193421

INCREASING OUR UNDERSTANDING OF THE RECOVERY PROCESS THROUGH DRUG COURT NARRATIVES

Technical Report

Submitted in Partial Fulfillment of the Requirements of

NIJ Grant Number 98-IJ-CX-0041

Elaine Wolf, Principal Investigator
and
Corey Colyer, Research Assistant

Sociology Department
302 Maxwell Hall
Syracuse University
Syracuse NY 13244

December 30, 1999

INTRODUCTION

The Syracuse Community Treatment Court (SCTC, Treatment Court, court, or program) 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 and interviews with SCTC clients and treatment professionals 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) generate testable hypotheses regarding problem/issue-related factors that influence the ways in which people with chemical dependencies who are involved in the criminal justice system experience recovery.

This report discusses some determinants of compliance in the SCTC population during

their participation in the program. Specifically, it focuses on the relationship between the types of problems participants identify in court and their patterns of relapse, rearrest, and other forms of noncompliance (e.g., failure to attend group therapy sessions or failure to arrange for payment of treatment services).

Problems associated with employment, legal issues, physical health, housing, and health insurance were most prevalent. The issues mentioned 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 (including mental health and addiction), and the social service system, play in the recovery experiences of criminal justice system-involved clients.

LITERATURE REVIEW

Definitions and Theories of Addiction

Patterns of drug use range from one-time experimental incidents that never recur to few

and infrequent recurrences to more regular but still occasional use, such as on weekends or at parties, to persistent behavior that is compulsive and the primary goal of the user (Piazza, Deroche, Rougé-Pont, and LeMoal 1998). Addiction is generally understood to be excessive drug taking that is harmful to the individual and his/her social environment and, as such, presents a public health problem (Woods 1998).

Explanations for these ranges of behavioral patterns generally fall into two categories: those associated with the individual addict (biological/genetic and psychological factors) and those associated with the environment (sociological and cultural factors) (The National Consensus Development Panel on Effective Medical Treatment of Opiate Addiction (NCDP) 1998; Kinney and Leaton 1987). Research from twin, adoption, and animal studies provides evidence that genetic factors play an important role in addiction (Wesson, Havassy, and Smith 1986; George 1998; Gordon and Glantz 1996; NCDP 1998). These genetic theories explain why some people who drink heavily or who use high dosages of opiates fail to develop an addiction. Nash (1997) reports that the genetically encoded trait of producing relatively small amounts of dopamine is implicated in the etiology of addiction.

Carroll's (1998) review of the research on laboratory animals reveals a range of physiological and environmental factors that influence the likelihood of developing a chemical dependency. She identifies prenatal exposure to opiates and stimulants, excess food consumption (both historically and current), social stress, high intakes of sweet liquids, youthfulness, and access to caffeine as significant. Goeders' (1998) research on laboratory rats shows that stress and anxiety, especially those forms of stress and anxiety that are beyond the control of the individual (such as, he asserts, teenagers living in neighborhoods characterized by

poverty and little hope of meaningful work) are significant predictors of cocaine dependency. Piazza, et al. (1998) found that more of the variance in the likelihood of addiction in rats was explained by individual differences in the subjects than by the effects of the substances themselves and that sensitivity to stress (as measured by an increase in corticosterone secretion) was one of the major predictors of vulnerability to acquisition of chemical dependency.

Issues of Treatment and Recovery

Research indicates that treatment can be effective in reducing drug dependence, recidivism, homelessness, poor physical and mental health, risk of HIV/AIDS infection, welfare dependency, and unemployment (Center for Substance Abuse Treatment 1996), although addicts differ in their responsiveness to treatment by the type of drug they use (National Institute on Drug Abuse (NIDA) 1993) as well as their stage of addiction (Prochaska, DiClemente, and Norcross 1992). The length of the intervention, regardless of the intensity of services, is positively associated with recovery (French, Zarkin, Hubbard, and Rachal 1993; Prendergast, Anglin, and Wellisch 1995; National Criminal Justice Association (NCJA) 1989; Anglin and Hser 1990), as is the immediacy of the availability of treatment (Tauber 1991; Higgins and Budney 1997). Treatment programs also must be ready to serve a variety of client needs related to their addiction. The most typical are counseling for depression, education, life skills training, assistance with parenting, medical and psychiatric care for clients and their families, and help with child custody issues (VanBremen and Chasnoff 1994; Beutler, Zetzer, and Yost 1997).

Retention in Treatment

Research on retention in treatment indicates that persuading addicts to engage and remain in treatment is difficult (Stanton 1997) with retention rates varying from 22 percent to 50 percent

(Liese and Beck 1997). Generally, retention in treatment is associated with positive outcomes (abstinence or at least reduced use), although the research demonstrating these effects does not indicate the direction of the causality: it is possible that retention causes positive outcomes, that reduced drug use and compliance with treatment requirements cause people to remain longer in treatment, and that some other variable(s) may have a positive influence on both retention and likelihood of abstinence or reductions in use (Higgins and Budney 1997).

Higgins and Budney (1997) report that clinical trials on cocaine addicts have shown that incorporating relapse prevention strategies and incentives such as vouchers redeemable for retail items into a treatment design are effective in increasing retention in treatment. Retention rates are also higher for clients in inpatient treatment and for women who are able to have children with them while they are in residential treatment. Luborsky, Barber, Siqueland, McLellan, and Woody (1997) report that offering food encourages attendance which in turn strengthens the alliance between the therapist and the client, thus increasing the likelihood of treatment success.

Patient-therapist "fit" is a factor in both patient preferences, satisfaction levels, engagement in therapy, and treatment outcomes. Beutler, et al.'s (1997) review of the research on tailoring interventions to clients identifies race/ethnicity, ethnic identity level, acculturation, socioeconomic status, educational achievement, social mobility, gender, age, physical ability, history of addiction, personality type (as measured by the Myers-Briggs Type Indicator), conceptual level, cognitive style, and beliefs and values as focuses of previous research efforts in this area. They report inconclusive results with respect to most forms of matching to achieve favorable treatment outcomes (although African-American clients generally prefer racially similar therapists). A shared experience of recovery between the therapist and the client does

seem to improve the therapy process, however, and clients generally prefer female, middle-aged, and physically disabled therapists, regardless of the client's status on these dimensions. Also, the achievement of shared beliefs and values through clients' "value conversion" is an important predictor of patients' and therapists' ratings of treatment outcomes. The ultimate sharing of such values/qualities as wisdom, honesty, intellectual pursuits, and knowledge appear to be especially important predictors of treatment success (Beutler, et al. 1997:90). DiClemente and Scott (1997) assert that despite clients' needs for individualized treatments, most programs are general in approach, and clients match themselves to appropriate treatment modalities and styles by their choosing or refusing the treatment offered.

DiClemente and Scott's (1997) review of research concludes that there is a positive but weak relationship between engagement in treatment and treatment effectiveness. This may reflect clients' eagerness to please but not necessarily to change. Aukerman and McGarry (1994) assert that barriers to engagement in treatment are based less on concrete events than on general experiences, attitudes, and modes of behavior. They identify these specifically as history of failure; alienation from the larger social structures that influence their lives; a sense of hopelessness; cynicism about the opportunities afforded by social service agencies; a tendency to manipulate systems that affect them; unrealistic expectations of treatment; a belief that treatment is for people who are weak; and the perception that treatment is punishment (p.41). Liese and Beck (1997) report that legal, medical, psychological, family/relationship, logistical (i.e., transportation, finances, and childcare), and therapeutic relationship problems can lead, through beliefs about recovery and treatment (e.g., "Treatment isn't working" or "My therapist doesn't understand me"), to canceled and missed treatment appointments and eventual dropout. They

note that relapse may (but does not inevitably) cause troubling emotions (e.g., guilt) and other problems that eventually lead to missed sessions and dropout. Furthermore, many individuals who *do* remain abstinent drop out of treatment either because of cognitive styles that do not lend themselves well to treatment or because of family or personal responsibilities.

Recovery

Wesson, et al. (1986:14) identify three forms of "recovery": the cure of addiction generally (i.e., one is no longer an addict), maintained abstinence from drug use, and remission of the drug dependent state. Babor, Cooney, and Lauerman (1986:20) define recovery as the "stabilization of abstinence, or the regular consumption of a substance without the negative consequences previously associated with drug use." Perhaps the dominant understanding of recovery originated in the twelve-step model. For twelve-steppers, recovery means more than being abstinent from drugs or alcohol. Being "in recovery" implies that the person has accepted that addiction is a lifelong incurable disease (Wesson, et al. 1986) and that recovery is a process, rather than a state (Maddux and Desmond 1986).

Maddux and Desmond (1986) report that high percentages of addicts relapse rapidly and frequently after leaving treatment. Wesson, et al. (1986) assert that relapse can be defined as a discrete event that occurs at the moment a person resumes drug use following a period of abstinence or as a process that occurs over time. Babor, et al. (1986) define relapse as resumption of substance abuse at a level of intensity comparable to that attained before the initiation of abstinence.

Because drug dependency is a chronic disorder, often referred to as an "addiction career" (NCDP 1998), relapse typically occurs during the recovery process (Lipton 1995; Leshner 1998),

with addicts commonly having to take a step backward to an earlier stage of treatment following relapse–what Prochaska, et al. (1992) refer to as a "spiral model" of the stages of change. They found that addicts in recovery cycle several times between two or more stages of change (i.e., the "pre-contemplation" stage wherein clients are not serious about recovery; "contemplation" in which the client recognizes the need to change; "action" in which the person is actively working to change him/herself; and "maintenance" in which the person works to continue the gains made during the action period and to avoid relapse) in the process of attempting to achieve a recovery lifestyle (DiClemente and Scott 1997; Prochaska and DiClemente 1984).

Laboratory research suggests some parallels between animals and humans with respect to factors that trigger relapse. Single episodes of using drugs from the same pharmacological class as the previous drug of choice, even if they are as benign as caffeine; and internal stimuli such as exposure to small amounts of the previously abused drug, dieting, stress, and anxiety have been shown to be significantly associated with relapse (Carroll 1998). Generally, the likelihood of relapse decreases with increases in elapsed time between cessation of use and the triggering event (Carroll 1998).

The physical environment, especially its visual and auditory characteristics, have been shown to affect the likelihood of relapse in laboratory animals (Carroll 1998). Leshner (1998) notes the importance of the social context in triggering relapse. Vietnam war veterans who were addicted to heroin experienced high rates of recovery once they returned to the United States because they were no longer exposed to most of the environmental cues that they had associated with their drug use in Vietnam.

Wesson, et al.'s (1986) review of the theories of relapse and recovery includes a

discussion of the roles of stress and social support as determinants of recovery. Negative post-treatment life events are associated with poor recovery outcomes (although the direction of causation may run in both directions), and although research suggests that strong social support systems may have a buffering effect on *some* negative events, they are not a sufficient condition for success. Indeed, there are some elements of strong social support systems that may negatively affect the likelihood of recovery: e.g., the psychological demands they place on the recovering person, the disappointment caused by the expectation of support when none is forthcoming, and the failure of family members who may be addicts themselves to support recovery effectively. Recovery training promoted by NIDA (1993) discusses the negative influences on an addict's recovery of his or her family: being treated more as a problem than a person and/or being distrusted for small infractions such as being late, getting tired, or receiving a phone call (p. 118).

Hall and Havassy's (1986) research reveals that such negative events as the stresses associated with a recent loss of a relationship or job, depression, interpersonal conflict, disappointments, or "hassles" of daily living can increase the likelihood of poor health outcomes in general and calls for further research in the relationship between the stress caused by "hassles" and relapse to drug use (p.120). NIDA (1993) identifies the stresses associated with jobs and relationships with co-workers, engaging in intimate relationships (with their possibly attendant jealousies and insecurities), and managing physical pain as common potential causes of relapse.

Other individual-level factors that have been shown to affect the likelihood of engagement and retention in treatment include the stability and supportiveness of clients' marriages/partnerships; employment history; length of addiction; level of psychiatric

dysfunctioning; extent of criminal history; history of imprisonment; extent of involvement with other addicts (Anglin and Hser 1990); the strength of family ties (VanBremen and Chasnoff 1994); and the interest and engagement of family members in the addicts' recovery (Stanton 1997).

DiClemente and Scott (1997) recognize the co-occurrence of problems in the lives of people in recovery and acknowledge, from a treatment and therapy perspective, the difficulties associated with attempting to identify and address the roles of various types of problems in the recovery process. Their system of problem types that are associated with addiction, and that the therapist must be prepared to address, consists of physical and mental symptoms (e.g., delirium tremens) and situations (e.g., homelessness) that are directly associated with the addiction and require immediate attention; "maladaptive cognitions" (e.g., beliefs and expectations that lead to a lack of self esteem or frustrations over a failure to achieve gender-defined goals); current interpersonal conflicts (e.g., problematic relationships with significant others); "family and systems conflicts" (e.g., features of the client's family of origin where s/he learned strategies for coping with everyday life, features of the client's wider social network, and features of the local labor market); and "intrapersonal conflicts" (i.e., the kinds of problems addressed by orthodox psychoanalytic therapists such as conflicts between impulses and superego sanctions against such impulses) (Prochaska and DiClemente 1984; DiClemente and Scott 1997).

Program features that influence the likelihood of recovery include the availability of psychotherapy; the flexibility of the program to accommodate clients with differing needs and at different stages of addiction; the supportiveness of the counseling staff; the ability of the program to tolerate infractions; relations between staff and clients (including staff attitudes); and the

qualifications of the staff (Anglin and Hser 1990). A spiritual or religious component has also been shown to be an effective means of improving recovery rates (May 1994; Klein 1997) as have the use of acupuncture (Smith 1993), the use of a case management approach (Rhodes and Gross 1997; Prendergast, et al. 1995), and generally providing what the client needs, especially a sense of being cared for (Luborsky, et al. 1997). Anglin and Hser (1990) report that scientific studies find that urine monitoring in and of itself has little effect on treatment outcomes but that its use combined with sanctions (as with criminal justice populations) does appear to be effective. Hubbard, Collins, Rachal, and Cavanaugh (1998) report that the effectiveness of treatment for nonincarcerated criminal justice populations is largely due to the relatively early stage of addiction at which they are provided treatment as well as the enforced retention of these clients.

The threat of sanctions for relapse has been shown to be effective with criminal justice-involved populations, either combined with treatment (NCJA 1989; Anglin and Hser 1990) or alone (Harrell 1998).

Research indicates that treatment serves to lower costs to the criminal justice and health care systems (Lipton 1995), as well as to society in general (Harwood, Hubbard, Collins, and Rachal 1988), and that money spent to restore the most severe offender-addicts has a high payoff.

