immediate compliance, not genuinely motivated. While a client may agree to enter treatment and initially just "play the game" which one respondent describes as "complying without internalizing recovery", over time, most reach the next stage. Miller and Rollnick (1991) describe this as "the contemplation stage, which is characterized by ambivalence" (p. 16).

Client respondents had various insights about their attitudes during the first assessment for drug court. While most stated that they agreed to enroll in the program as an alternative to incarceration, and during the initial screening they expressed a willingness to enter treatment, they were not genuinely committed to the program initially. Some respondents admitted that they tried to "beat the system" for a period of time, using drugs on week-ends and trying different herbs and potions to beat the urinalysis tests.

Some respondents cited the following as factors which contributed to their eventual commitment to recovery: (1) education in the program about potential consequences and

risks of their current behavior, (2) a connection with other clients, especially "old friends I used to party with and now we're getting clean together", (3) the development of a therapeutic alliance with a clinician, (4) the reconnection with family, (5) return to gainful employment, (6) health benefits.

One drug court client stated that, "I've always had a problem with authority figures telling me what to do, especially if it's 'for my own good' and so at first I just resisted - especially when this one counselor kept telling me, 'you're in denial'." The program has since modified its approach, avoiding such direct confrontational approaches now, according to a treatment team respondent. "We try to use the Motivational Interviewing method (Miller & Rollnick, 1991) which empowers the client to make their own diagnosis and take responsibility for their own recovery."

Peters, et al. (1999), propose that the type of screening administered to potential clients is critical to treatment effectiveness and that client retention is related to the severity of the client's substance abuse issues, prior arrests and to person-in-environment factors such as employment and home life. The Big Bear drug court appears to have a higher average lifetime arrest rate,

than some other drug courts, with an average of 7.2 arrests as compared to 5.3 for a drug court studied by Peters & Murrin (2000). Respondents advised that this is due to the small size of the program, which can accommodate more clients outside the normal drug court parameters. Another respondent stated that the Big Bear judge's willingness to "not give up on repeat offenders" was also a factor. Future outcome studies of the Big Bear drug court client retention rate should factor in this variable as the acceptance of these more chronic repeat offenders could negatively impact retention rates. However, one respondent stated that, "While we know that funding is based on outcome studies, sometimes we just have to look at individual cases and make our defense accordingly."

Some programs administer primitive intake assessments which result in a "one size fits all program," while others have more elaborate screening processes and apply varying levels of treatment based on need (Miller, 2001). While informants stated that the Big Bear drug court makes every attempt to administer a comprehensive assessment (the Addiction Severity Index), which "ferrets out" clients who may not have a true substance abuse problem, some have slipped through the cracks. Several informants

described a case where a client appeared to be compliant with all aspects of the program, including submitting consistently negative urinalysis tests, excellent attendance and involvement in Narcotics Anonymous, but it was discovered just prior to his graduation that he had continued to sell drugs while in the program. A respondent from the court explained that, "this was an unusual case in that the person was not substance dependent but had a criminal agenda beyond drug use. He was immediately terminated from the program and is currently incarcerated for an extended period of time." Another informant indicated that since most of the assessment tools rely on client self-report, accurate information based on behavioral cues sometimes takes extended periods.

Due to it's small size (20-30 total clients at a given period), the Big Bear drug court is limited to a "one size fits all" program, although, according to clinician respondents, every effort is made to individualize treatment by providing a thorough assessment at the first meeting after release from jail and appropriate referrals are made immediately. This assessment, known as the Addiction Severity Index (ASI), is an instrument used nationally by drug courts and treatment programs. It identifies personal and family

history, current status, and problems in six areas, which include medical status, employment/support, drug/alcohol use, legal status, family/social relationships, and psychiatric status (Inciardi, 1994). Referrals are made immediately for assistance in the six areas needed. Discussion of referrals and case management are detailed further in this study under the area identified.

Post Incarceration Issues

Education during incarceration can have an impact on client readiness for change and program retention. According to C. Huddleston, Deputy Director of the National Drug Court Institute, jail-based treatment can help the offender address substance abuse issues early in the process and during the "window of opportunity" when the client may be more motivated to change (Huddleston, 1999). For instance, Sia, Dansereau and Czuchry (2000), in their examination of "readiness training" for probationers prior to their entry into formal chemical dependency treatment found that such training, which focuses on moving coerced clients toward self-diagnosis, resulted in increased participation in the treatment process when clients were released from incarceration. One Big Bear drug court respondent who had participated in chemical dependency treatment while incarcerated confirmed this

stating that the knowledge gained there made him feel more comfortable and assertive in drug court, "I've learned a lot of this already and even though I have brain damage, I remember it. So, I try to help my friends in drug court and it makes me feel good."

Feeling good about themselves and raising their self-esteem is a particularly important task for clients who have been incarcerated for extended periods of time. In a focus group discussion of ten client respondents, and a correlated examination of their client files, seven male clients had an average lifetime incarceration rate of 49.2 months, and three female clients had a lifetime incarceration rate of 3.3 months for a combined average of 26.4 months (Table 2). This number was more than double the average of 12.7 months for other drug courts as identified in a 1998 study conducted by Logan, Williams, Leukefeld, & Minton, (2000).

Drug court clients appeared to have significant residual effects from their incarceration. Interviews with clients in the Northern California drug court and residents at a treatment center for parolees in Running Springs, California all revealed the long-term implications of jail/prison time. Most of the same post-incarceration behaviors and feelings were cited by the Big

Bear drug court client focus group and included, 1) anxiety over so many choices in the free world, and feeling over-stimulated by the sights and sounds once they were released, 2) low motivation after a life of limited choices and activities while incarcerated, 3) shame and anger, especially in a small community like Big Bear where the clients and their families were stigmatized, 4) "survivor's guilt" over friends they left behind in prison/jail, 5) after-effects of violence that they witnessed while incarcerated which included, fear, anxiety, panic attacks, hyper vigilance, pronounced, sometimes exaggerated startle response when exposed to normal daily activities and stimuli; insomnia, emotional numbing ,and dissociation, 6)a tendency to avoid self-disclosure learned as a survival tactic in prison/jail, 7)a tendency toward denial or grandiosity as a self-protective measure, 8) difficulty with perceptions of time (this was especially true for respondents who had lengthy incarceration periods), and 9) difficulty with trusting new people. Some of these behaviors and thought processes were antithetical to the treatment process. For instance, client informants with longer-term incarceration histories expressed frustration that they didn't feel safe to self-disclose in process group because they had been

"programmed" for so many years in prison "to keep your mouth shut." Clinician respondents discussed the elaborate ego defense mechanisms that long-term incarceration creates. One client respondent who graduated from drug court shared that, "I'm only in my '30's but I've been in prison, on parole or probation since I was 18. I'm finally going to discharge my (prison) number next week. For the first time in my adult life, I won't just be a number."

