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INCREASING OUR UNDERSTANDING OF THE RECOVERY PROCESS THROUGH DRUG COURT NARRATIVES

Summary Report

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FINAL REPORT

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INTRODUCTION

The Syracuse Community Treatment Court (SCTC) is one of about 400 drug court programs that have emerged in response to the Drug Courts Program Office's (US Department of Justice) provision of funds for planning, implementing, continuing, and expanding courts that conform to a prescribed model. This model includes providing treatment for nonviolent, chemically dependent, felony and misdemeanor-level defendants with early access to treatment services; the suspension of traditional adversarial behavior between the parties in the courtroom; frequent monitoring of abstinence by urinalysis; ongoing interaction between the drug court judge and program participants; and adopting a system of rewards and sanctions in response to participants' levels of compliance with program requirements. The incentive for completing a course of treatment and becoming actively engaged in productive lives is the dismissal or reduction of criminal charges (National Association of Drug court Professionals (NADCP) 1997).

The general goal of the research described in this report was to use narrative data from observation of SCTC sessions to (1) document the number, nature, and chronicity of the problems identified by SCTC clients during the course of their participation in the program; (2) identify typologies of recovery, as measured by compliance with Treatment Court requirements; and (3) identify the relationship between the problems/issues that program participants present to the judge and their patterns of recovery.

The issues identified by participants fell into three general groups–those associated with the individual participants themselves, those associated with their immediate surroundings, and

those associated with the social and economic environment in which they negotiate their everyday lives. Patterns of recovery differed among program graduates. Some "sailed" through recovery, some "bloomed late," some "occasionally stumbled," while others "chronically stumbled" during their period of participation in the program.

Graduates who sailed through the program were less likely than other recovery types to report problems, especially at the individual and structural levels. The relationship between the nature of graduates' problems and their patterns of recovery suggests that treatment providers and case managers should be more attentive to the role that problems associated with coping with the criminal justice system, the health care system, and the social service system, play in the recovery experiences of criminal justice system-involved clients.

LITERATURE REVIEW

One component of drug courts is their attempt to address clients' needs so that they may emerge from the participation period having the ability to function in their homes and communities as fully productive members of society. These courts typically accomplish this through providing educational, job placement, and housing services; vocational training; and employment counseling in addition to drug treatment (Brown 1997) through a case management approach (Prendergast, Anglin, and Wellisch 1995). In many ways this is consistent with the goals and strategies of traditional probation, with the difference being its focus on the immediate availability of treatment, clients' having to report regularly to a judge who is directly involved in the decision-making process with respect to treatment, and collaboration among agencies of the criminal justice system that traditionally have acted independently (NADCP 1997).

Drug courts are designed to address issues that research has revealed to exist in the

general, as well as criminal justice, populations. These include (1) the ability of treatment to reduce drug dependence (Center for Substance Abuse Treatment 1996); (2) the positive effect of increased length of treatment (French, Zarkin, Hubbard, and Rachal 1993; Prendergast, et al. 1995; National Criminal Justice Association (NCJA) 1989; Anglin and Hser 1990); (3) the positive effect of immediate treatment for those who identify a need for it (Tauber 1991; Higgins and Budney 1997); (4) the necessity for treatment programs to serve a variety of client needs related to their addiction, such as therapy for depression, education, life skills training, help with housing, assistance with parenting, medical and psychiatric care for clients and their family members, and help with child custody issues (VanBremen and Chasnoff 1994; Beutler, Zetzer, and Yost 1997; Prochaska and DiClemente 1984; DiClemente and Scott 1997); (5) the acknowledgment that relapse and other forms of noncompliance with treatment typically occur during the recovery process and must be accommodated in the treatment design (National Consensus Development Panel on Effective Medical Treatment of Opiate Addiction 1998; Lipton 1995; Leshner 1998; Anglin and Hser 1990); (6) the ability of acupuncture to facilitate recovery (Smith 1993); (7) the utility of a spiritual approach (May 1994; Klein 1997); (8) the effectiveness of urine monitoring (Anglin and Hser 1990); (9) the effectiveness of sanctions for noncompliant behavior (NCJA 1989; Anglin and Hser 1990; Harrell 1998); and (10) incorporating a case management approach to address the stresses arising from the kinds of negative life events that may be endemic in daily life but that have been shown to play a role in chemical dependency (e.g., losing a job, interpersonal conflicts, disappointments, coping with physical pain, feelings of hopelessness, of "hassles" of daily living) (Goeders 1998; Piazza, Deroche, Rougé-Pont, and LeMoal 1998; Hall and Havassy 1986; National Institute on Drug

Abuse 1993; Wesson, Havassy, and Smith 1986; Rhodes and Gross 1997; Prendergast, et al. 1995).