Criminal Justice System Populations

Research confirms that the use of illegal drugs is connected "strongly and enduringly" (NIJ 1996) with engaging in criminal behavior. NIJ's most recent report on drug use among arrestees indicates that most arrestees test positive for at least one drug at the time of arrest (NIJ 1999). More than 50 percent of the men and women tested positive for at least one drug in most

of the 35 sites monitored by the Arrestee Drug Abuse Monitoring (ADAM) Program. (It was less than 50 percent for men in only two sites and less than 50 percent for women in only five sites.) For men, this ranged from 42.5 percent (Anchorage) to 78.7 (Philadelphia), and for women it ranged from 33.3 percent (Laredo) to 82.1 (New York City). Other research has shown that a large proportion of all crime is committed by a relatively small number of people with severe substance abuse problems (Lipton 1995).

Despite this well documented connection, there is little evidence to suggest a direct causal relationship. Research on youth has shown that both addiction and lawbreaking behavior can be traced to environmental "stressors" associated with children's homes (physically and sexually abusive adults, drug and alcohol abuse, broken families, parental neglect, and poverty) and neighborhood conditions (high rates of poverty, unemployment, infant mortality, and nonmarital fertility). These factors lead to alienation from authority figures and failure to function in conventionally successful ways, particularly in school, and to comply with the law (Harrison 1992; Harrison and Gfroerer 1992).

Daly's (1994) research identifies gender differences in pathways into crime and chemical dependency. Although both men and women offenders can be characterized as having high levels of drug and alcohol abuse, women are more likely than men to be addicted to alcohol, drugs, or both; more likely to have begun abusing alcohol and/or drugs in early adulthood (as opposed to adolescence); more likely to have some experience with treatment programs; and more likely to have psychological problems or mental disabilities (p.65).

Wellisch, Prendergast, and Anglin (1994) address the needs and concerns of addicts involved in the criminal justice system. They describe the typical characteristics of drug-abusing

women offenders as including (1) mental and physical health problems, (2) needing educational and vocational services, (3) psychosocial problems (i.e., coming from families with high incidences of drug and alcohol abuse, violence, and physical or sexual abuse), (4) having parenting responsibilities with little or no support from their children's fathers, and (5) involvement with child protective services (p.2).

Morash, Haarr, and Rucker's (1994) research on men and women who are incarcerated suggests that many could benefit from legal resources, particularly for child custody and other issues related to parental rights; counseling for those who have been sexually or physically abused; physical and mental health services; education and vocational training; and assistance with parenting. Although these needs and concerns have not been identified specifically as barriers to recovery, it is clear that the lives of most people involved in the criminal justice system are plagued with a discouraging array of problems that we can expect to affect the likelihood of recovery and recidivist behavior. Prendergast, et al. (1995:69) maintain that the relationship between these problems and drug abuse is complex and varies from one problem or person to another, and that although most of these problems are related to drug abuse, they are not likely to disappear as the person undergoes treatment, even if it is successful. Meanwhile, research indicates that the needs of criminal justice clients are typically "under met." Hubbard, et al. (1998), for example, report that criminal justice system clients in outpatient drug treatment programs typically receive fewer services than other clients, even within the same program (1998:77).

Drug courts are intended 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. Such 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, et al 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). Nolan (1998) examines drug courts as a manifestation of the therapeutic state. His discussion of the concepts of personalized justice, the transformation of roles, the pathologization of crime, and utilitarianism represents an effort to understand the role and meaning of these programs in a larger context.

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, et al. 1993; Prendergast, et al. 1995; 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, et al. 1997; Prochaska and DiClemente 1984; DiClemente and Scott 1997); (5)

acknowledgment that relapse and other forms of noncompliance with treatment typically occur during the recovery process and must be accommodated in the treatment design (NCDP 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, and "hassles" of daily living) (Goeders 1998; Piazza, et al. 1998; Hall and Havassy 1986; NIDA 1993; Wesson, et al. 1986; Rhodes and Gross 1997; Prendergast, et al. 1995).

METHODS

Data Collection

Observation of SCTC Sessions

Project staff observed and wrote field notes during 104 SCTC open-court sessions (except for three hearings in 1997 when court staff took notes), at which 168 clients were scheduled to appear, between January 15, 1997 and April 28, 1999. Beginning on April 22, 1998, a staff member also took notes during weekly in-chambers meetings among SCTC case managers, affiliated treatment providers, SCTC staff, defense attorneys and the SCTC judge. We have found the information presented "in chambers" to be valuable. These sessions allow the various stakeholders to offer their perspectives and insights concerning SCTC participants more candidly

than in open court.

Staff immediately transcribed each set of notes taken during hearings in 1998 and 1999 into Microsoft Word files. At the end of the project period staff transcribed handwritten notes from 1997. A substantial amount of transcription time was saved by the member of the team who was the court observer for eight months and began to take notes electronically in late December 1998.

In order to maintain confidentiality we used two identification conventions in the collection and preparation of our field notes. The court sessions are open to the public. For this reason when collecting data in open court we identified participants by the court-assigned contract number. Considerations of human subjects require the aggregated field notes on any given participant to be confidential. Therefore, after the field notes were transcribed, we assigned random identification numbers. This identification procedure allowed us the convenience of using numerical shorthand while collecting notes without compromising the confidentiality of our data.

An example of transcribed field notes is contained in Appendix 1. Except at the very beginning of SCTC operations, when the PI took notes in the courtroom's "gallery," all note-taking was carried out at a table that was adjacent both to the bench as well as to a podium where clients stand during their appearances before the judge. This table was also typically occupied by the Assistant District Attorney assigned to the court, two case managers, and two treatment providers. The foundation for the sense of community that staff felt in the courtroom and in chambers was built over a period of time that began even before the court was implemented, when the PI acted as a consultant to the planning process and as the court's program evaluator.

Interviews with Clients

Staff conducted seven interviews with clients who were scheduled to graduate from the program at the time of the interview. We did not conduct as many interviews with clients as we had planned. Although we acknowledge that the analysis would have been strengthened by a larger number of client interviews, we argue that the necessity for conducting a large number of interviews is obviated for several reasons.

- The richness of the observational data is sufficient to accomplish the purposes of the project: to derive typologies of recovery; to identify the nature, number, and chronicity of the problems that are associated with those types of recovery; and to generate testable hypotheses.
- Theories of sampling for "grounded theory" research of this type (Glaser and Strauss 1967) contend that the number of cases required to derive theory depends upon the emergence of patterns from the data: as soon as the analyst detects a pattern associated with the general question driving the research, it is no longer necessary to collect data relevant to that question.
- The goals of the research are best served by longitudinal data in the form of participants' histories of Treatment Court experiences, as they are accumulated over the course of their appearances before the judge.
- Finally, the sheer amount of time required to collect, prepare, and analyze the observational data precluded an intensive interviewing strategy.

Interviews with Treatment Professionals

Staff conducted interviews with three treatment providers and two Treatment Court staff

members in order to inform ourselves of their perspective on the court and on recovery issues within this population.

Data Reduction and Analysis

The text in our field notes is arranged by case number. Each unit of text (paragraph), separated from its predecessor and successor by a hard return, contains information for a single participant at a single hearing. The 104 files (representing 104 hearings) containing these data were imported into QSR NUD*IST (Qualitative Solutions and Research Non numerical Unstructured Data Indexing searching and Theory-building), a qualitative data analysis software package. This software allowed us to compile all the text units that referenced a given identification number to facilitate participant-based analysis. It also enabled us to search all the documents for particular phrases and keywords.

Staff coded the hearing data and entered these codes into an Excel spreadsheet file. Appendix 2 contains documentation of the variables and codes used in this stage of data preparation. 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.

Dependent Variables

Our measurement of relapse, as demonstrated at any given hearing episode, reflects the identification of the client's having used drugs or alcohol since his or her previously scheduled court appearance. Our measurement of recidivism depends upon evidence revealed at any given hearing that the participant had been arrested since his or her previously scheduled court

appearance.

Our measurement of general compliance required staff to create a variable that captures the extent to which a given person was compliant with SCTC requirements at each hearing at which s/he was scheduled to appear. This variable (SANCSTAT) is our way of representing how each participant "looked" at the time s/he presented him/herself to the judge. We applied one of 14 codes to each case depending upon the treatment provider or case manager's written or oral report to the judge prior to the hearing. Generally, the lower the number, the better the person "looked": for example, a code of 1 indicates exemplary behavior, 4 indicates relapse, 9 indicates abscondance with a voluntary return 13 indicates that the person had been arrested, and 14 indicates multiple forms of serious noncompliance (see the specifications for SANCSTAT in Appendix 2 for a complete list of these codes).

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). Coding rules for these appearances that could not be characterized as demonstrating compliance dictated that the most egregious form of noncompliance was coded when more than one was reported. For example, if a participant had relapsed (code 4) and absconded from treatment but appeared in court to report to the judge (code 9), s/he would be coded as 9. (Because it is such a significant outcome variable for this analysis, relapse is also captured elsewhere.)

The second step was to create a "recovery profile" of clients based upon show they

"looked" to the judge at each hearing. Via a variable called HOWLOOK we characterized each hearing episode as either noncompliant (0) or compliant (1) and calculated the mean value of HOWLOOK for each four-week period of active participation (i.e., periods of being at large, during which a bench warrant was issued, were not included in the analysis). For each client we created an XY Scatterplot graph in the Excel spreadsheet program that is designed to show the pattern of compliance throughout the participation period and to enable staff to create groups of recovery types. Appendices 3A through 3D contain examples of these scatter plots that illustrate four recovery types identified for program graduates.

Independent Variables

Demographic variables (sex, race, and age) were imported to the hearings file from the database used by the PI in her evaluation of the court.

Coding of problem variables began in the fall of 1997 after the PI had entered notes about the content of each exchange between the judge and participants, their case manager, and treatment providers at each hearing. She began to create codes to capture the topics of these discussions. This list of codes quickly expanded as did the number of variables required to capture the number of topics discussed. These variables are identified in the database as PROBA through PROBG, accounting for a participant's mention of as many as seven problems in a given hearing. In the spring of 1998 this data collection and preparation effort was expanded to include notes taken in in-chambers discussions among treatment court staff, case managers, and treatment providers prior to each hearing. The problems identified by these codes are assumed for purposes of this research to function as potential barriers to recovery.

The problems/issues identified in the observational data currently number 130 which we

have reduced to 15 mid-level and three general types. The categories and their sequence identified in Appendix 2 (PROBA through PROBG) 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. We have identified three levels of factors–"individual," "intermediate," and "structural"–that influence human behavior. Individual-level factors are those that are identified with the individual (e.g., physiological factors), intermediate-level factors are those that are identified with the individual's immediate social environment (e.g., features of the person's family), and structural-level factors are those identified with the individual's society and culture (e.g., the labor market).

The individual-level category consists of problems that we view as reflecting needs that are most important for an individual's survival in modern society and over which the individual theoretically has the most control. Thus we view mentions of physical health problems as constituting the most "immediately individual" type of problem because they are associated only with the individual, they typically are not attributable to features of the individual's social and economic environment, and unless a person maintains good health they will be unlikely to be able to attend to other problematic aspects of their lives. Furthermore, physiological well-being is typically and relatively within the control of the individual. By taking care of oneself–eating nutritiously, not smoking, limiting one's use of alcohol and other drugs, and engaging in some moderate amount of physical activity–individuals are able to increase the likelihood of good

health. Other, progressively less individually rooted problems included in this category are mental health and psychological/emotional issues; shelter needs; mentions of cravings; the absence of basic life skills (such as the ability to speak English and to read and write) that influence individuals' ability to negotiate the various larger social systems with which they come in contact; mentions of needs of money in and of itself as well as needs for consumer items that constitute "basic necessities" of modern life (e.g., a telephone); and behavioral problems that are likely to interfere with the individual's ability to "survive" in conventional society.

We acknowledge the roles that the health care and housing systems, the market economy, culture, and society play in individuals' abilities to gain access to the resources that enable them to satisfy the needs associated with these issues as they are represented in the SCTC client population. Nevertheless, we argue that, of all the problems identified in coding of these observational data, there are the closest to reflecting individual-level concerns that are relatively solvable by the individual.

The second, intermediate category of problems identified in Appendix 2 consists of problems that are mainly associated with the person's immediate social environment. Individuals have less autonomy over their strategies of resolving these problems because they are a consequence of the individual's involvement with his/her immediate and extended families, friends, and neighbors, and those family members, friends and neighbors must somehow be involved in a resolution of the problem, The extent to which "others" can be expected to be actively involved in a given problem depends upon the relationship between the "other" and the individual of interest. An individual's young daughter who suffers from asthma, for example, can engage only passively in "making herself healthy" (and therefore contribute to the resolution

of the client's problem of having to care for, and worry about, her) whereas a significant other who is an active partner in an interpersonal conflict with the individual can be expected to need to play an active role in the resolution of that conflict. The likelihood of a successful resolution of a conflict at this intermediate level diminishes as the individual's control over that resolution increases. For example, moving out of an abusive living situation without at least conferring with her partner may resolve that problem for a woman in the short run, but the absence of a "negotiated settlement" is unlikely to create a "lasting peace."

We characterize the problems constituting the third and final category as structural because of their identification with the larger social and economic systems that affect the individual's likelihood of recovery. At this level the individual has much less control over the resolution of the problem. Clients beset by problems associated with the public social support system, the criminal justice system, the labor market, and the Treatment Court are relatively helpless to overcome the often contradictory demands these institutions impose upon them (e.g., local welfare-to-work requirements imposing demands to find a job at the same time that treatment counselors advocate waiting until recovery is stabilized).

FINDINGS

Independent Variables

Table 1 presents information regarding the client population (N=171), stratified by participation status, as of April 28 1999. From this table we see that 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. This differs by participation status. Focusing on the graduates and the premature terminators because their program outcomes are identified, a few noteworthy patterns

are evident: those participants who are mainly addicted to alcohol 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; older participants are more likely to graduate than younger ones, especially those over 30; and men are more likely to graduate than women.

Table 2 presents the kinds of problems that were mentioned the most often either in discussions between the judge and the participant or in in-chambers discussions among treatment providers, case managers, defense attorneys, and the judge. Each of the categories represents one of the 130 codes assigned to participants' concerns (except "mental health" which refers to general mentions of mental illness as well as specific manifestations of mental health conditions such as "stress," "nerves," "depression," and "frustration"). Job-related concerns top the list. The kinds of remarks that comprise this category are mentions of work, not necessarily in a "need a job" sense. Rather, they include all mentions of work that reveal that the participant's mind is occupied somehow with work. Even remarks like "I'm doing what I'm supposed to be doing and going to work" are included in this code because of their suggestion that the participant associates work somehow with the recovery process.

Concerns about participants' involvement in civil or criminal court matters constitute the kinds of remarks included in "legal problems." Everything from a traffic ticket to a rearrest on a substantial charge is included in this category. "Physical health" consists of a variety of physical health problems, whether verified by a physician or not, ranging from a headache to cancer.