The literature confirms that the cumulative effect of traumatic childhood events followed by immersion in an often violence-filled drug subculture and then incarceration can create the debilitating effects indicated by informants (Schill & Marcus, 1998). One implication of incarceration is learned helplessness (Schill & Marcus, 1998) which can make it difficult for drug court clients with prison history to feel hopeful, to set healthy boundaries, and to perform tasks to completion. One respondent stated that, "the public wants criminals to come out of prison and respect the law but they don't realize that criminals don't have any respect for themselves much less anybody else, that's what prison taught them. We're more damaged when we come out then when we went in."

Some environmental problems the informants shared, as a result of their jail/prison experience, included 1) difficulty in obtaining employment, 2) temptations to obtain quick money illegally, 3) lack of transportation and affordable housing, 4) vulnerability due to limited social supports and exposure to "old running partners" 5) difficulty with family reunification, 6) legal issues related to current charges, domestic problems and county Department of Children's Services involvement and concomitant trips required "off the mountain" for family court or DCS meetings 7) challenges posed by rules of probation and parole which included unannounced visits and searches by parole/probation. One respondent discussed his difficulties with maintaining a clean and crime-free life by explaining his decision to join a gang while at Chino State Prison: "If I wanted to survive in prison, I needed protection. The only way I could get protection was to join a racist gang and I've never had a problem with minorities in my life. But I joined and that meant a tattoo of their initials on my body. It also meant that I 'owed them' forever, even when I got out and came home. So now, I'm still getting phone calls from ex-cons who are using dope, selling dope and jacking people, even though I want to stay clean and get straight." Law enforcement

respondents confirmed this by stating that "parolees who return to small communities like this one bring the convict and gang mentality with them and they don't shake it unless they get clean and sober."

Mental Health Issues

"I'm sorry. I'm feeling really wired today. Really jumpy. And I've got an attitude problem," stated one client respondent who was diagnosed with bipolar disorder but had not received a refill on his medications since his release from jail two weeks prior. This respondent admitted that he had planned to buy some marijuana later that day if his drug court counselor didn't find him a physician or psychiatrist who could provide him with low cost medication or free samples. Fortunately, his needs were met that day. According to almost all of the Big Bear respondents, both treatment team and clients, the issue of adequate care for clients with comorbid disorders was one of the most difficult to solve. With only one county-contract psychiatrist available within a 60 mile area, one respondent stated that clients were placed on a waiting list for as long as six weeks. If the appointment was missed (sometimes unavoidable due to illness or weather), the next appointment might be scheduled for another four to six weeks. The drug court program had only

one consulting licensed clinical social worker that was available on a very limited basis for evaluation, diagnosis, consultation and crisis intervention. However, according to the respondent, these diagnoses were often complicated by recent drug use and/or withdrawal. During the period this research was conducted, some strides were made with regard to better assessment utilizing the Minnesota Multiphasic Inventory and assistance from the consulting LCSW to score and interpret the instrument.

Since the literature suggests that persistent mood disorders result in increased relapse risk and/or program dropout rates, it is imperative that clients suspected of comorbidity obtain immediate thorough psychiatric evaluation (Nagy, 1994). Furthermore, Nagy suggests that since dissociative post traumatic stress disorder, obsessive compulsive disorder, and attention deficit hyperactive disorder are more prevalent among chemically dependent clients who use alcohol and/or drugs to self-medicate, the symptoms of these disorders may become more pronounced with abstinence. He further advises that such clients may display behavior that is "disruptive to the therapeutic milieu and they might be better managed apart from other clients with an emphasis on individual counseling" (p. 55). Treatment team informants expressed

frustration that clients with comorbid disorders do not get adequate individual counseling, "We don't have the funds to hire a full-time therapist, there are waiting lists for the two mental health agencies in the community and so we simply 'make do' and yes, sometimes the groups get loud and chaotic because we have clients with untreated ADHD. And sometimes we catch a client not paying attention in education class because she's dissociating. But we deal with it."

One challenge for treatment staff involves clients who exhibit symptoms of dual disorder but no previous diagnosis was made. Some literature suggests that an adequate time period after cessation of alcohol and/or drug use for a secondary diagnosis and prescription of medication is two to eight weeks (Nagy, 1994). One informant stated, "The difficulty for some clients with suspected comorbid disorders is that initial waiting period. Before an accurate diagnosis can be made, complete abstinence should be sustained, then we can determine if the symptoms are related to a pre-existing condition or not. That's why it's imperative that we have the option of in-patient treatment so they're in a controlled environment and not able to self-medicate."

A review of ten client charts revealed reports of lifetime prevalence of mood disorders (by client self report) as follows: six clients with incidents of persistent, reoccurring depression, seven identified incidents of anxiety, four revealed a history of trouble controlling violent behavior, and three stated that they had attempted suicide one or more times in their lives. Two files contained medical verification of diagnoses of mental illness - schizophrenia and persistent depressive disorder (Table 2). The literature reveals long-standing knowledge of the prevalence of comorbidity among substance abusers. Data from the Epidemiological Catchment Area (ECA) survey found that individuals with mental disorders had a twofold increase of alcohol/drug dependence diagnosis compared to those without mental disorders. The ECA survey also revealed that 47% of the individuals surveyed who had schizophrenia-related disorders also met criteria for addictive disorders. The same survey found that over half the women with posttraumatic stress disorder also met substance abuse criteria (Gomez, 2000).

The incidence of posttraumatic stress disorder, while not measured with a clinical instrument, may be quite high in the Big Bear drug court client population. Responses in a client focus group revealed that eight out of ten

clients reported witnessing or experiencing a direct threat of death, either (1) in their physically/sexually abusive family of origin, (2) in the drug subculture or (3) while incarcerated. According to Greenwald (2000) and Lamburg (2001), 50 to 70 percent of children who have experienced physical or sexual abuse develop symptoms of PTSD in adulthood. Greenwald proposes that childhood trauma violates basic trust, disrupts attachment, interferes with the child's ability to have empathy, creates hyper vigilance, leads to a "hostile attribution bias," intense fear, anger, and sadness, all of which contribute to high rates of substance abuse, high risk activities, and destructive acting out in adolescence.

Nine out of ten client respondents in the same drug court focus group stated that either one or both of their parents were substance abusing or dependent and that emotional and/or physical abuse was a regular part of their childhoods with their family of origin. Volpicelli, Balaramn, Hahn, Wallace, and Bux (1999) found that PTSD contributes to elevated stress hormone levels - the "fight or flight" syndrome, whose symptoms include paranoia, grandiosity, and the construction of elaborate ego defenses. A treatment informant stated that many drug court clients in crisis exhibit symptoms of PTSD and the

resultant paranoia/grandiosity make it difficult to process recovery-related issues with them during that stressful period. Research has shown that these are especially "slippery" times for the newly recovered drug court client with PTSD. A study sample of Vietnam combat vets with PTSD revealed that more than half showed signs of alcoholism and relapse was more apt to occur during stressful periods when the PTSD symptoms were untreated (Bremner, Southwick, Darnell, & Charney, 1996).