METHODS

Project staff observed and wrote field notes during 104 SCTC open-court sessions at which 168 clients were scheduled to appear between January 15, 1997 and April 28, 1999. Using a client/date as a "hearing episode" resulted in 2,523 cases that we coded for this project as to (1) the problems, issues and concerns that the client identified, and (2) the extent to which the client had been compliant with court requirements since his/her previous appearance in court.

Our first step involved the measurement of the extent to which a given person was compliant with SCTC requirements at each hearing at which s/he was scheduled to appear. An assessment of "compliant" is based upon treatment providers' and case managers' having reported that the participant had either done exemplary work during the period since his/her last appearance; had done well or at least satisfactorily; or were generally compliant even if s/he failed to demonstrate a wholehearted engagement in treatment (e.g., showing up late for treatment appointments or falling asleep in treatment sessions). Those participants who had relapsed, absconded from treatment, failed to follow the judge's instructions, or had been arrested during the period immediately preceding their scheduled court appearance were identified as noncompliant.

The second step was to create a "recovery profile" of clients based upon their compliance status at each hearing. Having characterized each hearing episode as either noncompliant (0) or compliant (1) and calculated the mean value of the variable for each month of active participation, we created for each client an XY Scatterplot graph in the Excel spreadsheet

program that enabled staff to create groups of recovery types.

The problems/issues identified in the observational data currently number 130 which we have reduced to three general types (individual, intermediate, and structural-level) and 15 mid-level types (e.g., physical health we characterized as an individual-level problem, care for an ailing family member as intermediate, and problems with Medicaid as a structural-level problem). The categories and their sequence are derived from substantive and theoretical considerations relevant to the recovery process and sociological concepts regarding the behavior of individuals within the context of larger social and economic structures. These categories constitute a rough hierarchy of problems/issues based upon the extent to which the problem was associated with the individual and his/her immediate needs and the extent to which s/he has control over resolving that problem.

FINDINGS

The court's participants are mostly male, mostly African American, mostly between the ages of 20 and 40, and mostly report an addiction to cocaine. The data indicate that older participants are more likely to graduate than those whose drug of choice is crack; those who are charged with felonies are more likely to graduate than those whose highest charge is a misdemeanor; and men are more likely to graduate than women.

Twelve problems account for 60 percent of the issues of concern that were identified to the judge. Of the 130 codes analyzed, job-related concerns top the list of problems, followed by legal problems, physical health, housing, problems with Medicaid eligibility, mental health, schooling, children, money, disagreements with treatment providers and case managers, family or relationships, and concerns about graduating from Treatment Court. Those who graduated were

somewhat more likely to identify problems at all levels, but there are some fairly dramatic differences within the structural-level problem categories. Graduates were much more likely to mention issues of work, school, and Treatment Court. Their needs to fulfill treatment and work- (or school-) related Treatment Court requirements provide an explanation of this pattern. Premature terminators, on the other hand, were more likely to mention involvement in some aspect of the justice system (mostly the criminal justice system or Family Court). This final pattern is not surprising, given that further involvement in the criminal justice system is grounds for dismissal from Treatment Court.

Seventy-four percent of graduates who received a report from their treatment provider and/or their case manager were compliant with Treatment Court requirements at the time of their scheduled hearing. This compares with 39 percent of those who terminated prematurely and 61 percent of those participants who were actively enrolled in the program as of April 28, 1999. The forms of noncompliance most frequently indicated in these data are irregular attendance at treatment or AA meetings, relapse, and failure to follow SCTC rules, such as not submitting verification of meeting attendance or making changes in treatment independently of the case manager.