"Housing" represents clients' needs for housing, and "Medicaid or insurance" consists mostly of mentions of holdups in enrollment or failing to apply for coverage. "Mental health"

consists mostly of mentions of stress and depression and needs for mental health services. "Schooling," like the job-related category, includes mentions of being in school that reflect the participant' acknowledgment that school attendance or putting some effort into getting a General Equivalency Diploma is something that the judge wants to hear and reflects compliance with the court's requirements. "Children" primarily represents mentions of childcare or custody problems and worries about teenagers' being "on the street." "Money" reflects financial problems and problems associated with enrollment in Public Assistance. "Disagreements with treatment" reflects participants' disagreements with their therapists' treatment or case managers' recommendations. "Family or relationship" mainly refers to getting along with people with whom the participant lives, mentions of "family issues," and breaking up with partners. Finally, a substantial number of people express eagerness to graduate from Treatment Court or confusion as to its duration. Together, these twelve issues represent over 60 percent of the topics of concern that people bring up before the judge or are brought up on their behalf by their treatment providers and case managers.

Table 3 presents information regarding the types of issues that were mentioned during 2,387 scheduled court appearances between January 8, 1997 and April 14, 1999 organized by participation status and level of problem. We have included the 424 cases that represent scheduled appearances for which the participant failed to appear because some problems are recorded for these "non-appearers," based upon the reports of case managers and treatment providers.

It is most instructive to note the differences between those who graduated (i.e., succeeded in achieving some characteristics of a recovery lifestyle to the court's satisfaction) and those who

terminated prematurely. 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 pattern as well is not surprising, given that further involvement in the criminal justice system is grounds for dismissal from Treatment Court.

These data further revealed several differences between gender, racial/ethnic, and age groups. Male participants, for example, are less likely to have mental health problems, physical health problems, relationship problems, and treatment problems than females. Non-white participants are more likely than whites to report education issues, and participants who were 21 or younger were less likely to report mental health problems and relationship problems and more likely to report issues related to behavior, jobs, and schooling.

Dependent Variables

Recidivism and relapse data presented in Table 1 indicate that a smaller percentage of graduates were arrested during their participation period than those who terminated prematurely (21 percent v. 55 percent) and that graduates are somewhat more likely to have relapsed during their participation period than those who terminated prematurely (56 percent v. 51 percent). 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 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 overall compliance data, measured as HOWLOOK, provided evidence for four clear patterns of recovery among the 34 SCTC clients who, as of April 28, 1999, had graduated from the program. Appendix 3A reveals a pattern of compliance that we labeled "Clear Sailers" for the six people who were compliant throughout the participation period. The second pattern we labeled as "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 (see Appendix 3B). "Occasional stumblers" were those six graduates who were mostly compliant but experienced a period of noncompliance at the end of the participation period (see Appendix 3C). "Chronic stumblers" were 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 (see Appendix 3D).

A majority of the appearances of people who ultimately graduated from the program were characterized as "looking good" to the judge. Slightly over 50 percent even of chronic stumblers were characterized as compliant (compared with 100 percent of the appearances of clear sailers, 75 percent of late bloomers, and 72 percent of occasional stumblers).

Bivariate Analysis

Table 4 indicates that the clear sailers (who the court has referred to as its

"valedictorians") are much less likely than the chronic stumblers (who the court has referred to as its "general discharge" people, to use a military metaphor) to present problems at any given hearing. They also report fewer problems. It is noteworthy that of the 21 appearances by graduates who mentioned seven (the maximum codable) problems, ten were by chronic stumblers (five of these were by a single youthful participant), four were by occasional stumblers, and seven were by late bloomers.

The data contained in Table 5 indicate that 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. It is most instructive to note the differences between clear sailers and chronic stumblers because of the clear difference between their patterns of recovery. Chronic stumblers are far more likely than clear sailers to mention structural-level and individual-level problems in particular.

The Nature of Participants' Structural Problems

Because structural problems are a major topic of discussion in the courtroom, we have identified a few to highlight and investigate in more detail with narrative data from field notes.

Employment

Most participants enter the program unemployed. Paid employment is a major topic of conversation, as was indicated in Table 2. Many of the comments made regarding work reflect participants' efforts to find a job or to find a better job or a second job. One participant said that he got a job at UPS working 20-35 hours a week and that he has a contract with his landlord to help build two houses and painting them as well. Others indicate that the participant acknowledges that having a job and getting off public assistance (PA) is associated with the

adoption of a recovery lifestyle. One participant said that she's "doing good. I'm done with PA, I'm working, and I've got an interview for a better job with good pay, $8 an hour, and insurance...Real realities are hitting me now–decisions about money, car, and a job." Another reported that he "wants to work out the job situation so I don't have to go back on PA." A third said that he's "clean and sober and working 14 hours a day." Some participants talk about problems associated with holding or finding a job. One participant said she was having problems in her job because she had problems arranging care for her daughter. Many mention that their work hours interfere with treatment. Some worry that having a criminal record is going to jeopardize their getting a job.

Paying for Treatment

Paying for treatment is also a major area of concern. Many participants have no insurance plan in place at the time they sign a contract with the court. Those who are referred to the one for-profit treatment provider affiliated with the court (the other two are not-for-profit) must wait until Medicaid is approved before initiating treatment. A second provider will allow participants to enter treatment with Medicaid approval pending, while the third provider employs staff to assist patients with Medicaid applications and allows the active initiation of treatment during the application process. The application and approval process is further complicated in many clients' cases by their being detained in jail during the period between arrest and the initiation of treatment; by their having been sanctioned by PA (e.g., for participation in the gray market economy, for failure to recertify their eligibility within a prescribed time limit, or for failure to follow through with local welfare-to-work requirements); or by their being referred to a provider that lacks official affiliation with the court.

One client's case is especially indicative of the ways in which this systemic-level factor can affect the recovery process. "Brian" is a young African-American male whose drug of choice is marijuana. His insurance saga with the SCTC began in July 1997 with his informing the judge that his mother would include him in her insurance plan. In November his treatment provider (the for-profit Alpha Agency) reported to the court that insurance remained an issue and that the participant had failed to take care of it. In February 1998 Brian reported that his income, combined with his father's, was currently too high for him to qualify for Medicaid but that he didn't have enough money to pay for treatment either. He proposed moving out of his parents' house to qualify for Medicaid. Alpha threatened to expel him for failure to pay but allowed him to remain on a contract basis with the understanding that he would pay some money each month. In March he did move out of his parents' house, and a county agency designed to assist with catastrophic situations assisted him in arranging for Medicaid. At that point Brian transferred to a public treatment agency (the Omega Agency), although he still owed Alpha eight months of payments. In April he acquired a job but lost it several weeks later. In May Alpha threatened to send his case to Collections. In June he acquired another job, and the judge instructed him to stop by Alpha on the day he received his first paycheck to demonstrate a good-faith effort to pay his debt to them. Brian was very angry about this old debt. During the summer he did make payments to Alpha, but Omega reported that he also owed them money. By this time he had been in the program for a year and, except for the nonpayment of debt, was generally compliant with program requirements and would have otherwise been eligible to graduate. Paying for treatment, however, stood in his way, and he became angry about this. By the early fall he had completed Omega's treatment program and had paid off his debt to them but still owed money to

Alpha. Later that fall he was reported to lack a steady job, and the word "on the street" was that he had gone back to drug dealing to cover his expenses. By early 1999 he had relapsed and had been ordered by the judge to return to Omega for treatment. Eventually Brian did pay Alpha and did graduate, but the length of time he had been required to remain in the program had discouraged him, as evidenced by his anger and orneriness with the judge, to the point that he probably would not have been able to graduate had the judge not "pushed him out the front door" (the judge's words).

This story illustrates the system-level perils that threaten the likelihood of recovery for many Treatment Court participants. Pressure from the Department of Social Services to leave his family, from his peers to spend money in other than responsible ways, from the court to pay his bills, and from himself to graduate overwhelmed Brian to the point that toward the end he seemed to give up. In March 1999, one month before he graduated, staff recorded the following exchange between him and the judge.

> The judge asked him, "What's the deal?" Brian said that he's doing all right. The judge said that's not what they're [the treatment providers] telling me. Brian said, "I'm doing everything that I need to do." His treatment provider disagreed. The judge said, "They think that you have to have a job. If you don't have a job, then you have a lot of free time, which sets you up to do wrong." Brian said, "I haven't done wrong since I've been in this program."...The judge said, "Look, this is almost over. There are a couple of hoops that you need to jump through and you're done. What can't you make this easy on us?" Brian said, "I'm not jazzed about getting my name on the sheet [verification of attendance at AA meetings] any more. It's almost like I'm not graduating." He showed the judge his meeting sheet. The judge said, "You just need to get to all your treatment groups." Brian said, "It's hard to get up at 9:30 in the morning." The judge said, "I'll let you go as soon as Omega signs off on you, and you either have to have a job or be in a GED class. Do all that, and you can graduate. I'm literally forcing you out the front door."

In the in-chambers meeting prior to the hearing, the treatment provider told the judge that Brian

was dragging his feet on school and work. She had told him about being on the list of upcoming graduates, and he told her that "he doesn't want to graduate. He said that he doesn't want a job. He's getting disruptive in group again. He has not submitted any AA meeting sheets. We've done all that we can do for him at this point...Drug Court is keeping him out of trouble, and that's why he doesn't want to graduate."

Public Assistance

Problems associated with applying, or maintaining eligibility, for Public Assistance are a third significant category of problems. Some participants view PA and the welfare-to-work program as saving them and allowing them to engage in treatment (with its attendant Medicaid enrollment), some view it as something to be avoided or from which to disassociate themselves as soon as possible, and some resignedly view it as an unavoidable hassle.

DISCUSSION/CONCLUSIONS

Contribution of This Research

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 preliminary work to create 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 and worthy of investigating more intensively with our narrative data.

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. They can also counsel them 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).

Methodological Problems Noted

The problems represented in the data may be skewed by the "whining" of a few participants and by the reticence of others. The reticence problem is at least partially solved by our observation of in-chambers sessions where participants' problems were discussed among Treatment Court professionals. The whining problem is perhaps less serious than suspicions to the contrary would indicate. Admittedly unsystematic evidence suggests that most problems mentioned by participants are confirmed by their case managers and treatment providers and that the great majority of problems are at least *perceived* as such by those who mention them.

The field notes that constitute the data for the study were taken by five people, three of whom were nonprofessional staff. Although the PI or her graduate assistant carried out the note taking for all but six of the 104 hearings observed, the notes inevitably lack consistency, both within-event (e.g., because of note-taking fatigue), between-event (e.g., because of the note taker's being sensitized to different conceptual phenomena or note taking strategies at different points in several years of note taking), and between-note taker (e.g., different people inevitably and systematically "edit out" different aspects of any given encounter observed).

Suggestions for Further Research and Application

We anticipate further mining of these data for the information that they can provide relevant to participants' experiences in treatment, in recovery, with the criminal justice system, and in struggling with barriers to recovery. 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 may initially look like chronic stumblers.

Table 1: Characteristics of SCTC Participants by Participation Status

	Graduates (N = 34)	Premature Terminators (N = 51)	Currently Active (N = 86)	Total (N = 171)
Sex				
Percent Male	61.8	58.8	53.5	56.7
Percent Female	38.2	41.2	46.5	43.3
Race/Ethnicity				
Percent African-Am	61.8	60.8	73.8	67.3
Percent European-Am	29.4	37.8	24.4	29.2
Percent Hispanic	8.8	2.0	2.3	3.5
Age				
Younger than 21	8.8	21.6	14.0	15.2
21-30	32.4	33.3	30.2	31.6
31-40	44.1	33.3	45.3	41.5
41 and older	14.7	11.8	10.5	11.7
Charges				
Percent Drug	58.8	62.7	61.6	61.4
Percent Larceny	14.7	23.5	12.8	16.4
Percent Felony	41.2	19.6	34.9	31.6
Percent with More Than One Charge	55.9	45.1	47.7	48.5
Drug Choice				
Percent Crack Cocaine	58.8	76.6	66.3	64.9
Percent Marijuana	17.6	14.9	21.7	18.1
Percent Alcohol	23.5	8.5	9.6	11.7
Percent Who Relapsed	55.9	51.0	50.0	51.5
Percent Who Were Rearrested	20.6	54.9	31.4	31.3
Percent Who Were Compliant	74.2	38.8	61.1	57.1

Table 2: Twelve Most Frequently Mentioned Problems (N=1,929)

Job-related	9%
Legal	7%
Physical Health	6%
Housing	6%
Medicaid or Insurance	6%
Mental Health	6%
Schooling	5%
Children	5%
Money	4%
Disagreement with Treatment	4%
Family or Relationships	3%
Duration of Participation in SCTC	2%

Table 3: Types of Problems Identified According to Participation Status (Reported as Percentages)

Type of Problem	Participation Status: Graduated (N = 845)	Prematurely Terminated (N = 368)	Currently Active (N = 1,174)	Total (N = 2,387)
Individual-Level	**28.8**	**22.6**	**32.6**	**29.5**
Physical Health	10.7	9.8	16.8	13.5
Mental Health	9.2	8.4	10.1	9.6
Housing	3.9	0.0	.8	1.8
Cravings	2.0	.8	1.5	1.6
Life Skills	.2	0.0	.7	.4
Financial	5.3	3.5	5.5	5.2
Behavior	4.6	3.8	5.5	4.9
Intermediate-Level	**18.2**	**15.8**	**23.4**	**20.4**
Relationships	16.8	14.7	21.4	18.7
People, Places and Things	1.9	1.1	2.9	2.3
Structural-Level	**50.8**	**48.1**	**53.2**	**51.5**
Work	17.4	4.6	9.2	11.4
School	11.1	1.1	7.5	7.8
Justice System	5.8	26.1	14.0	12.9
Social Service System	11.8	13.0	10.4	11.3
Treatment	18.7	15.5	26.1	21.8
Treatment Court	11.6	6.3	7.6	8.8
Any Problem Identified per Hearing	64.3	63.0	69.8	66.8
Average Number Problems Identified per Hearing	1.5	1.5	1.7	1.6
Average Number of Different Problems Identified per Participant	17.0	8.8	10.8	11.5

* N refers to the number of hearing episodes coded for each group.

Table 4: Extent to Which Problems are Mentioned During SCTC Hearings, by Type of Graduate

	Clear Sailers (N=79)	Late Bloomers (N=306)	Occasional Stumblers (N=118)	Chronic Stumblers (N=327)	Total (N=845)
Percent of Hearings at Which Any Problem was Mentioned	53.2	61.8	61.8	70.3	64.3
Percent of Hearings at Which					
No Problems were Mentioned	47.4	41.5	39.1	26.6	35.2
1 or 2 Problems were Mentioned	43.6	31.4	34.6	48.9	39.2
3 or More Problems were Mentioned	9.0	27.1	26.3	24.5	23.8
Average Number of Different Problems Mentioned During Participation Period	7.3	19.7	19.5	25.6	19.0

Table 5: Percent of Hearings at Which Each Type of Problem Was Reported, by Type of Graduate

	Clear Sailers (N=79)	Late Bloomers (N=306)	Occasional Stumblers (N=118)	Chronic Stumblers (N=327)	Total (N=845)
Individual-Level Problems	16.5	27.8	31.4	30.0	28.0
Intermediate-Level Problems	12.7	19.0	23.7	15.9	18.2
Structural-Level Problems	36.7	48.0	49.2	57.2	50.8

APPENDIX 1

* SCTC Hearing March 3, 1999
* There were a ton of lawyers here at 2:00

It was an interesting start today. Several lawyers were here for the first time trying to identify exactly who their clients are.