Depression and insomnia are two other reported complaints for drug court clients. Since alcohol is often used to "self-medicate" - especially with drug offenders who think they can use a legal substance - counselors admit that they struggle with this issue, especially in the absence of full-time therapists and medical staff. Literature indicates that in a study of 172 men and women receiving substance abuse treatment, 62% believed that alcohol helped them sleep. Hence insomnia may be a factor in relapse and a contributor to depressive symptoms (Brower, Aldrich, Robinson, Zucker, & Greden, 2001).

Several solutions to address client mental health problems were proposed by stakeholders during the course of this research. One respondent suggested a "drumming circle to help release the adrenaline associated with

PTSD, and lower ego defenses prior to group. This has been tried with parolees with some success." Another solution suggested by both a clinician and client was to provide more individual sessions on a regular basis rather than "as needed." A third idea was the implementation of some type of nature program where a process group could be held outdoors after a hike. By the conclusion of this research, stakeholders had implemented all three of these suggestions.

A final source of frustration for clinical staff is not only what they perceive as a shortage of county-funded mental health clinicians to treat drug court clients, but also a shortage of clinicians who are trained in substance abuse. "I know that graduate psychology and social work students are only required to take one or two substance abuse courses and it becomes evident when they attempt to treat our clients. More training is needed for mental health clinicians to adequately treat the substance dependent population. Our dual disordered clients are falling through the cracks," stated a clinician informant. A survey of 144 licensed psychologists in a rural community confirmed this notion, finding that while 89% reported that they had contact with substance abusers, most stated that their graduate training was inadequate.

Many limited their treatment to self-help group referrals (Cellucci & Vik, 2001).

One particular concern for drug court treatment staff involved psychiatrists and physicians who occasionally prescribed anti-anxiety and pain medications, which had a high abuse/dependence potential and were not recommended for substance dependent clients. Treatment respondents in both the Northern California program and in Big Bear emphasized that this was also an ongoing issue with the general medical community.

Medical Issues

The Big Bear drug court retains a medical doctor who is contracted for two agency visits per month and he sees drug court clients at the agency at no charge. "Since most of our clients are under-employed in positions that do not provide insurance coverage, they must pay out of pocket. We are fortunate that our doctor can take care of minor problems, like upper respiratory ailments. As an addictionologist, he is also adept at identifying medications prescribed by other physicians which may not be appropriate for the client due to addiction risk factors," stated a treatment team informant. Since most of the drug court clients do not have medical insurance and about half do not have children so they can't obtain

Medic-cal, they only qualify for medically indigent services. "The bad thing is that you have to go off the mountain to apply for MIA, then very few physicians and I don't think any of the pharmacies up here will accept it," stated one client informant. Fortunately, there are a few physicians in Big Bear who will provide office visit services on a sliding fee scale. Unfortunately, extensive treatments, lab work or surgery must be conducted at the county-funded hospital that accepts MIA and is over 30 miles away - a problem during inclement weather and for clients without transportation.

Lab studies utilizing Positron Emission Tomography (PET) scans on 15 detoxified methampehtamine users (detoxed at least 11 months) revealed a reduction in the Dopamine transporter mechanisms, according to researchers Volkow, Chang, Wang, Fowler, Leonido-Yee, Franceschi, et al. (2000). This reduction is associated with motor slowing and memory impairment, the study revealed. "95 percent of our clients were methamphetamine dependent or poly-substance abusers with meth as a primary drug of abuse", stated one treatment team informant. Dopamine transporter damage may be an undiagnosed problem for Big Bear drug court clients. In both a focus group and individual interviews more than half of the client

respondents expressed frustration about memory impairment and/or reported motor coordination problems. Since drug court mandates timely attendance at program activities and full-time employment, these deficits could be detrimental to clients' ability to comply with their treatment. Yet, these potential neurochemical changes are not always identified due to lack of financial and medical resources in the rural community. Additionally, clinicians could misconstrue cognitive impairment of this type as resistance or non-compliance. Fortunately, clinicians in the Big Bear program all expressed an awareness of these types of deficits and advised that they carefully scrutinized participants. Several components of the program's education class addresses these deficits and assists the client's to identify and deal with them, according to informants.

Family/Social Support

The Treatment Improvement Protocol publication by the US Department of Health and Human Services, suggests that therapy geared to couples and families is critical to the success of outpatient substance abuse treatment (Nagy, 1994). "Since the majority of drug court clients did not have healthy role models for parents, many of them don't know how to have healthy relationships with their spouse

or with their children. Add that to a life damaged by drug abuse and incarceration, and the challenges of early recovery. They need a lot of help", stated one clinician informant. Carlson and Cervera (1991) propose that client treatment outcomes can be positively impacted by the psychological health, adjustment and well being of their life partners. This is especially true for clients who are "sanctioned" while in drug court and incarcerated for brief periods of time. Couples and family counseling is especially important at that time when the partner and family must deal with the stigma, loss of self-esteem, financial and emotional loss when the significant other is jailed. This experience becomes even more magnified in a rural community like Big Bear where gossip can be quite destructive. A review of ten client respondent files revealed that all ten were currently or had been married/in a committed relationship and five of those clients had children living in their homes. Some literature suggests that clients who are married or living with a significant other are more compliant with program rules since they have more social linkage and support to motivate them (Marlowe & Kirby, 1999).

Another motivating factor for the need of couples counseling, is the court mandate that clients live in a

drug-free environment and the prohibition that forbids them from socializing with drug users. This has posed a problem for some respondents whose life partners continued to use drugs, which contributed to relapse risk for the client. In one case, a client's continued relapses as a consequence of exposure to drugs in his home, resulted in an order by the judge for the client to make a decision: either move out of the home, participate in an intervention to assist his wife to enter inpatient treatment, or go to jail.

In the initial stages of this research, only minimal couples and family therapy was available at Operation Breakthrough and those clients in need were generally referred out to one of two community mental health agencies that typically have lengthy waiting lists. However, by the conclusion of this research project, the Big Bear Drug Court had begun to address those needs by utilizing a social work intern and the consulting licensed clinical social worker to provide more couples and family therapy.

Employment/Support Issues

One of the mandates of participation in drug court is either full employment or vocational instruction. Review of ten client case files revealed that six had obtained

full time employment and three out of ten had either a debilitating physical or mental handicap.

Logan, et al., report that larger drug courts in the country arrange regular visits from representatives of vocational rehabilitation agencies to meet with clients and assist with employment (2000). While the Big Bear drug court, due to it's distance from the nearest state employment development department, does not provide such a service, treatment respondents advised of "a great deal of support from employers in the community who will hire drug court clients because they know that drug use will be detected and that once these employees maintain a period of recovery, they are some of the best workers."

One concern among client respondents was the difficulty in attending daily treatment groups that are only held during the daytime. "I'm grateful for the chance to be in drug court instead of jail and I've learned lot. The only thing I have a hard time with is the fact that the groups are in the daytime, which means I have to leave work for a couple of hours in the middle of the day. It's hard to find a boss who'll put up with that," one informant advised. Treatment team respondents stated a hope for an offering of evening groups in the future but

due to the small size of the program, day groups were the only option for now.

