

# Consumers' Perspectives on Court-Affiliated Drug Treatment Programs

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## Summary

The high rate recidivism among criminal offenders with substance abuse problems has resulted in jail overcrowding at both state and national levels, and has stimulated the criminal justice system to become involved in the treatment as well as punishment of these offenders. Drug Courts are a major form of this 'therapeutic jurisprudence.' Drug Courts provide a non-adversarial approach to processing non-violent offenders with substance abuse problems, offering them treatment in conjunction with court-supervision rather than incarceration. In addition to the approximately 1700 Drug Courts currently functioning across the country (170 in California), California has court-affiliated drug treatment programs mandated through Proposition 36, the Substance Abuse and Crime Prevention Act. This Act allows non-violent criminal offenders who are charged with drug use, possession, or transportation to receive treatment instead of incarceration.

The research on Drug Courts, and the more recently implemented Proposition 36 Courts finds these programs to be promising with regard to reducing recidivism and rehabilitating drug-using offenders, with approximately 40-50% program completion rates overall. However, there is still a lot to be learned regarding the needs of the diverse populations that are served by these programs, and particularly with regard to identification of those elements of treatment that are most helpful to them.

The purpose of this study was to utilize consumer reports to identify differences in the needs and experiences of participants who did and did not complete a court-affiliated drug treatment program. Areas examined included: a) participants' history of substance use; b) motivations for entering treatment; c) treatment satisfaction, including program components found to be most and least helpful; d) family and social support or stress; and e) consumers' perceptions of those factors that contributed to their program completion or failure.

Interviews were conducted with 190 program participants: 94 had completed either a Drug Court or an intensive Proposition 36 Court in central California, and 96 had failed to complete one of the same programs. The survey instrument contained open-ended questions, and two structured questionnaires, the *Treatment Motivation Questionnaire*, and the *Mental Health Statistics Improvement Program (MHSIP) Adult Consumer Survey*. The open-ended questions were coded using ethnographic content analysis to allow categories to emerge based on participant responses.

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Key findings included the following:

- Program completers and non-completers alike had a number of significant risk factors. Participants started using, on average, as teenagers with either friends or family. Respondents in both groups were also more likely to have experienced physical and sexual abuse and to have school problems than is evident in the population at large. A few risk factors, such as the presence of a cognitive disability (learning disability or attention-deficit/hyperactivity disorder) and starting substance use in response to emotional stress were more prevalent among non-completers than completers.
- Although all participants entered treatment to avoid going to jail or prison, many were also motivated to gain sobriety and have a healthier life. Program completers were more likely than non-completers to report internal motivation for entering and remaining in treatment, while many non-completers indicated that it was their own lack of personal motivation that was responsible for their treatment failure.
- Participants who completed treatment were more satisfied with the programs than were those who did not complete treatment. Further, some participants left before they had a chance to experience enough treatment to comment on the most and least helpful aspects of it. Participants who completed treatment were more likely than non-completers to turn to staff for help when they experienced stress or considered dropping out.
- Participants varied in their perspectives on what were the most and least helpful aspects of treatment. In particular, some participants found the groups a valuable component to their treatment, while others found the group format difficult to utilize, instead preferring individual counseling. These mixed preferences were noted among completers and non-completers alike.
- Program completers and non-completers reported that they had both supportive and stressful relationships with family and friends. What differentiated those who completed the program from those who did not were the efforts made by program completers to remove themselves from family and friends who continued to use drugs and alcohol and to create new relationships with family and friends in recovery. This was less evident in participants who did not complete treatment, many of whom acknowledged that a change in environment might have helped them to remain in treatment.
- Participants in both groups described personal, familial and social problems which distracted them from treatment. Participants who did not successfully complete treatment were more likely to note practical problems with regard to housing, transportation, employment and childcare, and were less likely to separate themselves from individuals whose needs interfered with their treatment.

### Implications and Recommendations

- 1) **Participants have psychosocial risk factors which can affect treatment.** Although many participants had 'risk' factors which would impede their success in treatment, including histories of sexual and physical abuse and limited education, they were still able to complete treatment, suggesting that the comprehensive array of services available to them was sufficient to address those needs. However, participants with a learning disability or attention-deficit/hyperactivity disorder, as well as those whose substance use was initiated to ameliorate emotional distress, were at greatest risk for failure. These problems can affect many aspects of participants' lives, as well as their receptivity to treatment. It is important to assure that program resources are available to assess and treat participants with these needs.
- 2) **Personal motivation plays a significant role in treatment even among participants mandated into treatment.** Participants with substance abuse problems vary in their readiness to accept that they have a problem and need to reduce or stop drug use. How to increase participants' internal motivation for treatment is an issue that must be addressed. Treatment should be tailored to participants' readiness for change by working with participant resistance and ambivalence rather than trying to convince participants to make major changes before they are ready to do so.
- 3) **Participants need to invest in treatment so that they will turn to treatment when they feel challenged or want to quit.** In addition to the participants who failed to complete treatment, a majority of program completers indicated that at some point during treatment they considered dropping out. Their investment in the program, including positive relationships with program staff, made the program a resource they could turn to when they thought about using or leaving. Early in treatment, focus should be placed on helping participants form a bond with one or more counselors, staff members, or other participants in recovery. Further, providers need to be concerned about staff turnover as this interferes with engagement in treatment.
- 4) **There is need for structure, but also alternatives in treatment.** The intensity of the programs and their requirements was noted as challenging by many participants, particularly by those who were not successful. However, the length of these programs and level of accountability are critical to their success. From a policy perspective maintaining the intensity of treatment is important, while treatment providers need to help participants adjust by recognizing the stress created for them. In addition, participants varied in their perspectives on what were the most and least helpful parts of treatment. In particular, some participants found the groups a valuable component of treatment, while others found the groups difficult to utilize, instead preferring individual counseling. These mixed preferences were noted among completers and non-completers alike. Thus, programs should make alternate methods of treatment available in order to reach participants with different preferences and needs.

- 5) **Participants are more successful in treatment when they have or develop supportive social relationships.** Successful participants were more likely than unsuccessful participants to make changes in their support systems. Some participants may need greater assistance in forging new relationships in order to leave family and friends who are unsupportive or who have needs that distract the participant from treatment. Helping participants form bonds with others in recovery is an important part of the treatment process, particularly for those participants who have difficulties with social relationships and may not be successful doing so on their own.
- 6) **Drug and alcohol treatment requires attention to a broad range of psychosocial problems.** While many participants had personal, familial and social needs prior to entering treatment, some of them perceived that they were unable to successfully complete treatment because of the competing demands of these other concerns. This may particularly be true for participants with cognitive disabilities, who may need special assistance in obtaining employment and working through other interpersonal problems. By assessing these needs early in treatment, providers can address them as part of their treatment protocols.
- 7) Finally, this study demonstrated that **consumer surveys yield valuable information** not obtainable through other means.