REFID406. Defendant appeared with his attorney and was in custody. The attorney said that his client was arrested last week on a charge of criminal possession of a controlled substance in the 7th degree. He asked that his client be released from jail in order to engage in treatment. The prosecuting attorney said that the District Attorney's office has no objections to this client's participation. The Judge said that he's willing to get the process started. But he added that he has some reluctance to do this. He said, "you've done treatment before, right?" The participant replied that he has not. The Judge directed him to go to the case management agency in the morning for an evaluation. He told the participant that this agency would make him jump through a bunch of hoops. The defendant said that he will jump. The Judge remarked that the defendant has several files (e.g. charges) here. He told the defendant that he doesn't want to get a feeling that the court is working harder at this than he is. The Judge then released the defendant on his own recognizance. Adj 3-10. The Judge also told the defendant that if his urine is dirty tomorrow he'll have him picked up. In chambers, a case manager said that he's a paranoid schizophrenic who's been in and out of the system for years. She wants the judge to dialog with him and find out what his commitment level is before we go further.

REFID404. The Defendant appeared with his attorney and was in custody. The Judge asked the defendant, "what's the word?" The defendant replied that a case manager came to see him this week. The prosecuting attorney does not object to the defendant's participating in treatment court. The Judge instructed the defendant to report to the case management agency in the morning. "I expect you not to be doing any drugs or drinking, and I expect you to start attending 12 step meetings tomorrow (3 a week)." Adj 3-10. The defendant said that he has no questions.
PXZ0295. Participant appeared with his attorney and was in custody. A court administrator reminded the Judge that the participant is scheduled to go to an outpatient treatment facility in the morning. The Judge asked the participant "what's the difference this time?" The participant replied: "I treated this like a game last time and I'm serious now." The Judge released him on his own recognizance so that he will be able to be at treatment by 9:00 a.m. The Judge told him that if his urine is dirty in the morning, that he'll put him back in jail. 3-17. The attorney told the participant "to not screw it up this time." In chambers, a case manager reported that the participant is scheduled for release from the justice center and will be going to outpatient treatment tomorrow morning. The treatment center's representative said that she would see him in the afternoon. (The participant is the brother of another SCTC participant!)

REFID400. Defendant appeared with her attorney and was in custody. She is on jail on a charge based in a town court. The attorney requested that his client be released on her own recognizance. The Judge said that he is willing to let her out of jail. He expects her to report to the case management agency at 10:00 a.m. He added that she will have some hoops to jump through, etc, and he expects her to start going to 12-step meetings. She said that she has no questions. Adj 3-3. In chambers, the evaluating case manager said that he is recommending that she initially do inpatient treatment and be moved to a halfway house. He added that she is in jail right now and would like to be out. He said that she is concerned that her belongings are now all over the city (because she's been in jail). However, the case manager recommended that the Judge not release her because she is not a good risk to be let out (e.g., she is likely to abscond).

REFID402. Defendant appeared with her attorney and was in custody. The attorney believes that his client doesn't want to be in treatment court (based on the treatment recommendations). The evaluating case manager recommended that this participant not participate. The Judge said that he will send the case back to the Judge who referred her for the disposition of her charges. In chambers, the evaluating case manager said that he does not recommend this defendant for treatment court. He said that she has some substantial psychiatric problems. He added that she has told her attorney that she doesn't want to drug court anyway.

REFID407. The defendant appeared with her attorney and is in custody. She has been in custody for a while. The defendant said: "this has been on ongoing thing with me." The Judge asked for clarification: "do you mean using drugs and getting busted?" She said "this has been going on for 15 years." The Judge released her on her own recognizance and directed her to report to the case management agency in the morning. He said "don't give me the impression that I'm working harder on your recovery than you are." Adj 3-10. In chambers, the defense attorney said that the defendant is a new referral and in jail on a prostitution charge. The Judge asked the case managers where it would be easiest to evaluate her. The case managers said that it would be easiest to evaluate her at their office, rather than at the jail. The Judge said that he will release her today.

REFID401. The defendant appeared with her attorney. The attorney said that her client wants to enter into drug court. She added that an additional neglect case is pending in family court. The Judge directed her to start the treatment readiness program in the morning at the case management agency. Adj 3-10. In chambers, Brand new.

REFID403. Defendant appeared with his attorney. The attorney reported that he has worked out a disposition of the client's charges, but that this program is the better opportunity for him. The defendant needs to get into treatment for his health. The evaluating casemanger said that she is recommending inpatient treatment followed by a halfway house placement. In the meanwhile he is to go for inpatient treatment. The judge mentioned that next week another Judge will be presiding. He said that this judge is much less hesitant to put people in jail than he is. In chambers, the evaluating case manger said that she saw him yesterday. He's still shooting heroin and he's a long-term heroin user. His attorney referred him to treatment court.

REFID397. (A contract was signed today). The defendant appeared with his attorney. The Judge asked if the client has been doing treatment readiness. A case manager said that he has. The contract was signed by all necessary parties and the Judge welcomed the new participant with a "drug court round of applause." Adj 3-17. In chambers, a case manager said that he's been coming to the agency every day. He went to apply for public assistance yesterday.

REFID377. (A contract was signed today) The defendant appeared with his attorney. The attorney said that there is an additional charge that the prosecutor's office is willing to incorporate into the contract. The prosecutor confirmed this. The contract was signed and the new participant was welcomed with a drug court round of applause. Then the case manger said that she has not heard from the participant. He replied that he didn't know he was supposed to report to the case manger. The Judge explained that the case manger is his conduit for information. The Judge said: "We're starting off today with a clean state. I'm impressed with your positive attitude on all this." Adj 3-10. In chambers, a representative from the defendant's treatment provider said that he is doing "fair," but has expressed willingness to go to the halfway house. The district attorney's office is willing to include the new burglary charge in the contract.

REFID259. The defendant was not present when called. Her case manager said that he straightened out some issues with her family but she's not here. Her attorney said that apparently the participant is not interested. The Judge said that he will keep the door open.

PXZ0419. Participant appeared with his attorney and was in custody. The participant said that as soon as he heard that a warrant was issued for him that he called his lawyer. He said that his lawyer told him to stay in treatment. The Judge asked him why he hasn't come to treatment court? The participant said that he hasn't come because of the warrant. The Judge said: "if there was a check made out to you for $1000, wouldn't you come down here to get it, even with the warrant?" The participant said that he would have been down here early for that. The participant said that he called a court administrator to check on his warrant and she never got back to him. The participant said that he was 18080d (technical release) on the charges in other town courts that he's currently in treatment. The Judge said that he'll let the participant out of jail once this is all confirmed. A case manager said that she needs to have a release signed in order to check the facts on this. The Judge said that he will have the participant brought back to court on Friday afternoon. Adj 3-5. In chambers, the court administrator said that the participant was picked up on an old felony charge. The police went out of town to get him. He's still has an active bench warrant

from drug court. The Judge asked "where do we go with him?" The court administrator said that this depends on what the town court wants to do.

REFID405. Defendant appeared with attorney and is in custody. The prosecutor said that he is not willing to allow the defendant into the program right now. The defendant's attorney asked the court to hear the plea for reduction. The judge put this case on the Calendar 3-8 at 2:00.

PXZ0446. The participant appeared. He said that he's doing ok and that he completed the halfway house yesterday. Now he is living in his own apartment. The participant also has started outpatient treatment. The Judge initiated a drug court round of applause and encouraged the participant to "tell these people about it." The participant said "God is good." He has recently started working and said that it feels good too. He currently plans to do another six months of outpatient treatment. Adj 3-21. The Judge told him to keep it up. In chambers, the participant's case manager said that he is doing very well.

REFID398. The defendant appeared with his attorney. The Judge said that the defendant has not started on the right foot... "he's almost got one foot out of the door!" The attorney asked the Judge to give her client one more chance. She said that he only missed one appointment. The Judge explained to the attorney that the treatment court's regulations stipulate that we can't take anyone who lives outside of the county. He said he has reason to believe that the defendant does not have a current local address. What is more, the Judge said there is concern that the defendant will not be able to get into town for treatment. A case manager said that the defendant was supposed to start treatment readiness last Thursday and that they have not seen or heard from him. The defendant said that he is trying to do this thing but that the transportation gets in the way. He doesn't think that this will work out because he can't get here every day. He said, "well if no-one is willing to bend for me then I might as well try another route." The Judge reminded him that his criminal status caries a minimum of 2 years in jail. In chambers, a court administrator said that the defendant called today and accused her of not calling him back. She said that she asked him: "what part of 'go to the case management agency in the morning' did you not understand." She added that the defendant is not a county resident and thinks that the Judge should consider excluding him from court.

PXZ0205. The participant appeared. The Judge said: "I just went through holy hell with your brother here (last defendant). What's going on?" The participant said "the same thing is going on." He's started a jobs program, and they're working on a resume with him. The Judge asked him if this jobs program is getting in the way of his treatment. The participant said that he has to be working or volunteering 35 hours a week and if he falls out of compliance with that he will be sanctioned. The Judge asked the representative from his treatment agency what his status is. She said that there is room for improvement. The participant agreed with this. The Judge said, "c'mon man, I want you here each week telling me there is less and less room for improvement." The participant said, "well I am doing better than I was last week." The Judge said that he can do even better work. The treatment representative said that they could move his treatment to the evening if he does get a job. Adj 3-11. In chambers, the representative from treatment said that the participant has not been going to his self-esteem group. His attendance was low for AA meetings as well. She said that he didn't go to group because of time conflicts with the jobs program. She added that the participant's wife has not come back to family therapy. Further, he didn't go back to another program because of a court appearance ticket (traffic charge). She said that there has been very little positive change in his attitude. In his favor, she said, he has gone to more meetings this week. But he walked out of a group last week. She is concerned that he is on a relapse track. She suggests a more structured day. A case manger said that the jobs training program is holding a slot for him but he is just not following through. Another case manger asked if he has been taking his medication. The treatment rep said that they are very concerned about him. A defense attorney asked about his family and home life. The treatment rep said that his children have been sick (one has seizures). A case manger said that he is very codependant on his family. That means that he stakes a great deal on his family relationship. When things are not well in the family, he is not doing well. The court administrator suggested that having his brother involved with the program might be dragging him down.

PXZ0552. The participant appeared. The Judge instructed him to turn around and face the gallery. He said "this guy is doing really well! All of his case mangers have said that since he got out of jail that he's been sending out a message, loud and clear, that he doesn't like jail, and will do anything not to go back." The Judge then asked the

participant to tell him about school. The participant said that they want him to go back to school. The Judge asked why. The participant said: "I got too much time on my hands!" The Judge said "No! They want you to go back to school because you can do it!" Adj 3-24. In chambers, a court administrator said that the participant has started going to see the nutritionist. His treatment representative said that she's never seen anyone do so well after going to jail. "It really, really, scared him." She mentioned that he's looking for employment and seeking out options for college. His urine tests have all been negative.

REFID399. (A contract was signed today). The defendant appeared with his attorney. The Judge asked him: "how are you doing?" The defendant said that he's "doing wonderful." All parties signed the contract. The new participant said that he wants to graduate by March of next year. He said that he's ready to go home and eat now. The Judge let him go. Adj 3-10. In chambers, the defendant's treatment representative said that he is doing well and participates in group. His urine tests have all been negative. Further, she said, he is taking responsibility for his actions.

PXZ0558. The participant appeared. She reported starting night school for her GED. She's been going to day treatment and is working now on getting a sponsor. After saying that she told the Judge that she's a little irritated at having to be here so long today. She said that she has to rush home and get her babies bottle together before going to another appointment. The Judge told her that he wants more meetings from her. She said that she'd try. The Judge then asked her if he were to screen her today, if her urine would be clean. She said "yeah." Adj 3-17. In chambers, her treatment representative said that she had a positive urine test for cocaine (it was sanctioned last week).

PXZ0394. (a contract was signed today). The defendant appeared with her attorney. The defendant said that she has been clean for almost 90 days, is in treatment, etc. She said that 3 months ago that she was eating out of a dumpster and selling her body for 2$ hits. Now her head is clear and things are working for her. 3 months ago, she absconded from treatment court and lived on the street for 3 weeks using until she couldn't stand it anymore. Then she checked herself into treatment at Clifton Springs. The Judge said that the problem is that she was supposed to be at treatment court. He said that the court has a bench warrants out for her. However, he added, "since you did check yourself in on your own, you forced yourself to make a bunch of changes." Accordingly, he withdrew the bench warrants. The Judge said, "if you can get yourself turned around from where you were, anyone can. I got to be honest with you, when you first walked into my courtroom it looked like you left your shopping cart outside." She said that she "left it around the corner." The participant had not signed a contract, so one will be signed and made effective as of her first day of treatment. Adj ? In chambers, the court administrator said the defendant's counselor might bring her to court so that she can turn herself in today. She's been in another treatment system and just recently told them about the bench warrant from here. They called the SCTC immediately. She sent a very clear (lucid) letter to the court. The Judge asked the treatment team what sanction would be appropriate. The court administrator suggested that the sanction be withheld and the defendant be told that she owes the court one (another treatment representative suggested "well actually 2 or 3 because the Judge let her out of jail and she absconded"). A casemanager told the Judge, "if you sanction her we'll give you sleepless nights (tongue in cheek)."

PXZ0254 The participant appeared. The remarked: "they tell me that everything is alright. Is that correct?" The participant concurred. He said that he is now going to be a little late for his evening meeting. The Judge let him leave and told him to "keep it up." Adj 3-24. In chambers, the participant's treatment representative said that he is doing well in treatment. A court administrator asked if he could be considered on the graduation track.

PXZ0835. The participant appeared. The Judge said: "what do you want to tell me." She responded by telling him that she's been making her meetings and doing what has been asked of her. She is going to get the keys to her new apartment this afternoon. She also said that she's working on her GED. Adj 3-17. In chambers, the participant's treatment representative said that she's doing well. Her last urine test is negative and she's is doing better in group therapy, willing to accept feedback. She is moving into an apartment and is working for an ice cream store.

PXZ0094. The participant appeared. (with a new baby, little boy). She said that she's been living at the YWCA in another city. The Judge asked her if this baby was born drug free. She said that he was. (There was a spontaneous round of applause). She said that she doesn't even think about using in Binghamton. She said that she's hanging out

with some good people. The Judge told her that she looks well. He said that once the treatment information has been confirmed, he'll let her know where she stands in treatment court (about graduation). He added that every time a baby is born drug free, it's a major accomplishment. Keep it up. In chambers, her case manger said that she has not heard from her. Her baby was supposed to be born last week. But we haven't been able to confirm anything.