Operation Breakthrough does have a community coordinator who can assist clients in referrals for ACES, a local vocational rehabilitation program that offers computer training, and for Temporary Assistance for Needy Families, Cal Works program.

During this research as a result of discussion in a focus group, Operation Breakthrough contacted a representative from Rolling Start, a handicapped services advocacy organization, to assist qualified drug court clients to apply for Social Security Disability and/or other services for the handicapped. This resulted in the involvement of another Big Bear agency, Lutheran Social Services, and Rolling Start established a monthly community visit. "While the drug court programs mandate full employment, if we can get some of the disabled clients an income, they can then provide community service, return to school, or find some type of worthwhile and contributing activity", stated one respondent.

Two years ago, when the Big Bear drug court was implemented, it became apparent to the management of Operation Breakthrough that additional substance abuse counselors would be needed but that the labor resource

pool of qualified individuals who resided in the area was limited. Respondents state that recognizing this need, the executive director offered to teach extension classes for San Bernardino Valley College's human services program. This program, with classes offered in the Big Bear area, provides students with core components necessary to obtain certification as a substance abuse counselor. "We hired two drug court clinicians but they lived 30 miles away. That's when we realized that we needed to 'grow our own' counselors and that since, historically, drug counselors do not have to a clean criminal record, the field would be a perfect option for drug court clients after they graduated", stated one treatment team respondent. Two client respondents were currently enrolled at the program at the time of this research and two more were planning to enroll the following year.

Housing

Stakeholders among both clients and treatment team expressed frustration at the lack of available and affordable housing in the area. During the period of this research, the Big Bear housing situation appeared to become more difficult. According to one client respondent, low interest rates and the September 11, 2001 attack on the New York World Trade Centers may have contributed.

"It's harder now to find affordable rentals. I heard that on average there were about 1000 houses on the market at any given time. A realtor told me last week that there's only 200 now. All those people from the city want to move to remote country areas where there's less chance of terrorist attacks, I guess." Respondents who work in the construction field and advised of a building "boom" confirmed this belief.

Construction Four: Case Management and Staffing Issues

Due to the demands placed on treatment staff by client needs, the courts, funding sources, and the community, drug court treatment can be stressful and exhausting for staff. Since client engagement is critical to recovery and long-term outcomes, counselors are required to create and maintain a therapeutic alliance with them while meeting the obligations established by the court. While respondents indicated that the Operation Breakthrough staff had a mutually supportive and interdependent relationship, they admitted that two factors contributed to the majority of the stress experienced: (1) being required to perform the functions of probation in the absence of that service, (2) conducting therapy while also providing casework

assistance with limited resources in the absence of a case manager.

Logan et al. (2000), describe the role of probation as critical to the success of drug courts in client monitoring by providing home visits, assistance of local police by serving warrants and identification of problem areas before they arise. For instance, in the Big Bear drug court, counselors heard rumors that a client was selling drugs and due to time constraints and safety issues, they had difficulty in making a home visit until some time after the initial rumors were heard. While the client was eventually apprehended and incarcerated, the deleterious effects of his activities on other drug court clients, the staff, and program could have been reduced if a probation officer were available to respond immediately.

Peters, Haas, and Murrin (1999), in their analysis of predictors of treatment outcome, cite employment status, housing availability, transportation, and marital status as some of the contributing factors to positive outcomes. These are, by their very nature, areas that require intensive case management. Staff respondents indicated that intensive case management and limited resources (especially in the areas of inpatient treatment and psychiatric referrals) were two primary stressors for

them. The literature confirms this assertion. Nagy (1994) suggests that among significant stressors contributing to staff burnout are large caseloads, intensive case management, and limited resources. He proposes an ideal caseload of 50-50: 50% direct clinical patient contact, and 50% support work (record keeping, charting, phone contacts, etc.).

Construction Five: Subcultures and The Impact on Recovery

Two primary subcultures that appeared to impact them, client informants stated, were the drug subculture they were attempting to disengage from, and the 12-step community they were mandated by court to become active in.

Drug Subculture

A review of ten client files revealed that the average age of first drug use was approximately 12.5 years (Table 2). Erikson (1986) describes adolescence (ages between 12 and 18) as a negotiation through the life stage of "identity versus role confusion." Identity is developed through fidelity, and "the ability to sustain loyalties freely pledged in spite of the inevitable contradictions of value systems." Successful resolution of this life stage involves peer relationships that are inspirational because of "confirming ideologies and affirming

companionships" (Erikson, 1986, p. 35). Client respondents, who were immersed in the drug subculture at 12 or 13 years of age, were most likely repeatedly exposed to illegal activities. To protect these activities required dishonesty, non self-disclosure, and a sustained loyalty, might result in alienation from mainstream society. Furthermore, the contradiction of value systems between mainstream society and the subculture could result in what Erikson (1986) describes as either a "maladaptive fanaticism" or "malignant repudiation"(p.35). One research informant confirmed this by commenting that, "For many years, I had this 'us against them' attitude and that was the hardest thing to break - even when I got into drug court and the judge was actually friendly, inside I was just waiting for her to lie or burn me." Another client informant advised of his ongoing struggle with "my attitude toward the cops. I've been beat up by them and they still hassle me all the time, even though they know I'm in drug court. But it's cool now, because when they stop me, my heart starts beating fast and I get sweaty, then I remember, 'hey I don't have any dope, no warrants, I'm clean'. It still freaks me out and makes me mad. But I'm working on my bad attitude with my NA sponsor, trying to find forgiveness and move on."

The majority of Big Bear drug court clients, according to respondents, were involved primarily in the methamphetamine culture. With an average of 20 years of lifetime drug use (Table 2) many have been socialized in the drug subculture for over half their lives. Informants describe the methamphetamine culture as having it's own hierarchy, norms, constructs, and definitions of who is valued and important. For instance, those people in the culture who have "master status traits" (Miethe, et al, 2000) are usually the dealer and the methamphetamine "cook" or manufacturer. According to treatment respondents, it can be difficult for the clients to adjust to the concept that their behavior in the drug subculture is not acceptable in mainstream society. "Our program attempts to educate the client. For example we teach them to arrive for meetings on time, to learn to listen (especially difficult in the meth world where people become hyper verbal) and to assist them to make the paradigm shift and to resocialize them", stated one treatment team informant. A client respondent who had made a great deal of money in the meth trade stated that he was grateful that treatment team counselors "weren't crooked because when I first got here, I tried to offer him thousands of dollars just to give me a clean urine test.

That was my old way of thinking - buy yourself out of everything. But since he wouldn't go for it, I got clean. He saved my life and taught me a new way to live."

One issue that stems directly from norms learned in the subculture and that develops periodically in drug court centers on accountability. Informants explained that in the drug subculture, the "don't tell" rule applies, but when a client enters what one respondent described as "the drug court family", it becomes important for clients to help each other stay clean by holding each other accountable and "pulling covers when needed." Respondents advised that new clients struggle with this concept and when a large number of new clients are introduced into the group, with their old subculture schemas intact, they can have a negative impact on the group dynamic. "When the group gets sick, because too many new or resistant clients take control, it is difficult for the individual to recover. Then we all have to work harder", stated one informant.