The analysis of compliance revealed four distinct patterns of recovery among program graduates. Project staff labeled these four groups as "Clear Sailers" (for the six people who were compliant throughout the participation period), "Late Bloomers" (for those 13 graduates who initially had some episodes of noncompliance but later demonstrated compliance, except for perhaps a very minor problem, for the last several months of participation), "Occasional stumblers" (for those six graduates who were mostly compliant but experienced a period of

noncompliance at the end of the participation period), and "Chronic stumblers" (for those nine graduates who were noncompliant at times throughout the participation period but who were nevertheless sufficiently compliant to graduate, as determined by the Treatment Court staff and the treatment team).

Hearing data indicate that clear sailers are much less likely than the chronic stumblers to present problems at any given hearing. They also report fewer problems, and the four groups of graduates differ with respect to the nature of the problems they report. Graduates of all recovery types mention structural-level problems more than any other type of problem. Chronic stumblers are far more likely than clear sailers to mention structural-level and individual-level problems.

DISCUSSION/CONCLUSIONS

Although the addiction and criminal justice literature identify many factors that affect the likelihood of recovery, it has not heretofore directly or comprehensively addressed the cumulative effects of everyday "hassles" and frustrations that are endemic in the lives of people who face the chaos of addiction and involvement in the criminal justice system. Some Treatment Court participants have reported being under sanction by the County Department of Social Services and are unable to receive public assistance; most have unstable living situations; many have a third layer of trouble in the form of mental health conditions; many have histories of, or are currently experiencing, domestic violence; and many have to worry about how they can get to counseling sessions without even enough pocket money to take a bus. Men and women alike mention their concerns about their children, including childcare, custody while they are in residential treatment, and worry about teenagers being on the streets. Many participants are delayed in entering treatment because of problems with Medicaid eligibility, and most have at

least one sort of health concern. These kinds of issues can wear down the most resourceful of people. Some issues are clearly associated with delays in the initiation of treatment (Medicaid eligibility) while others can interfere with participants' ability to focus on themselves and their own recovery (concerns about children).

These findings fill a gap in the scholarly literature on recovery in criminal justice populations. Our identification of recovery types and the creation of problem profiles has enhanced our knowledge regarding the ways in which these two phenomena are associated. We find the relationship between recovery and system-level problems to be particularly provocative.

These findings can also benefit practitioners in the areas of criminal justice and public health by allowing them better to understand the recovery process. Case managers, for example, can approach the task of shepherding participants through the process of intake, treatment, and recovery more efficiently from an awareness that participants' problems tend to be more heavily skewed toward difficulties negotiating "the system" than with their own personal problems. Pre-treatment sessions can address some of these issues in a group context where new participants can let off steam or express concerns and case managers can prepare them for the system's requirements regarding insurance, work, and treatment as they enter treatment and the "legitimate" economy. Case managers can also counsel participants regarding effective ways to negotiate with personnel in the various private and public agencies with which they are destined to come into contact.

Treatment providers, intent on treating the individual, can take into account participants' concerns regarding the larger environment in which they are expected to build a new life and address the fear and anger and denial that accompany even law-abiding, non-addicted people

when they are confronted, for example, with applying for public assistance or negotiating with other powerful bureaucracies such as the IRS.

Program management can use these findings to support its efforts to improve service delivery in the community and address the fragmentation of services and lack of resources that are at the bottom of many of the frustrations clients reveal during their participation in the program. One practitioner has noted a "woeful" lack of coherence between society's expectations for young African-American men, in particular, and its reluctance to implement policies that are designed to address their problems (e.g., welfare-to-work programs' denial of schooling for one young man who has children to support and is unlikely to be able to do so as long as he is limited to minimum wage jobs).

Beyond the scope of the analysis supported by the grant that enabled the production of this report, these data can support research on younger participants (25 and younger); women; understanding the ways in which participants approach problem-solving; following up on Treatment Court graduates to investigate their coping with various levels (individual, intermediate, and structural) of challenges; developing a strategy (a "simple formula" in the words of one practitioner) for practitioners to predict the likelihood of "clear sailing" or "late blooming" at intake based upon the use of questions derived from the findings discussed here; and identifying what happens to create "late bloomers" out of participants who at first look like chronic stumblers.

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