PXZ0103. The participant appeared. The Judge asked her what's happening? She said that she is stressed! The judge replied, "welcome to the club." She said that her mother in law passed away and that her sponsor disappeared. Her case manger said that she has been unable to contact the participant. The casemanager added that the participant absconded after signing a contract in treatment. The participant, in reply, said that she had to watch her kids, one of whom was quite sick. She said "what am I supposed to do?" The Judge asked what the treatment perspective is. Her case manager said that she needs to be in treatment. The participant said that she can't do that because treatment doesn't not allow her to bring her children. She was screened today and is clean. The Judge said that he needs to get an indication that recovery is a very paramount part of her life right now. "I need you to be looking out for you right now. That way you can be there for your kids down the road." He said that he'll reserve sanction for a couple weeks....so that she get herself back on track. He directed her to contact her case manager at least twice a week. Adj 3-17. He said I'm giving you two weeks to get everything in order. In chambers, the participant's case manager said that the participant is not doing well. She's had 9 unexcused absences (out of 20 appointments) several missed appointments in treatment and she violated a contract. (3-17).

PXZ0930. The participant appeared. She said that she's doing alright. The Judge asked her to show him her meeting sheet. She said that she doesn't have one because she's been sick. She said that she was in the hospital this morning getting treatment for her liver disease. The Judge asked her when she went to treatment last. She said that she was there today. She said that she's doing at least 3, sometimes 4, 12 step meetings a week. She said that she's stressed, but they gave her lots of pills for this. (Interestingly the judge did not pursue that. A case manager checked out her meds). Adj 3-17. The Judge told her to hang in there. In chambers, a case manager said that the participant is doing better according her counselor. She is attending her groups and doing 1 on 1 sessions.

PXZ0169. The participant appeared.. He said that he's still attending treatment at a local inpatient facility. The Judge asked him where his head is at. "What's happening up there?" The participant said that he's been doing a lot of thinking. He said it's time for a break. The Judge told him "it's now or never, you're right at the crossroads." He added, "I want you to have all of this behind you." The participant said that he's going to be screened for a halfway house later in the week. Adj 3-17. In chambers, the participant's treatment representative said that the participant is settling in and doing well at the facility. She added that he's agreeing (at this point) to consider a halfway house. She said that he's commented that he feels better than he has in a very long time.

PXZ0767. The participant appeared. He promptly handed the Judge his meeting sheet. The Judge asked if the participant is getting ready to finish treatment court. The participant said that he has a job interview later this week. The Judge told him that if any problems emerge because of the present administrative status of his charges, to let him know. When the participant graduates, the law will treat his charges as if they never occurred. The participant told the judge that his best friend died. It put a void in his life but he's dealing with it. A case manger said that they will check on his treatment status. In chambers, a court administrator said that according to his counselor, he has an interview for a nurses aid program. He's grieving right now, his best friend of 30 years passed away.

PXZ0433. The participant appeared and said that things are going pretty well, he can't complain. He was screened today (negative). He gave the judge a meeting sheet showing that he's been going to meetings. The treatment provider report is positive. Adj 3-17. The participant told the judge to have a nice day. In chambers, the participant's treatment representative said that his attendance fell of this week. He was excused one day last week and was late for the next two days. He needs to improve his attendance.

PXZ0778. Participant appeared. She said that she's started to chair some 12-step groups. As of today, she's been clean for 7 months. And tomorrow she will be 41, "my first clean and sober birthday in a long, long time." The participant asked the Judge if letters have been sent regarding her other charges in town court. A court administrator said that she took care of it and that the problem should be solved. Adj 3-24. In chambers, the particpiant's

treatment representative said that she's doing well. She had to go to a meeting at school to deal with her daughter. She's doing domestic violence classes. We want to reduce her to the moderate level of care. But there is a conflict between her and the leader of that group. "She doesn't click with this counselor." The urine tests have been negative.

PXZ0866. Participant appeared. He reported that he's started outpatient treatment. He added that the groups have been helpful. "They are people dealing with the same stuff that I am." He also said that getting up at 6:00 a.m. to catch the bus is rough, but he's dealing with it. In chambers, the participant's treatment representative said that he just started. They are investigating placing him in a program for people with learning problems.

REFID408. A new defendant referred by another city court Judge appeared. However his attorney failed to appear. The Judge directed him to appear at CCA at 10:00 a.m. the next morning.

REFID384. The defendant appeared with his attorney. The prosecutor said that the district attorney's office will not give consent for this defendant to participate into treatment court. The Judge told the participant to keep up the treatment. "You've got a good history in treatment. If you keep it up, you give your Lawyer some weapons to fight for you. It increases your chances and it helps you in your personal life too!" In chambers, the defendant's treatment representative said that he's doing well in group. A court administrator said that we need to get him a contract. "He's been coming forever without one." A case manager said that the defendant needs to call the agency more.

PXZ0732. The participant appeared with her attorney. The judge said that there is a warrant out on this participant. He asked her where she's been. She said that she's been in hibernation. No one knew where she was. She said that she had to disappear for a while to relieve some stress. She said that too many things were happening at one time, she had to stop and clear her head. She said that she didn't use any drugs or drink. She's still clean. Her attorney added that the participant maintained contact with the Salvation Army counselor. The Judge asked her what she wants from him. She said that she had to do what she had to do. She knew that there were consequences but sometimes you got do something positive that also has a negative attached in order to get things back to being positive. An evaluating case manager said that he will see her tomorrow. The Judge said that they will organize a case review and will impose a sanction for her abscondance after that point. He said that this participant doesn't have to work to hard to get beyond drugs and alcohol. "We're still willing to help you finish this." He added: "what I'm hearing you say is that you've been away from treatment court but you've been working on your head on this time. It's kind of like trying to wax a dirty car. You were getting it clean, now you get to the wax." The Judge vacated the warrant. Adj 3-17. In chambers, a court administrator reported that the participant will turn herself in today.

PXZ0061. The participant appeared. She said that she's not going to her counselor but otherwise she's doing well. She said that she is being taken out of drug court because of her other charges. She'll be going onto probation. The Judge said, "look you've got a package to present to them. You're already in treatment, you've got a treatment history, and you're managing your life. It gives us leverage to go to probation and demand that they do some things for you because you've worked hard for us, but when you stop going to treatment, you take that away from us." Her case manager said that he would like to hear what the participant's lawyer has to say about this. By staying in treatment court, it could lead to less supervision at Probation. The Judge explained that the pre-sentencing report will have all this information in it which will encourage a judge to not to jam her up. He said that we invest a lot of energy getting into your life and what we want is to get the hell out of your life. We're all as supportive as we can be as long as you do what you're supposed to do. If you won't let it happen, it won't, but I can guarantee that you won't like the consequences. Adj 3-17. In chambers, her case manager said that the participant is falling out of his graces. Her treatment has really fallen off. She's very high strung, has all kinds of things going on in her life. She refuses to go into recommended treatment strategies. Her life is chaos. Her new boyfriend is still using and she goes back and forth to New Hampshire trying to get her kids. Another case manager said that she's not in any shape to get her kids back. She has to go to 3 treatment days a week and she refuses to go to the dual focus group.

PXZ0782. The participant appeared. The Judge asked him what's happening. The participant replied "everything is happening." He said that he was late. Claims that there was a mis-communication. He did not bring his slip with

him so he can't verify meetings. He said that he starts school on Monday for College prep. The Judge said, "make me an offer that I can't refuse. Tell me that if I give you another week, everything will be in good shape." He reminded the participant that next week another Judge will be on the bench, a Judge who paints with a broad brush. Adj 3-10. In chambers, a court administrator said that he showed up an hour late for treatment on the first day of the month. He was rescheduled to start today. The Judge said that the participant promised to be completely on board. He added that someone needs to get into his head. The Judge said that he gets the impression that we're not reaching him.

PXZ0104. The participant failed to appear. The Judge issued a bench warrant. In chambers, the participant's case manager said that she was supposed to go to an out of town treatment center this morning and didn't show up at the bus stop. She added "surprise, surprise."

PXZ0614. The participant appeared. He said that he's doing not bad. He missed an appointment, (apparently had a family obligation). The participant said that everything is going according to plan, "it's working well for me. I'm learning to stay away from the drugs and alcohol." The Judge directed him to stay in touch with his case manager. In chambers, the participant's treatment representative said that he's been doing fair for the last two weeks. He's missing some appointments but is abstinent. He is doing well in treatment.

PXZ0391. The participant appeared. The Judge said that last week, based on bad information, he gave the participation a bad time about a purported forged note. The Judge said that he found out that the participant was in fact, telling the truth. He apologized to her for this. She accepted his apology. She said that things are going ok now. Adj 3-17. In chambers, a court administrator said that the participant's treatment provider owes her an apology. They said last week that she brought a forged medical excuse (for a missed treatment session) that was in actuality authentic. The administrator said that no-one at this treatment program confronted her about the purported forgery of the note. The first time she heard about it was here in court and she was most certainly not happy about that. The participant should be commended for standing by her evidence.

PXZ0657. The participant appeared. The Judge said: "they tell me that you left your treatment program." The participant said that they wouldn't give him any medication for his pain. A representative from the program said that the participant left against medical advice. She said that they were trying to get him on a non-threatening medication. The participant said that "Advil is for headaches and I didn't have no headache." He said, "all I ask is that they give me something for the pain.... That's it." The Judge asked him what he wants to do? The participant said that he doesn't mind going to the program, but he needs the pain to go away. He said that he doesn't need any program, he's clean right now. He just has issues with pain. The participant's case manager said that despite what he says in court, his physical evidence shows that he's been using (in his urine) and the last time that he went for a treatment evaluation, he blew numbers (had alcohol in his system). The participant first feigned incredulity about this and then said that he had a beer before that evaluation. The case manager continued that he hasn't been able to find any alternatives (for the participant's medication). The Judge implemented a gavel to gavel sanction for the next two weeks. He said: "we can only take you so far with this thing, it may be that we can't take you any farther. There is nothing that's not noble about admitting at this point that drug court can't do anything else for you. But I want to talk to your lawyer about this." The Judge instructed him to attend 3 meetings a week, and to attend pre-treatment readiness at the case management agency. adj. 3-10. In chambers, a court administrator said that the participant absconded from treatment on Monday. He said that he was in pain. The Judge mentioned that the participant said that he would leave after two weeks so he wouldn't lose his apartment. A representative from the participant's treatment center said that he was telling some of the clients there that he was going to leave. A case manger said that he doesn't think that this participant will do well in drug court. "Whether it is intellectual or not he has trouble understanding the rationality behind treatment decisions." The case manager asked the judge to present to him that he either needs to conform to treatment or get out of the court. The Judge said that sometimes there are people who have barriers to what we can do. "Sometimes it's a mental health scenario, sometimes it's intelligence. We can't help everyone. We may have to create a new category for him."

PXZ0028. The participant appeared. The Judge said "I'm talking fast because we only have a short time." He said that the word is good. The participant agreed. The Judge asked him about the computer classes. The participant

said that he is enjoying these. The participant said that he is doing some cleaning work at the homeless shelter. Adj 3-24. In chambers, a court administrator said that he's doing great. He's employed at the mission and goes to school in the afternoon. He's going to 12 step meetings. The Judge said that this is a guy with no literacy skills and they've found that when you put him in front of the computer he takes off.

PXZ0872. The participant appeared. The Judge asked him "what are you doing?" The participant said "I'm doing what you're asking." He said that he was late to one meeting and "I even called the lady and she still kicked me out." He said that the woman has a major problem. He said that he's asked to get another counselor. A case manager said that it is her understanding that he was a half an hour late and became belligerent and rude when the counselor didn't have time to address him. The participant said that none of that is true. The Judge said that he doesn't want to have a trial and reconstruct this thing. He asked the participant if he's gone back to treatment since then. The participant said that he really wants a new counselor. The Judge said that he needs to set up a time to sit down and have a heart to heart. The Judge asked him to give her a chance to address his concern. If you are courteous to her she'll be courteous to you. The participant said it's not that easy. He said that the Judge doesn't have any idea how difficult this lady is. The Judge told him that if he did everything respectfully and still had a communication problem, then that gives the Judge some leverage to call 410 and tell them that "we don't like the way they are treating one of our people. But since you haven't done that we are in no position to do anything." "Never step on the toes of someone who has authority over you." The Judge told the participant that if he were the counselor, he would have booted him out of group too. He asked a case manager if attitude is an important part of treatment. The participant said that part of this is that he doesn't have a car. The Judge told him that he can't (and won't hear this). The Judge said that his indication right now is that the participant is not doing what he agreed to when the Judge let him out of court. The Judge told him to go really try to address this matter with the counselor. The Judge told him to comeback next. If you have a bad report next week, all hell might break lose, don't make plans for the weekend. In chambers, a court administrator said that he has a very poor report from treatment. It reads "used profanity and was verbally abusive." A treatment representative said that she's not surprised. The case manager said that he's had a problems with everything that they've tried to get him today.

PXZ0826. The participant checked in and was allowed to leave. In chambers, her treatment rep reported that she continues to exceed expectations in treatment. Her halfway house representative said that she is doing well in the halfway house as well.

PXZ0127. The participant appeared. "he Judge said that you're doing damn good!"Adj3-17. In chambers, the participant's treatment rep, said that he's actually improving. They had a meeting with him and he has agreed to do writing assignments rather than discussing issues in group. He is doing well with this. He's reconnected with the GED. The group is now more supportive of him. He is showing that he understands what is going on just is a little afraid to talk. He has perfect attendance.

REFID259. The Defendant appeared with her attorney. She missed her opportunity to sign a contract earlier (she is late). She will be going to inpatient treatment in the morning. The attorney said that the participant has some issues with her mother caring for her children but he thinks that she's resolved this. Adj 3-24. In chambers, her case manager said that she's had some appointments (one medical and one to be with her kids). Her mother appears to be supportive. But he's doubtful that she will show today (she's supposed to go to inpatient treatment tomorrow).

PXZ0104. Participant appeared with her attorney. She is supposed to be at an inpatient program out of town. She said that she was ready to go to yesterday but then came down with bronchitis (she has a confirmation from the doctor). The participant brought her meeting sheet. The judge told her to get medical clearance and then return to the case management agency. Her case manager will continue to make arrangements. The Judge said that if she is legitimately ill, then he can't have her at the agency getting everyone else sick.

PXZ0710. Not present. The participant has bronchitis. In chambers, the participant's case manager said that she's has been sick with bronchitis and going to the clinic. She came in twice this last week for pre-treatment and came in

the day she missed to bring proof for the doctor. She's kind of resigned herself to going to inpatient treatment. He said that if there is a hangup with getting her in there, we can get her into the local facility. We should get her to come back weekly.

PXZ0070. The participant appeared.. The Judge said that since the last time he saw the participant, he got a very positive report. Keep it up. Adj 3-17. In chambers, the participant's treatment representative said that they met with the client and explained what they expect from him. They told him that they just want him to identify where addiction is a problem in his life. The day after court he was very engaged in group. She thinks that he is trying. This is his first treatment engagement. Adj 3-17.