The 12-Step Community as Subculture

Most drug court clients are mandated to attend 12-step programs (US Department of Justice, 1997). According to treatment team informants, one asset of the Big Bear program is the small size of the community and

the resulting connectedness between the treatment team and the 12-step programs that clients are mandated to involve themselves in. Several weekly meetings of Narcotics Anonymous, Alcoholics Anonymous, Al-Anon and Codependents Anonymous are held in the group rooms of Operation Breakthrough. This provides a familiarity for drug court clients who are new to self-help groups and easy access for those with transportation problems. During the period of this research, a new meeting of Dual Disorder Anonymous was also started and takes place at the agency. Additionally, the close connection with the 12-step community often allows for easy interventions when relapse occurs. While confidentiality requirements prohibit drug court treatment staff from discussing clients with other individuals, many 12-step "sponsors" know staff members. This familiarity gives them the confidence to encourage their "sponsorees" to discuss relapses or other problems that may impact their program with treatment staff.

One 12-step program issue that client informants expressed a concern about was the requirement that clients complete a fourth and fifth step at the treatment program and share these with the counselor. Fourth and fifth steps involve a detailed account of past deeds in both written and verbal form. "I've done some bad stuff in my life and

I'm just not comfortable writing that and then sharing it with someone who's connected to the judge", stated one client informant. This discomfort resulted in omission or distortion of the narrative regarding certain events. "I don't consider it a 'real' fourth or fifth step, that's something I'll do with my sponsor", stated another respondent.

A final point that was brought up by a graduate of the Northern California drug court was the impact of a large volume of court-mandated people entering meetings of AA/NA in a small community. "In our town, some entire meetings are mostly drug court clients with maybe only one or two 'old-timers' attending who started coming to NA because they wanted to get clean. Sometimes they get angry that the drug court people don't clean up after themselves, don't put money in the basket, and don't seem to really want to be there. Plus, with so many "newcomers" it puts a strain on a small meeting when there's not enough 'old-timers' with time to sponsor them." The impact of so many court-mandated people in 12-step programs may be an issue in Big Bear as well. One client respondent in the Big Bear drug court stated that she struggled to find a "sponsor" as "there just aren't that many people in meetings who have been clean for any length of time."

Summary

An examination of the above constructs revealed interdependence as opposed to isolated and autonomous experiences among the respondents. Stakeholders continue to dialogue and expand their perceptions regarding the partnership between the judicial system and treatment, the methods of sanctions and rewards, treatment issues, case management and staffing, and the effect of the subcultures on the clients. Fortunately, the stakeholders in this study appeared quite motivated and attracted by the idea of further negotiations to resolve the issues presented herein. The sense of investment and ownership described in the early proposal for this project became a reality as constructs were shared.

CHAPTER THREE

DISCUSSION

Introduction

The findings of this study revealed a balance of power, interest, and motivation among stakeholders. Compared to the 60% retention rates in some drug courts (Peters & Murrin, 1998), according to outcome studies, the Big Bear drug court appeared to have greater success for the period of April 2001 to April 2002 as follows:

Total participant admissions - 31

Total participant graduates - 24

Total active participants - 28

Just as the Big Bear drug court program seeks to empower the client to make life changes, the research sought to illuminate constructs for current and future program stakeholders so that (1) the program's processes which appear to be working effectively can continue despite changes in the political and community environments (2) ongoing negotiation can take place for improvement of the program, (3) future studies on this particular strategy can be conducted.

Further, the recommendations extracted from the project are presented.

Discussion

While funding demands program outcome studies - which are often effective evaluative tools - a complex process-oriented system, like drug court may be difficult to accurately assess in such a context. Since drug courts are programs with long-term effects, according to Logan, et al. (2000) they cannot be fully understood by looking solely at the final program outcomes. Rather, to fully understand the effects of a program like the one in the small community of Big Bear, an analysis of how the program was conceptualized, implemented and refined, is necessary. Therefore, at the conclusion of this research, feedback from stakeholders confirmed that the constructivist method was an appropriate paradigm for the study.

The conclusions extracted from the project are as follows.

First, constructs illuminated by this research suggest a partnership between the judicial system and the treatment program in this community, which contains elements of shared power, flexibility and negotiation. For instance, when clients pointed out that sanctions for admitting to relapse penalized a client for being honest, the program created a deferred sanction, which allowed the

client an opportunity to be honesty about a relapse without penalty.

It appears that the judge, at the center, leading the treatment process has a great deal of influence on client engagement, community involvement, and the ultimate effectiveness of the program. With the advent of California's Proposition 36, a different judge might sentence fewer clients to the rigorous and intensive drug court, referring them instead to the less intensive Proposition 36 program. Additionally, findings revealed that clients of the Big Bear Drug Court appeared to have more previous arrests and longer average incarceration histories than participants in other drug courts. This suggests that the current judge was willing to engage offenders with more prior convictions and yet the program maintained equal or better success rates than other drug courts. However, a different judge may not be as willing to sentence the repeat offenders to drug court and may choose instead to simply incarcerate them. In terms of outcome measures, clients with more extensive criminal histories may impact those results, and they may have more mental health, family, employment and case management needs. More outcome studies are needed to compare and contrast with other programs.

Findings revealed two areas within the judicial system that appeared to be less invested in the Big Bear Drug Court process. These were the San Bernardino county probation and the sheriff's office. The former appears to be simply due to a lack of funding. The most obvious explanation for the latter involves the possibility that the drug court treatment team never provided a thorough education to the sheriff's office about the nature of the program. This might be remedied by ongoing in-service trainings.

A second construct was an analysis of the sanction and reward system of behavior modification. The lack of probation was cited as a factor that reduced the likelihood of immediate sanction. However, while the treatment staff appeared to negotiate around this challenge during the year of research, more studies are needed to determine if there are deleterious effects of this "double duty" on counseling staff in the long term. While the rewards for the Big Bear Drug Court did not appear to be as expensive or sophisticated as those provided by programs in larger cities, the research was unable to identify any differences in client responses to them.

The third construct dealing with treatment issues, revealed several areas that require refinement and further research. They included post incarceration issues, client mental health and medical needs, effects of family and social support on recovery, challenges with employment and housing. Further research is clearly needed to examine how a small drug court program with limited resources can meet these needs. Findings revealed that mental health issues for clients with comorbid disorders are not adequately addressed in the area due to funding shortages, and limited mental health staff including psychiatrists. On a larger scale, findings revealed that mental health clinicians often have insufficient knowledge to adequately treat clients with substance abuse issues as well. Studies to identify the level of chemical dependency knowledge among licensed social workers and marriage family therapists are needed.

Case management and staffing concerns were the focus of the fourth construct. Lack of sufficient staff to provide client case management was identified as a stressor. It would be useful to compare other rural drug courts with the Big Bear program and perhaps identify some successful innovations that could be implemented to reduce potential staff burnout.

The last construct identified - the impact of subcultures on recovery - simply emerged as the research developed. Given the secretive and anonymous nature of the drug and recovery subcultures, this construct revealed surprisingly numerous findings. For instance, client revelations about the norms and values of the methamphetamine subculture provided important implications for treatment strategies. Additionally, illuminations about 12-step program participants and attitudes suggested a need for more sensitivity on the part of treatment programs that mandate 12-step attendance.

Limitations

Limitations of the constructivist paradigm were minimal but four can be immediately identified. The first limitation was due to the small size of the community. This could have impacted the research's ability to protect stakeholder confidentiality, but to circumvent this, respondents were interviewed from outside the hermeneutic dialectic circle so that it would be difficult to identify informants. However, this required that the research locate and identify a community of similar size and demographics and posed a slight problem in terms of time and logistics.

A second limitation of this paradigm involved the need to identify stakeholders from various parts of the hermeneutic circle in order to contrast the divergent perceptions. For instance, stakeholders were identified as "the court respondent" or "the client informant." Again, due to the small size of the community, confidentiality was a concern but was protected by utilizing responses from those outside the circle.

Political considerations were a third limitation, especially regarding the changes in the local judiciary. The research exercised great care in providing only the most minimal stakeholder responses to convey the content of the constructions.

A final limitation involved the expansionist rather than reductionist nature of this type of research. Time became the limiting factor as the research continued to discover unfolding constructions even as it attempted to conclude the project.

Recommendations for Social Work Practice Policies and Research

Due to differences in economy, geography, demographics, and availability of services, results of this study cannot be generalized to all drug courts. However, the implications revealed for substance abuse

treatment in rural areas might be helpful to social workers in this field. Recommendations are as follows:

While at the time of this research, there is a great need for social workers in many fields; it became evident that substance abuse treatment programs would greatly benefit from hiring social workers with chemical dependency experience. With the emphasis on the person-in-environment, strengths perspectives, and mental health focused training; social workers would be a great benefit to drug court programs. The first recommendation then, is that social workers involve themselves more in this field.

A second recommendation involves the need for more substance abuse and dependence education for social workers in both undergraduate BSW and graduate MSW programs. Due to the prevalence of alcohol and other drug abuse issues among consumers of mental health and social services, the current level of educational requirements is insufficient.

Further research initiated by social workers on the neurochemical and physical effects of methamphetamine use is a third recommendation of this research. This is vital as a growing number of Americans use the drug and are consumers of the mental health and social services

systems. Social workers who treat these potential clients need to be aware of the implications for interventions, especially when extensive methamphetamine-related cognitive impairment exists. Additionally, longitudinal studies on methamphetamine dependent persons are critical to further explore linkages between neurological disorders like Parkinson's disease and cardiovascular problems which may impact the health care systems years after the person has discontinued use of the drug.

The research did not address this issue due to time constraints, however, since the use of methamphetamine is a growing problem, especially in rural areas where drug labs are more prevalent, social worker community activists could also be instrumental in identifying the deleterious environmental effects of these labs. As the fourth recommendation of this study, this reflects the growing understanding social workers have for the need to address the impact of environmental deterioration on individuals, families, and communities. This is especially significant in rural areas like Big Bear where (1) by-product chemicals used in the manufacture of the drug are dumped into the ground where they can contaminate water supplies, (2) exposure during the manufacturing process to children and adults poses significant health risks, (3) laboratory

explosions in remote areas pose a wild land fire risk. Furthermore, increased community awareness of these risk factors might also create more community support for rehabilitative programs like drug court.

The effects of incarceration on drug-offenders and the implication of these on treatment was an important construct revealed in this research and is a fifth recommendation of this study. Additional research needs to be conducted to determine (1) how more prison-based substance abuse treatment can be implemented, (2) what long-term deleterious effects incarceration has on the non-violent drug offender, and (3) what, if any mental health treatment strategies can be used to ameliorate those psychological effects while the person is still incarcerated. Since social workers often emphasize a strengths perspective, such treatment could be implemented by the social work field and have substantial positive long-term and wide-ranging impact on parolees, their families, and the communities who receive them when they are released. Failure to address this issue will result in a continued influx of psychologically damaged and "criminalized" individuals into communities. As one respondent stated, "I knew J____ since grade school. He was never violent. In high school he started getting high.

When he was sent to prison, he came back to Big Bear, his hometown, an angry, violent man. And he brought with him the tattoo of the Aryan brotherhood gang he joined while in there. Along with that he brought back all the nasty rules of the prison mentality. I'm afraid that his prison subculture crap will influence lots of youngsters who get high with him in this town. Because prison didn't change his love of drugs. It just gave him some new vices."

A final recommendation is to encourage social workers to utilize the constructivist paradigm for research on subjects and communities that are as complex as this one. One factor of the success of Big Bear Drug court program, which cannot always be measured through empirical studies, is the ripple effect that one client's recovery can have on a small community. For instance, during this research, one graduate of the program obtained employment and moved up to a middle management position. She immediately began to hire drug court clients. Upper management found this to be beneficial to the company. Rather than having the stigma of being a drug court client, "it became an attractive feature because the employer had witnessed the transformation of his client, moved her into management, and felt confident that she would make good hiring selections and that the new employee's behavior and drug

use would be monitored and detected," stated one client. In addition to her assistance with employment, the former client "sponsors" several women in Narcotics Anonymous. This type of exponential effect simply cannot be measured. The constructivist paradigm could illuminate it, though, as it has done so with this project.

APPENDIX A

INFORMED CONSENT

INFORMED CONSENT

Dear potential participant,

As discussed on the telephone, the efficacy of Drug Court in Big Bear Lake is an issue of concern not only to chemical dependency counselors but to the courts, the clients, and the public at large. I am asking you to voluntarily participate in a study to assess the needs of Drug Court in Big Bear Lake, conducted by myself under the supervision of Dr. Matt Riggs. This study has been approved by the Department of Social Work Sub-Committee of the Institutional Review Board of California State University, San Bernardino.

This research study will involve interviewing "stakeholders" in the Big Bear Drug Court and participation in two focus groups to explore areas identified in the interviews. In this study you will be asked to share your knowledge and opinions regarding the social, psychological, physical, and occupational needs of Drug Court clients, including how you believe these needs are being met, not being met, as well as your opinion on how they might be better met in the future. There will be one or two one-hour interviews and one or two two-hour focus groups. All interviews and focus groups will be audio taped and the researcher will also take copious notes. Potential benefits of participating in this interview might include improved services to Drug Court clients while potential risks might include the surfacing of unwanted or unforeseen feelings surrounding the topic being discussed.

Please be assured that any information you provide will be held in strict confidence, and at no time will the ideas or opinions that you express in the individual interviews be linked to your identity. Your identity during participation in the focus groups will be limited to other participants and this researcher. Please, also understand that your participation in this study is entirely voluntary and that you are free to terminate your participation, and withdraw any information contributed by you, at any time without penalty. With respect to any research or academic publications resulting from this study, specific views and/or opinions will not be ascribed either to you or to your organization without your prior written consent. Additionally, at the conclusion of this study you may receive a report of the results, if desired.