PXZ0192. Participant appeared. The participant spoke to his case manager on Monday. He said that he hasn't been down to the case management agency. He also hasn't been going to meetings. He said that since he wasn't in treatment he hasn't been going to any treatment related things. The Judge told him that his grandfather always said that "when you find yourself in a hole, stop digging." The Judge told him that by the next time he see's the participant, (in two weeks) I want you to have at least 6 meetings. Stay in touch with your case manager. Adj 3-10. "Come in next week and give the Judge a report. The court administrator reminded him to bring in his meeting sheet because it won't be the same Judge. In chambers, the court administrator said that according to the progress report he has made a re-engagement appointment at outpatient treatment for next week (3-10).

PXZ0175. The participant appeared. The Judge asked him what the word is at treatment. "Didn't you miss a treatment day?" The participant said that there was some miss-communication, and now he knows when he's supposed to be there. The Judge asked about meetings. The participant said that he's done quite a few. The Judge asked to see his sheet. The sheet didn't show any meetings being done since last week. Then the participant changed his story and said, oh, I haven't done any meetings since the last time that I was in court. The Judge told him that he wants the participant to come back on 3-24. He said that if he legitimately can not attend meetings, he wants that in writing. In chambers, a court administrator said that he just needs to show proof of meetings today.

PXZ0858. The participant appeared. Her treatment representative reported that there have been some communication problems with the inpatient programs to which the participant has been referred. She is continuing with outpatient treatment while they are making the arrangements. She is on a gavel to gavel sanction next week as well. The treatment rep said that they will soon know where she will be going for inpatient treatment. In chambers, the treatment rep said that the two programs to which the participant has been referred will not return her calls. They are trying to get her into an inpatient treatment facility. Her last urine test was negative but she looks terrible.

PXZ0645. The participant did not appear. A court administrator said that he was picked up last week on a new charge and was released this week. A case manger said that he hasn't contacted the agency yet. The Judge issued a Bench Warrant. In chambers, a case manager reported that he is being discharged from outpatient services. Another case manager said that they haven't seen him at the case management agency. The first case manager said that they've located a bed for him in a more structured treatment facility.

PXZ0359. Not present. The Judge took him out of treatment court. In chambers, It was reported that the participant was indicted on felony charges and they are trying to wrap up drug court.

PXZ0969. The participant did not appear. A case manager said that this week and next week he has to be in school in the afternoon. He'll get proof. Adj 3-17. In chambers, the case manager said that he is following through.

PXZ0406. The participant did not appear. She is in an inpatient program and is reported to be doing well. Adj 3-17. In chambers, her treatment representative said that she is actively participating in her treatment. 3-17.

PXZ0619. The participant did not appear. He hasn't been seen at the case management agency. The Judge issued a bench warrant. In chambers, a case manager said that he came into the office last Thursday and Friday. Was supposed to go to public assistant this week and we haven't seen him.

PXZ0678. The participant did not appear. He missed his bus. The participant's case manager said that he received a fax from the participant's treatment provider that recommends the participant pursuing mental health treatment now, rather than pursuing further on substance abuse issues.

PXZ0047. The participant appeared, was screened and allowed to leave.

PXZ0566. Did not appear. In chambers, a case manger reported that the participant went back to CNY services and they told her that she doesn't need any more services there. She is going to school now to be home health aide. She's on the graduation track.

PXZ0985. Did not appear. In chambers, a treatment representative said that "they have asked to get her out of her mother's house now." The Judge asked, "what's going on there?" A case manager said that there is a lot of confusion over there. She won't be here today, she's sick. She's also pregnant...she just found out. The Judge asked if we do any sex education in this program. A case manager remarked that she doesn't need any education on that!

PXZ0315. Did not appear. In chambers, it was reported he's claiming that he has to leave CMW because of financial strain. He said that his boss won't hold his job much longer, rent is due, etc...He said that he saw his job advertised in the newspaper. The Judge said that his position is that he has to complete inpatient treatment.

APPENDIX 2

Codebook
SCTC Hearing Data
August 1999

PARTID — Participant ID number

HEARDATE — SCTC hearing date

APPEAR — Did the participant appear?
0 - No
1 - Yes
2 - In custody
3 - In custody but not brought to courtroom
4 - Required to leave in treatment provider's van before appearing before judge

ATTYAPP — Did the participant's attorney appear?
0 – No
1 – Yes
2 – Assigned Counsel Director or his designee represented the participant
9 – Indeterminable

PROBA — First problem/issue/concern/need identified by participant

INDIVIDUAL-LEVEL ISSUES

Physiological Issues (Refers to the individual client's health conditions and needs that are not directly related to their treatment for chemical dependency)

1 - Physical health (incl. fatigue and cosmetic dentistry [tooth replacement]); recently gave birth; abortion; nutrition
26 - Medication issues
27 - Pregnancy (of self or partner)
63 - Medical appointments interfere with treatment or vice versa

Mental Health and Psychological/Emotional Issues

7 - Stress; nerves; depression; frustration; "going crazy"; discouragement; "having a rough time"; worries; disappointment
34 - Fear
65 - Finding time for self; too busy; overextended
76 - Mental health; suicide attempt
89 - Self-esteem; not caring about self; caring about others more than self
93 - Guilt feelings; feels need to apologize
117 - Sexuality conflict/identity issues

Housing

9a - Unsettled living arrangement; need for permanent, independent living situation
9f - Recently moved into new place to live

Mentions of Cravings

38 - Surrounded by drugs in jail
39 - Cravings for drugs and/or alcohol
47 - Cravings associated with holidays; birthday; seasonal changes
53 - Anniversary of stressful event; birthday of deceased family member
97 - Success/material well-being (triggering cravings)

Basic Life Skills

131 - Cognitive ability of participant
132 - Language barrier (participant is a non-English speaker)
133 - Illiteracy

Financial Situation (Refers to issues/concerns directly related to the client's lack of money)

2a - Mentions of needing money and/or PA or other forms of financial support
10 - Transportation; having a car; vouchers for the bus
11 - Bail money
14 - Household furnishings
21 - Telephone (of participant or family member)
33 - Clothing
50 - Car trouble
51 - Lack of personal items (e.g., soap, lotion) in treatment
136 - Electricity or other utility turned off

Behavioral Issues/Social Expectations (Refers to aspects of individual clients' behavior that are generally considered to be socially unacceptable and included in the range of factors associated with chemical dependency that are addressed by treatment)

2c - Mentions of failing to apply for PA as instructed
18 - Anger; resentment; combativeness; defiance; "attitude"; impatience
37 - Engaged in fights in jail
49 - "Lifestyle"
74 - Too much free time; trying to stay busy
86 - Dishonesty
90 - Taking responsibility; procrastinating; organizing time; placing limits
99 - Inability to get up in the morning
108 - Assertiveness; doesn't like to ask for help
135 - Arrogance; "grandiosity"

Miscellaneous Individual-Related Issues

60 - Crime victimization
62 - Car accident
77 - Transition in living arrangements
84 - Decisions associated with achieving productive life
87 - (A variety of) indeterminable problems ("a tremendous amount of stuff in my life"); "loss issues"; nonspecific problems mentioned

INTERMEDIATE-LEVEL ISSUES

Family/Social Responsibilities/Concerns/Relationships (Refers to family and romantic relationships)

8 - Children (incl. non-biological children); grandchildren; daycare
15 - Legal problems of participant's family members or close friends
20 - Care of family members; concerns about their security
23 - Physical or mental health of family member or partner
40 - Harassment/stalking of participant
43 - Drug problems with participant's family/partner; alcohol at home
44 - Social situation; getting along with people with whom the participant lives; coping with relationships; "family issues"; broke up with girlfriend; getting back with girlfriend; divorce; loneliness
56 - Death of family member (incl. miscarriage) or friend
57 - Absence of family members (e.g., moved away from area); misses family or friends while residing in treatment facility; family members in jail
75 - Domestic violence, either as victim or perpetrator; mentions of Vera House
92 - Inability to rely on family members for help

104 - The opposite sex

"People, Places, and Things"

9c - Living situation is high-risk because of proximity to PPT triggers
55 - Being around people and places from old life (triggering cravings); being around people who smoke; street life
105 - Instability of living situation
109 - Neighbors; bad neighborhood
121 - Treatment provider's concern about living situation being inappropriate (from treatment provider's point of view); living situation causing "slippage."
123 - Wishes to relocate to another city or town (to avoid PPT)

STRUCTURAL-LEVEL ISSUES

Labor Force

24 - Work/Job-related
102 - Working conditions (e.g., erratic hours)
107 - Volunteer work

Educational

31 - Schooling; training
79 - Work interferes with school

Justice System Issues (Refers to issues exclusively related to the justice system (criminal and otherwise) and with which the client would be concerned in the absence of Treatment Court)

4 - Probation; parole
13 - Legal problems
16 - Orders of Protection
17 - Seized/Confiscated property; fear of losing possessions while in jail
19 - Dissatisfaction with attorney; can't locate attorney; atty. FTA's for court
59 - Pretrial status
70 - Family court
72 - No access to medical treatment in jail
78 - Confusion about legal representation

Social Service System/"The Bureaucracy" (Refers to clients' attempts to navigate the requirements of governmental and other institutions)

2b - Mentions of waiting for PA approval or approval of another source of financial support (e.g., Workers' Comp.)
2d - Mentions of PA rules/requirements, esp. as they affect the client's ability to get on with his/her life (e.g., PA sanctions)
2e - Mentions of client's desire to get off PA (and get out from under its requirements)
6 - Medicaid eligibility; insurance coverage; paying for treatment
29 - Identification documents; lost wallet
32 - "Paperwork" (unspecified); "running around"
45 - Driver's license
88 - Inability to mail letters in jail
94 - Doing taxes
100 - PA/Welfare-to-Work requirements
122 - Jail not forthcoming with health report that would enable participant to enter treatment
124 - Business problems; taking care of business

Problems associated with the receipt of treatment

5 - Disagreement between participant and treatment provider over treatment plan or conduct or between participant and case manager; problem with counselor; confused about treatment options or case management
9b - Supervised living-related issues: mentions of need for, or impending change in, treatment-related living.
12 - Treatment or meeting schedule interferes with work or school; long work hours interfere with treatment
25 - Difficulty being placed in treatment; uncertainty/anxiety about future treatment
28 - Inability to obtain release of treatment records
41 - Dissatisfaction with treatment; acupuncture; failure to receive needed services
42 - Participant at critical/"turning" point in treatment; at transition
46 - Changing treatment provider; treatment modality, or counselor; counselor on vacation; or sick
54 - Aftercare
61 - Participant's stated desire/need for higher level of care
64 - Place to keep "stuff"; taking care of stuff while away in treatment
66 - Distractions at treatment facility; problems dealing with fellow patients (of the opposite sex)
68 - Distance of treatment provider from home; family; wish to return to Syracuse
69 - Acquiring clothes and "stuff" to take to treatment facility
73 - "Tired of treatment"; lost interest in treatment; no evidence of engagement
82 - Concerns about receiving checks in mail while in long-term treatment
85 - Defendant denies severity of drug problem; denies need for treatment; doesn't believe results of screenings
96 - Getting a sponsor
110 - Dissatisfied with progress in treatment
114 - Difficulty participating in group; disruptive in group
126 - Needs haircut before entering treatment
128 - Participant stated desire for lower level of care; wants treatment process to speed up; wants to move out of halfway house after some months; anticipates end of treatment
134 - Disappearance of sponsor

Unique Problems associated with the SCTC (i.e., Confluence of the Treatment and Justice Systems

9e - Desire for more independent living situation than deemed appropriate by SCTC team (at least until it has had an opportunity to review the case more fully)
22 - Work/school schedule interferes with appearance requirements of SCTC
35 - Meeting/Treatment schedule interferes with SCTC or vice-versa
36 - No access to jail-based treatment
52 - Fairness of SCTC judge
71 - Confusion about duration of participation in SCTC; concerns about graduation; wants to "get this over with"; wants to remain in SCTC to "stay out of trouble"
81 - Obligations/monitoring/control associated with SCTC; general mentions of dissatisfaction with SCTC
83 - Judge's procedure for calling cases; length of court sessions
58 - Wish to leave Syracuse for vacation or any other reason; taking a trip (for any reason)
91 - Feelings of being disliked or abandoned by judge and treatment providers
95 - Confusion regarding court dates
98 - Signing of releases
101 - Difficulties associated with long waits in the courtroom (e.g., hard benches; failure to make other appointments)
103 - "Fed up" (and wants to do jail time and get it over with)
106 - Other court hearings interfere with appearing for SCTC hearings
111 - Participant doesn't like being watched by other participants

113 - Anger/Frustration that judge isn't able to "fix" things or that SCTC doesn't follow through
115 - Confusion regarding disposition of case if participant fails to complete SCTC successfully
116 - Inability to find out what's going on with participant's case
118 - Frustration associated with being confined in jail
127 - Fear of being sanctioned/judge's disapproval or anger
129 - Inability to contact case manager
130 - Confusion regarding the judge's orders

PROBB Second problem/issue/concern/need identified by participant
PROBC Third problem/issue/concern/need identified by participant
PROBD Fourth problem/issue/concern/need identified by participant
PROBE Fifth problem/issue/concern/need identified by participant
PROBF Sixth problem/issue/concern/need identified by participant
PROBG Seventh problem/issue/concern/need identified by participant

SANCSTAT Sanctioning status, as indicated by the treatment provider's or case manager's report

1 - Exemplary' "A+ work"; "great job"; according to treatment provider
2 - Good/satisfactory
3 - Failed to participate actively in treatment; no evidence of engagement (e.g., falls asleep or arrives late or has "attitude problems"); participant "de-focused"
4 - Relapse: dirty or missed or adulterated urine
5 - Missed treatment appointment; imperfect attendance at treatment or AA/NA meetings or engagement activities
6 – Failure to follow SCTC rules (e.g., forged verification of attendance at 12-step meetings; making own arrangements for treatment; contact CCA regularly; sabotaging interview)
7 – Failure to follow treatment provider's rules (e.g., paying for treatment)
8 – Failure to follow the direction of the SCTC judge after a warning
9 – Abscondance from treatment: voluntary return
10 – Failure to comply with imposed sanction
11 – Abscondance from treatment: involuntary (if any) return
12 – Unexcused absence from previous scheduled court appearance
13 – Rearrest; picked up on a parole violation
14 – Multiple forms of serious noncompliance
94 - Excused absence (no other information to indicate status)
95 – Being held in psychiatric facility
96 – Indeterminable: waiting to enter treatment; not in treatment and no contact reported with CCA and/or treatment provider
97 – In jail; detained (incl. as sanction)
98 – Failed to appear for this hearing or no report from treatment provider (use this code only for cases for which we know nothing specific and/or verified about the participant's progress in treatment; otherwise use appropriate sanctionable/rewardable behavior)