For further information, please contact Dr. Rosemary McCaslin, Coordinator of MSW Research, Department of Social Work, California State University, San Bernardino, at (909) 880-5507.

I am deeply appreciative of your willingness to voluntarily participate in this research project.

Sincerely,
Patricia Gomez-Gillard, MSW Intern
California State University, San Bernardino

My mark below indicates that I have been fully informed, agree to participate in this study, and I am at least 18 years of age.

Mark _____ Today's Date: _____

APPENDIX B

INTERVIEW QUESTIONS GUIDELINE

1. In your opinion, do you agree or disagree with the purpose of this research project? Why?

2. In your opinion, what are the key issues in meeting the social, psychological, and occupational needs of Drug Court clients in the Big Bear valley?

3. How do you think these needs are being met?

4. How do you think these needs are not being met?

5. What, in your opinion, can be done to meet the needs of Drug Court clients in the Big Bear valley?

6. What do you see as barriers to successfully meeting those needs?

7. Would you be willing to participate in a focus group for the purpose of solving the problems identified by providing solutions?

APPENDIX C

DEBRIEFING STATEMENT

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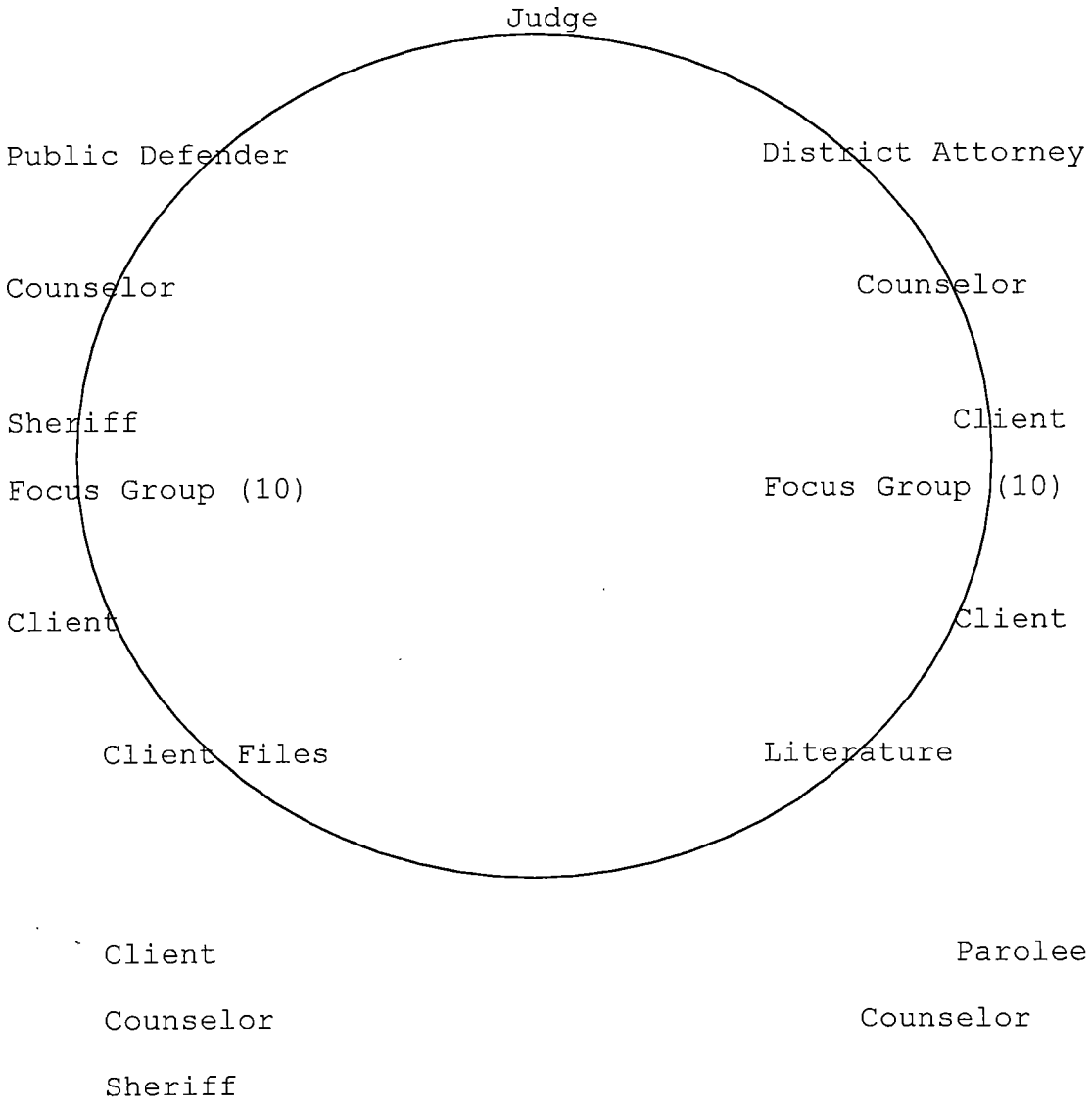
The reason for conducting this study is to assess the needs of Drug Court Clients in Big Bear Lake, California. California State University, San Bernardino, and the researcher conducting this study have a responsibility for insuring that participation in any research sponsored by this university causes no harm or injury to its participants. In fulfilling this responsibility, a debriefing session will be available to any participant who has further questions about his or her participation in the present study. If you have questions or concerns or further information, please contact Dr. Rosemary McCaslin, Coordinator of MSW Research, Department of Social Work, California State University at San Bernardino, (909) 880-5507. Results of this research may be obtained in June 2002 by contacting the Pfau Library, California State University San Bernardino, California.

APPENDIX D

TABLE ONE HERMENEUTIC

DIALECTIC CIRCLE

HERMENEUTIC DIALECTIC CIRCLE



APPENDIX E

TABLE TWO CLIENT CHARACTERISTICS FOR FOCUS GROUP

Table 2 Client Characteristics for Focus Group

	Males (n=7)	Females (n=3)	Total N=10
Characteristic			
White	6	3	9
Hispanic	1	0	1
Average age	33	30	31.5
Married			
(legal/common law)	3	1	4
Single (never married)	3	1	4
Divorced/separated	1	1	2
Number of active clients with children	4	1	5
Education			
Less than high school education	3	1	4
High school graduateor GED	3	3	6
Pre-program employment:			
full time	2	2	4
part time	3	1	4
unemployed	2	0	2
Average number of years used drugs	17.2	20.6	18.9
Number of active clients who had previous treatment	4	2	6
Average number of prior charges	10.8	3.6	7.2
Average number of months spent incarcerated	49.2	3.3	26.4
Number of active clients who experienced:			
Incidents of serious depression in their life	3	3	6
Incidents of anxiety in their life	5	2	7
Number of active clients who attempted suicide in their life	1	2	3

REFERENCES

Big Bear Lake Chamber of Commerce website. (2000). Retrieved March 12, 2001 from http://www.bigbearchamber.com

Braithwaite, J. (1989). Crime, shame and reintegration. Cambridge, UK: Cambridge University Press.

Bremner, J. D., Southwick, S. M., Darnell, A., & Charney, D. S.(1996). Chronic PTSD in Vietnam combat veterans: Course of illness and substance abuse. American Journal of Psychiatry, 153(3), 369-375.

Brower, K. J., Aldrich, M. S., Robinson, E. A., Zucker, R. A., & Greden, J. (2001, March) Insomnia, alcohol-abuse, and psychiatric disorders. American Journal of Psychiatry, 158(3), 399-403.

Byrne, C. (1994). Drug data summary. Rockville, MD: Drugs and Crime Data Center and Clearinghouse.

Carlson, B. E., & Cervera, N. J. (1991). Incarceration, coping and support. Social Work, 36(4) 279-285.

Cellucci, T., & Vik, P. (2001). Training for substance abuse treatment among psychologists in rural state. Professional Psychology: Research and Practice, 32(3), 248-252.

Cooney, E. B., & Steinberg, S. M. (1995). The implementation of the constructivist needs research paradigm in inner city community needs assessment: A case report. Unpublished manuscript, Department of Social Work, California State University, San Bernardino, CA.

Engels, F., & Marx, K. (1961). The essential left: Marx, Engels, Lenin - their basic teachings. London: Barnes & Noble.

Erikson, E. H., Erikson, J. M., & Kivnick, H. Q. (1986). Vital involvement in old age. New York: W. W. Norton & Company, Inc.

Erlandson, D., Harris, E., Skipper,B., & Allen, S. (1992). Doing naturalistic inquiry. Newbury Park, CA: Sage Publications.

Glazer, B., & Strauss, A. (1967). The discovery of grounded theory. Chicago: Adeline Press.

Goldkamp, J.S. (1994). Miami's treatment drug court for felony defendants: Some implications of assessment findings. The Prison Journal, 73(2), 111-167.

Goldkamp, J. S. (2001, Winter). Do drug courts work? Getting inside the drug court black box. Journal of Drug Issues, 31(1), 27.

Gomez, M. B. (2000). A description of precipitants of drug use among dual disordered patients with chronic mental illness. Community Mental Health Journal, 36(4), 352-261.

Greenwald, R. (2000). A trauma-focused individual therapy approach for adolescents with conduct disorder. International Journal of Offender Therapy and Comparative Criminology, 44(2), 147-155.

Grinnell, R. M. (1997). Social work research and evaluation: Quantitative and qualitative approaches. Itasca, IL: F.E. Peacock Publishers, Inc.

Guba, E. (1990). The paradigm dialog. Newbury Park, CA: Sage Publications.

Guba, E., & Lincoln, Y. (1989) Fourth generation evaluation. Newbury Park, CA: Sage Publications.

Harcourt, B. E. (1999). The collapse of the harm principle. Journal of Criminal Law and Criminology, 90(1), 172-176.

Hoffman, N. G., Halikas, J. A., Mettre, D., & Weedman, D. (1991). Patient placement criteria for the treatment of psychoactive substance use disorders. Washington, D.C.: The American Society of Addiction Medicine.

Huddleston, C. W. (1999). Jail based treatment and reentry drug courts, a unique opportunity for collaboration and change. National Drug Court Institute Review, 2(1), 87-105.

Inciardi, J. (1994). Screening and assessment for alcohol and other drub abuse among adults in the criminal justice system. Treatment improvement protocol series. Rockville, MD: US Department of Health and Human Services. Center for Substance Abuse Treatment.

Leukefeld, C. G., & Tims, F .M. (1980). Compulsory treatment of drug abuse: Research and clinical practice. Rockville, MD: National Institute of Drug Abuse.

Logan, T. K., Williams, K., Leukefeld, C., & Minton, L. (2000). A drug court process evaluation: methodology and findings. International Journal of Offender Therapy and Comparative Criminology, 44(3), 369-394.

Lurie, S. (2000). Addiction medicine specialists add a new therapeutic approach. Journal of American Medical Association, 283(20), 2644-2656.

Marlowe, D. B., & Kirby, K. C. (1999). Effective use of sanctions in drug courts: Lessons from behavioral research. National Drug Court Institute Review, 2(1), 1-31.

Miethe, T. D., Lu, H., & Reese, E. (2000). Reintegrative shaming and recidivism risks in drug court: Explanations for some unexpected findings. Crime and Delinquency, 6(4), 522-539.

Miller, R. M., & Rollnick, S. (1991). Motivational interviewing: Preparing people to change addictive behavior. New York: the Builford Press.

Nagy, P. D. (1994). Intensive outpatient treatment for alcohol and other drug abuse. Treatment improvement protocol series. Rockville, MD: US Department of health and Human Services. Center for Substance Abuse Treatment.

Peters, R. H., & Murrin, M. R. (1998). Evaluation of a treatment-based drug court in Florida's first judicial circuit. Tallahassee, Fl: Florida Office of the State Courts Administration.

Peters, R. H., & Murrin, M. R. (2000). Effectiveness of treatment-based drug courts in reducing criminal recidivism. Criminal Justice and Behavior, 27(1), 73-96.

Peters, R. H., Haas, A. L., & Murrin, M. R. (1999). Predictors of retention and arrest in drug courts. National Drug Court Institute Review, 2(1), 33-60.

Prochaska, J. O., & DiClemente, C. C. (1982). Transtheoretical therapy: Toward a more integrative model of change. Psychotherapy: Theory, Research, and Practice, 19(2), 276-288.

RAND California. (2001). Community Statistics. Retrieved March 8, 2002 from http://ca.rand.org/stats/community/crimerate.html

Schill, R. A., & Marcus, D. K. (1998). Incarceration and learned helplessness. International Journal of Offender Therapy and Comparative Criminology, 42(3), 224-232.

Sia, T. L., Dansereau, D. F., & Czuchry, M. L. (2000). Treatment readiness training and probationers' evaluation of substance abuse treatment in a criminal justice setting. Journal of Substance Abuse Treatment, 19(3), 459-467.

Stringer, E. T. (1996). Action research: A handbook for practitioners. Thousand Oaks, CA: Sage Publications.

Tauber, J. (2001). First impressions of Proposition 36 implementation. Alcoholism and Drug Abuse Weekly, 13(33), 5.

US Department of Justice. (1997). Defining drug courts: The key components. Washington, DC: Author.

US Department of Justice. (2000). Bureau of Justice Statistics. Retrieved May 15, 2001 from http://www.ojp.usdoj.gov/bjs/pub/pdf/cfjs99.pdf

Vaillancourt, P. M. (1986). When marxists do research. Westport: Greenwood Press.

Volkow, N., D., Chang, L., Wang, G. , Fowler, J. S., Leonido-Yee, M., Franceschi, D., et al. (2001). Association of dopamine transporter reduction with psychomotor impairment in methamphetamine abusers. American Journal of Psychiatry, 158(3), 377-390.

Volpicelli, J., Balaramn, G., Hahn, J., Wallace, H., & Bux, D. (1999). The role of uncontrollable trauma in the development of PTSD and alcohol addiction. Alcohol Research and Health, 23(4), 256-262.