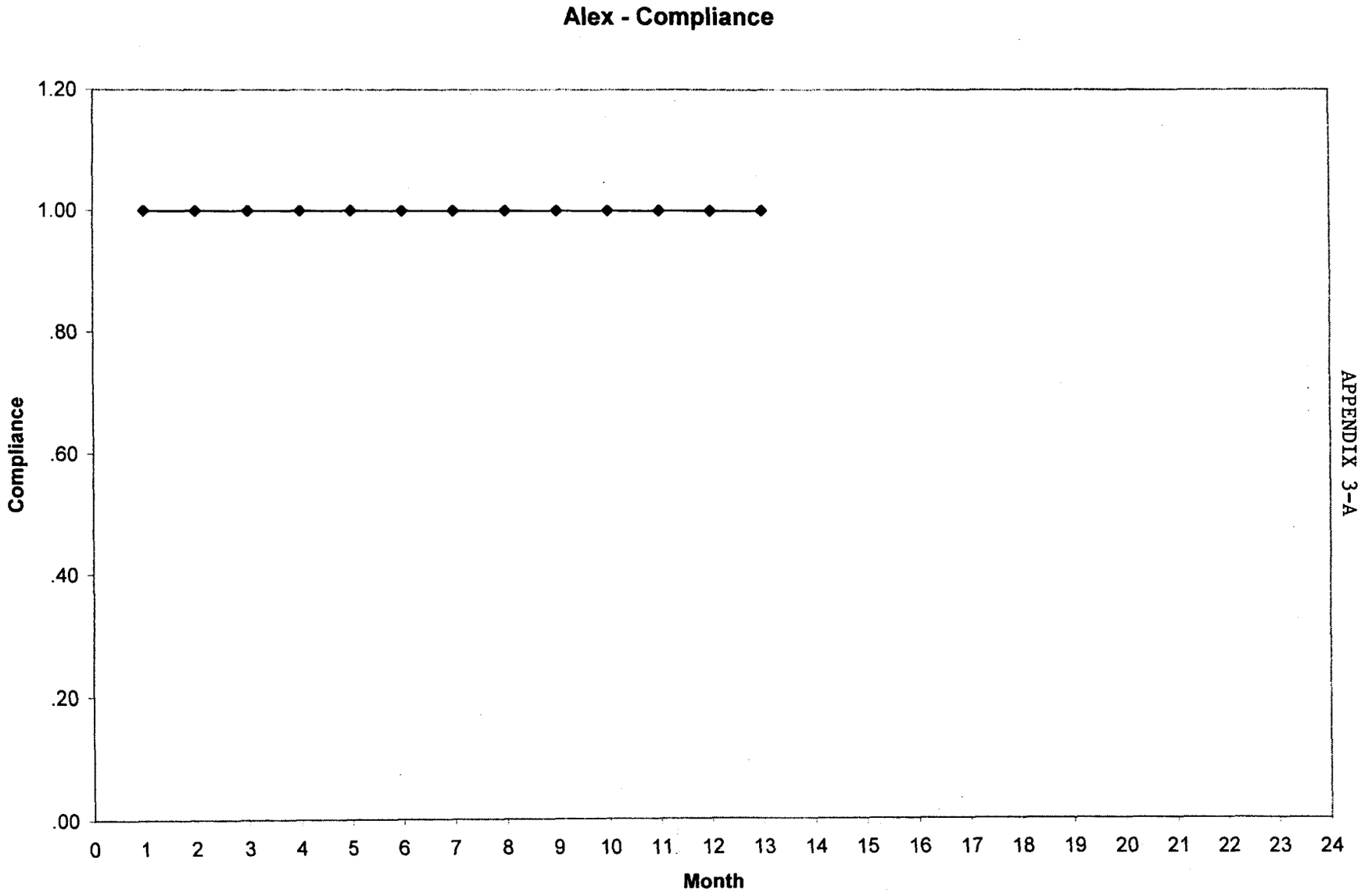
ACTCASE Activity Status of Case

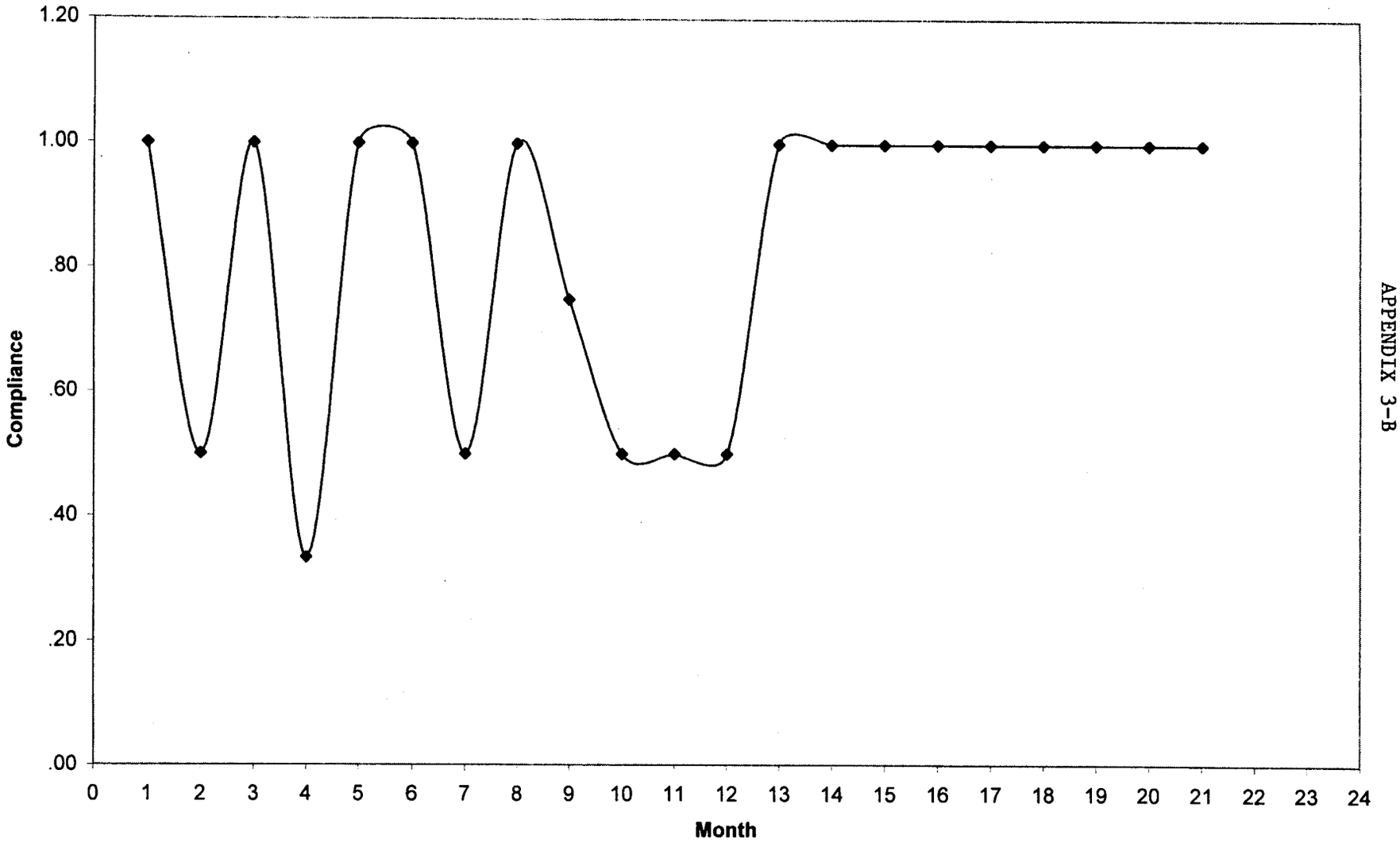
0 – Prematurely terminated from program
1 – Currently active
2 – Program graduate

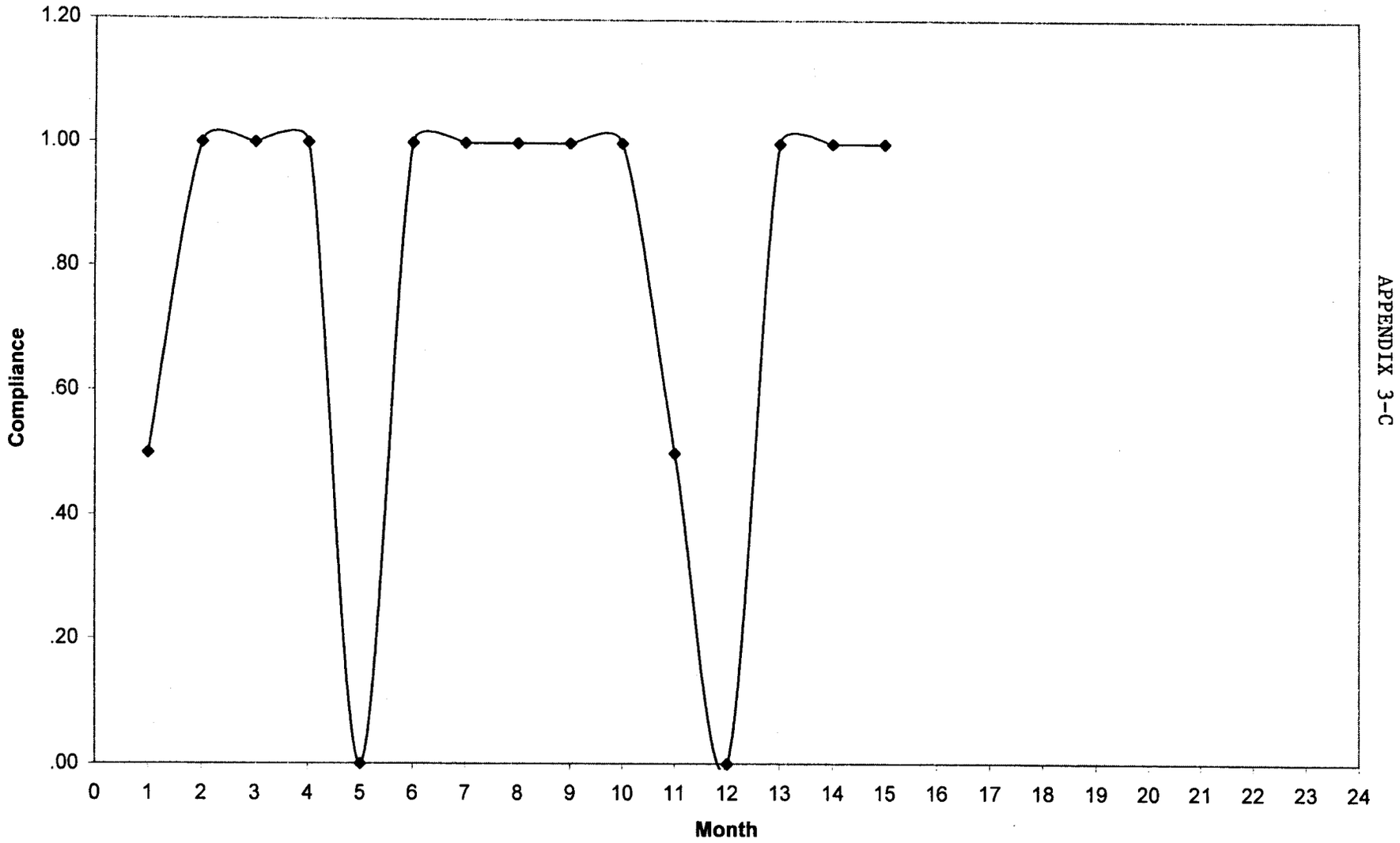
USED Has Participant Relapsed Since Last Scheduled Court Appearance

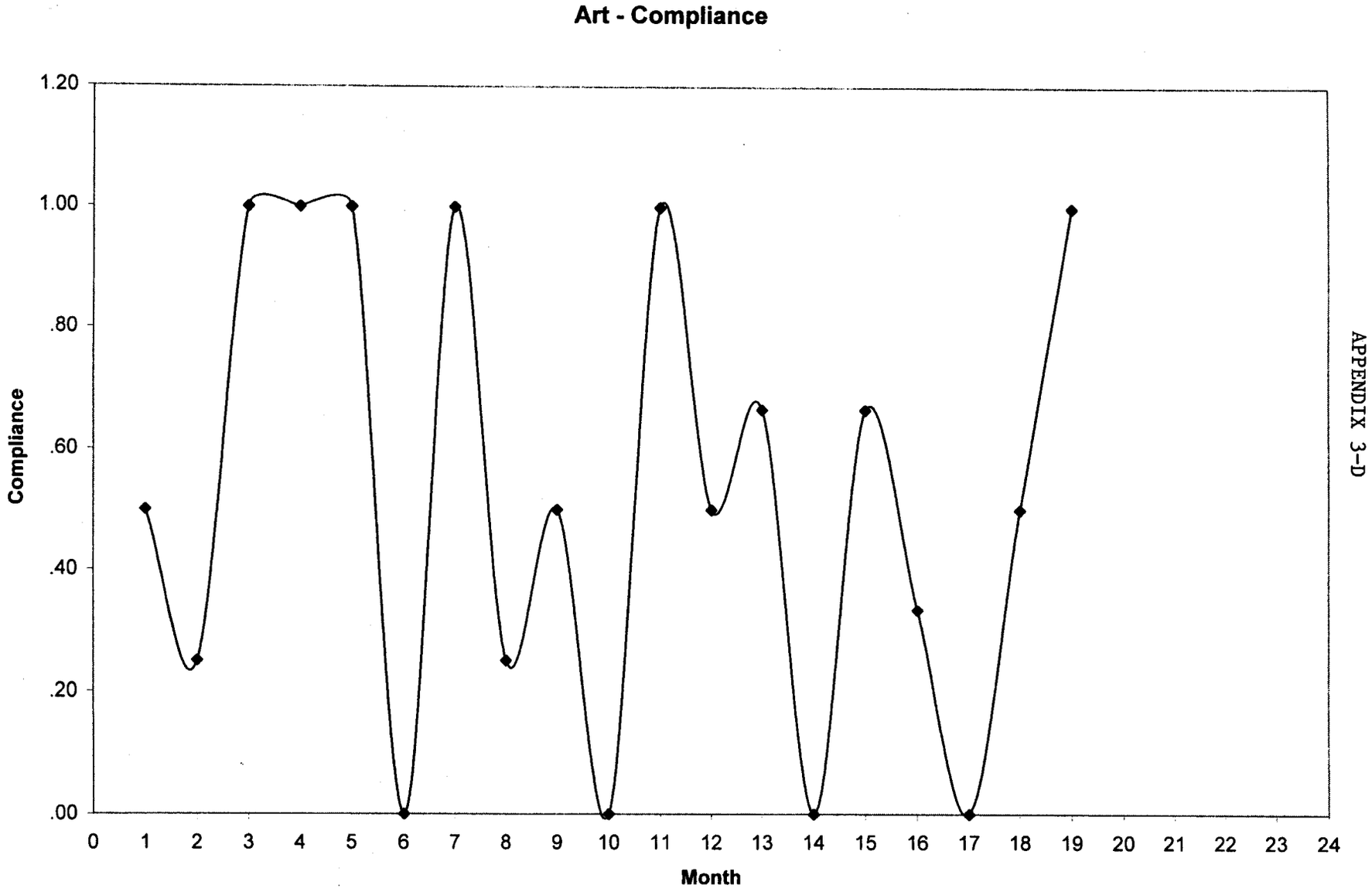
0 – No
1 – Yes

PERIOD	Four-Week Period of Participation Since Contract Signing 1 – First four-week period etc.
NOPROBS	Number of Problems Identified at this Appearance
SEX	Participant's Sex 0 – Male 1 – Female
RACEETH	Race/Ethnicity of Participant 1 – African American 2 – European American 3 – Hispanic surname
AGECONT	Age of Participant at the Time of Contract Signing
HICHARGE	Participant's Highest Level Charge FB – B Felony FC - C Felony FD - D Felony FE - E Felony MA – A Misdemeanor MB - B Misdemeanor
NOPEND	Number of Cases Pending
DOC	Drug of Choice 1 - Alcohol 3 – Crack cocaine 9 - Heroin 18 – Marijuana









APPENDIX 3-D

List of References

Anglin, M. Douglas and Yih-Ing Hser. 1990. "Treatment of Drug Abuse." Pp. 393-460 in *Drugs and Crime* edited by M. Tonry and J.Q. Wilson. Chicago: University of Chicago.

Aukerman, Robert B. and Peggy McGarry. 1994. *Combining Substance Abuse Treatment with Intermediate Sanctions for Adults in the Criminal Justice System: Treatment Improvement Protocol (YIP) Series* No.12. Rockville MD: Center for Substance Abuse Treatment.

Babor, Thomas F., Ned L. Cooney, and Richard J. Lauerman. 1986. "The Drug Dependence Syndrome Concept as an Organizing Principle in the Explanation and Prediction of Relapse." Pp. 20-35 in *Relapse and Recovery in Drug Abuse: NIDA Research Monograph 72* edited by F.M. Tims and C.G.Leukefeld. Rockville MD: National Institute on Drug Abuse.

Beutler, Larry E., Heidi Zetzer, and Elizabeth Yost. 1997. "Tailoring Investigations to Clients: Effects on Engagement and Retention." Pp. 85-109 in *Beyond the Therapeutic Alliance: Keeping the Drug-Dependent Individual in Treatment: NIDA Research Monograph 165* edited by L.S. Onken, J.D. Blaine, and J.J. Boren. Rockville MD: National Institute on Drug Abuse.

Brown, James. 1997, Winter. "Drug Diversion Courts: Are They Needed and Will They Succeed in Breaking the Cycle of Drug-Related Crime?" *New England Journal on Criminal and Civil Confinement* 23: 63-99.

Carroll, Marilyn E. 1998. "Acquisition and Reacquisition (Relapse) of Drug Abuse: Modulation by Alternative Reinforcers." Pp. 6-25 in *Laboratory Behavioral Studies of Vulnerability to Drug Abuse: NIDA Research Monograph 169* edited by C.L. Wetherington and J.L.Falk. Rockville MD: National Institute on Drug Abuse.

Center for Substance Abuse Treatment. 1996, September 4. *The National Treatment Improvement Evaluation Study (NTIES)*. http://www.samhsa.gov/csat/nties/glance2.htm.

Daly, Kathleen. 1994. *Gender, Crime, and Punishment*. New Haven CN: Yale University Press.

DiClemente, Carlo C. and Carl W. Scott. 1997. "Stages of Change: Interactions with Treatment Compliance and Involvement." Pp. 131-156 in *Beyond the Therapeutic Alliance: Keeping the Drug-Dependent Individual in Treatment: NIDA Research Monograph 165* edited by L.S. Onken, J.D. Blaine, and J.J. Boren. Rockville MD: National Institute on Drug Abuse.

French, Michael T., Gary A. Zarkin, Robert L. Hubbard, and J. Valley Rachal. 1993. "The Effects of Time in Drug Abuse Treatment and Employment on Posttreatment Drug Use and Criminal Activity." *The American Journal of Drug and Alcohol Abuse* 19 (1): 19-33.

George, Frank R. 1998. "Integrating Genetic and Behavioral Models in the Study of Substance

Abuse Mechanisms." Pp. 209-226 in *Laboratory Behavioral Studies of Vulnerability to Drug Abuse: NIDA Research Monograph 169* edited by C.L. Wetherington and J.L.Falk. Rockville MD: National Institute on Drug Abuse.

Glaser, Barney G. and Anselm L. Strauss. 1967. *The Discovery of Grounded Theory*. Chicago: Aldine.

Goeders, Nick E. 1998. "Stress, the Hypothalamic- Pituitary-Adrenal Axis, and Vulnerability to Drug Abuse." Pp. 83-104 i*n Laboratory Behavioral Studies of Vulnerability to Drug Abuse: NIDA Research Monograph 1*69 edited by C.L. Wetherington and J.L. Falk. Rockville MD: National Institute on Drug Abuse.

Gordon, Harold W. and Meyer D. Glantz. 1996. "Introduction: Individual Differences in the Biobehavioral Etiology of Drug Abuse." Pp. 1-15 in *Individual Differences in the Biobehavioral Etiology of Drug Abuse: NIDA Research Monograph 159* edited by H.W. Gordon and M.D. Glantz. Rockville MD: National Institute on Drug Abuse.

Hall, Sharon and Barbara E. Havassy. 1986. "Commitment to Abstinence and Relapse to Tobacco, Alcohol, and Opiates." Pp.118-135 i*n Relapse and Recovery in Drug Abuse: NIDA Research Monograph* 72 edited by F.M.Tims and C.G.Leukefeld. Rockville MD: National Institute on Drug Abuse.

Harrell, Adele. 1998. "Drug Courts and the Role of Graduated Sanctions." *Research Previe*w. Washington DC: National Institute of Justice.

Harrison, Lana D. 1992, Summer. "The Drug-Crime Nexus in the USA." *Contemporary Drug Problem*s 19 (2): 203-45.

Harrison, Lana and Joseph Gfroerer. 1992. "The Intersection of Drug Use and Criminal Behavior: Results from the National Household Survey of Drug Abuse." *Crime and Delinquency* 38: 422-443.

Harwood, Henrick J., Robert L. Hubbard, James J. Collins, and J. Valley Rachal. 1988. "The Costs of Crime and the Benefits of Drug Abuse Treatment: A Cost-Benefit Analysis Using TOPS Data." Pp. 209-235 in *Compulsory Treatment of Drug Abuse: Research and Clinical Practice: NIDA Research Monograph 86* edited by C.G. Leukefeld and F.M. Tims. Rockville MD: National Institute on Drug Abuse.

Higgins, Stephen T. and Alan J. Budney. 1997. "From the Initial Clinic Contact to Aftercare: A Brief Review of Effective Strategies for Retaining Cocaine Abusers in Treatment." Pp. 25-43 in *Beyond the Therapeutic Alliance: Keeping the Drug-Dependent Individual in Treatment: NIDA Research Monograph 165*, edited by L.S. Onken, J.D. Blaine, and J.J. Boren. Rockville MD: National Institute on Drug Abuse.

Hubbard, Robert L., James J. Collins, J. Valley Rachal, and Elizabeth R. Cavanaugh. 1988. "The Criminal Justice Client in Drug Abuse Treatment." Pp.57-80 in *Compulsory Treatment of Drug Abuse: Research and Clinical Practice: NIDA Research Monograph 86* edited by C.G. Leukefeld and F.M. Tims. Rockville MD: National Institute on Drug Abuse.

Kinney, Jean and Gwen Leaton. 1987. *Loosening the Grip: A Handbook of Alcohol Information.* St. Louis: Times Mirror/Mosby College Publishing.

Klein, Joe. 1997 June 16. "In God They Trust." *The New Yorker* 40-48.

Leshner, Alan I. 1998, October. "Addiction is a Brain Disease—And It Matters." *National Institute of Justice Journal*: 2-6.

Liese, Bruce S. and Aaron T. Beck. 1997. "Back to Basics: Fundamental Cognitive Therapy Skills for Keeping Drug-Dependent Individuals in Treatment." Pp.207-232 in *Beyond the Therapeutic Alliance: Keeping the Drug-Dependent Individual in Treatment: NIDA Research Monograph 165* edited by L.S. Onken, J.D. Blaine, and J.J. Boren. Rockville MD: National Institute on Drug Abuse.

Lipton, Douglas S. 1995. "The Effectiveness of Treatment for Drug Abusers Under Criminal Justice Supervision." *Research Report*. Washington DC. National Institute of Justice.

Luborsky, Lester, Jacques P. Barber, Lynne Siqueland, A. Thomas McLellan, and George Woody. 1997. "Establishing a Therapeutic Alliance with Substance Abusers." Pp.233-244 in *Beyond the Therapeutic Alliance: Keeping the Drug-Dependent Individual in Treatment: NIDA Research Monograph 165* edited by L.S. Onken, J.D. Blaine, and J.J. Boren. Rockville MD: National Institute on Drug Abuse.

Maddux, James F. and David P. Desmond. 1986. "Relapse and Recovery in Substance Abuse Careers." Pp. 49-71 in *Relapse and Recovery in Drug Abuse: NIDA Research Monograph 72* edited by F.M. Tims and C.G. Leukefeld. Rockville MD: National Institute on Drug Abuse.

May, William W. 1994 Sept.-Oct. "Spiritual Focus as Therapeutic Strategy." *Behavioral Health Management* 14: 35-7.

Morash, Merry, Robin N. Haarr, and Lila Rucker. 1994. "A Comparison of Programming for Women and Men in U.S. Prisons in the 1980s." *Crime and Delinquency* 40: 197-221.

Nash, Madeleine. 1997, May 5. "Addicted: Why Do People Get Hooked? Mounting Evidence Points to a Powerful Brain Chemical Called Dopamine." *Time*.

National Association of Drug Court Professionals, Drug Court Standards Committee. 1997

January. *Defining Drug Courts: The Key Components*. Washington DC: Drug Courts Program Office, Office of Justice Programs, U.S. Department of Justice.

National Consensus Development Panel on Effective Medical Treatment of Opiate Addiction. 1998. "Effective Medical Treatment of Opiate Addiction." *Journal of the American Medical Association*: 280:1936-43.

National Criminal Justice Association. 1989 January. *Treatment Options for Drug-Dependent Offenders: A Policy Overview*. Washington DC: Bureau of Justice Assistance.

National Institute of Justice. 1996. "1996 Drug use Forecasting: Annual Report on Adult and Juvenile Arrestees." *National Institute of Justice Research Report*. Washington DC: Author.

National Institute of Justice. 1999. "*1998 Annual Report on Drug Use Among Adult and Juvenile Arrestees.*" Washington DC: Author.

National Institute on Drug Abuse. 1993. *Recovery Training and Self-Help: Relapse Prevention and Aftercare for Drug Addicts*. Rockville MD: Author.

Nolan, James. 1998. *The Therapeutic State: Justifying Government at Century's End.* New York: New York University Press.

Piazza, Pier Vincenzo, Véronique Deroche, Françoise Rougé-Pont, and Michel Le Moal. 1998. "Behavioral and Biological Factors Associated with Individual Vulnerability to Psychostimulant Abuse." Pp. 105-133 in *Laboratory Behavioral Studies of Vulnerability to Drug Abuse: NIDA Research Monograph 169* edited by C.L. Wetherington and J.L. Falk. Rockville MD: National Institute on Drug Abuse.

Prendergast, Michael L. M. Douglas Anglin, and Jean Wellisch. 1995. "Treatment for Drug-Abusing Offenders Under Community Supervision." *Federal Probation* 59 (4): 66-75.

Prochaska, James O. and Carlo C. DiClemente. 1984. *The Transtheoretical Approach: Crossing Traditional Boundaries of Therapy*. Homewood IL: Dow Jones-Irwin.

Prochaska, James O., Carlo C. DiClemente, and John C. Norcross. 1992. "In Search of How People Change: Applications to Addictive Behaviors." *American Psychologist* 47:1102-1114.

Rhodes, William and Michael Gross. 1997 March. "Case Management Reduces Drug Use and Criminality Among Drug-Involved Arrestees: An Experimental Study of an HIV Prevention Intervention." *Research Report*. Washington DC: National Institute of Justice.

Simpson, D. Dwayne and Kerry L. Marsh. 1986. "Relapse and Recovery Among Opioid Addicts 12 Years After Treatment." Pp. 86-103 in *Relapse and Recovery in Drug Abuse: NIDA Research*

Monograph 72 edited by F.M. Tims and C.G. Leukefeld. Rockville MD: National Institute on Drug Abuse.

Smith, Michael O. 1993 May 21. "Lincoln Hospital Acupuncture Drug Abuse Program." Testimony Presented to the NIH Office of Alternative Medicine and the National Wellness Coalition, Dirksen Senate Office Building.

Stanton, M. Duncan. 1997. "The Role of Family and Significant Others in the Engagement and Retention of Drug-Dependent Individuals," Pp.157-180 in *Beyond the Therapeutic Alliance: Keeping the Drug-Dependent Individual in Treatment: NIDA Research Monograph 165* edited by L.S. Onken, J.D. Blaine, and J.J. Boren. Rockville MD: National Institute on Drug Abuse.

Tauber, Jeffrey S. 1991 November 7. "The Importance of Immediate Intervention in a Comprehensive Court-Ordered Drug Rehabilitation Program: A Preliminary Evaluation of the FIRST Diversion Project, A Drug Diversion Program of the Oakland-Piedmont-Emeryville Municipal Court and the Alameda County Probation Department." Paper presented at The National Conference on Substance Abuse and the Courts, Washington DC.

VanBremen, Jane R. and Ira J. Chasnoff. 1994. "Policy Issues for Integrating Parenting Interventions and Addiction Treatment for Women." *Topics in Early Childhood Special Education* 14: 254-74.

Wellisch, Jean, Michael L. Prendergast, and M. Douglas Anglin. 1994. *Drug-Abusing Women Offenders: Results of a National Survey*. Washington DC: National Institute of Justice.

Wesson, Donald R., Barbara E. Havassy, and David E. Smith. 1986. "Theories of Relapse and Recovery and Their Implications for Drug Abuse Treatment." Pp.5-19 in *Relapse and Recovery in Drug Abuse: NIDA Research Monograph 72* edited by F.M. Tims and C.G. Leukefeld. Rockville MD: National Institute on Drug Abuse.

Woods, James H. 1998. "Toward an Account of Individual Differences in Drug Abuse." Pp.2-5 in *Laboratory Behavioral Studies of Vulnerability to Drug Abuse: NIDA Research Monograph 169* edited by C.L. Wetherington and J.L. Falk. Rockville MD: National Institute on Drug Abuse.