

A Social Worker's Role in Drug Court

SAGE Open
April-June 2014: 1-9
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DOI: 10.1177/2158244014535413
sgo.sagepub.com


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Abstract

Drug Courts offer alternative sentencing for individuals with drug-related criminal charges, and although there is no mandate requiring a social worker to be a member of the team, this case study concludes that social workers have a unique purpose on the professional team resulting from their generalist and specialist knowledge and skills. The use of this knowledge and skill is illustrated in this descriptive account of the role of a social worker in a midwestern county in the United States. The implication of this case study suggests social workers should be included on drug court teams.

Keywords

drug court, substance abuse treatment, criminal justice, social work treatment, social work roles, case study

Introduction

An estimated 55% of the individuals imprisoned for drug use or drug-related offenses recidivate within 3 years of their release (Marlowe, 2002). These offenders move through the criminal justice system in a predictable pattern: arrest, prosecution, conviction, incarceration, and release. In a few days, weeks, or months, the process begins again. Yet, where strategies to reduce drug use and drug-related crimes have failed, drug court programs are linked with reductions for both criminal and drug use recidivism. The national recidivism rate drops to 16.4% after 1 year when offenders complete a drug court program (Huddleston III, Freeman-Wilson, & Boone, 2004). Drug use is a burden on many systems such as mental health, child welfare, judicial, corrections, prisons, and family and community. Nationally, an estimated 80% of all offenders in the criminal justice system (nearly 1.4 million people) have substance dependency issues. Furthermore, approximately 3 million individuals on probation in the community also have substance dependency issues (Tauber & Huddleston, 1999).

The traditional role of social work within the legal system has been uncomfortable for many social workers. The legal system has been referred to as “an authoritarian system that dehumanizes, discriminates, and focuses on custody instead of rehabilitation” (Van Wormer, 1999, p. 82). There are five main purposes of punishment. First, general deterrence works under the assumption that public punishment will deter others from committing the same crime. Similarly, the second purpose is individual deterrence, which ascribes that punishing a person will prevent him or her from committing the same crime again. Third, retribution is punishment in exchange for the harm caused or “just deserts.” Fourth, incapacitation theory claims that if offenders are incarcerated,

they cannot commit more crimes. Last and the least popular in the criminal justice system is a reform or rehabilitation focus that uses positive steps to change offenders' behavior (Brody & Acker, 2011). This is the most appropriate focus for a drug court because the other purposes of punishment do not take addiction and related symptoms into consideration.

Social workers operate from a due process perspective while the legal system has been operating from a punitive and crime control perspective for the past two decades. Segal, Gerdes, and Steiner (2007) note that if the legal system were based on a strengths perspective, the focus would be on prevention, treatment, and rehabilitation. Drug courts appear to embrace these strengths by operating on a treatment team approach and using 10 guiding principles, the “Key Components” that define drug courts. The 10 Key Components of drug courts are supported by research on drug abuse prevention and treatment, and they enable drug court teams to address the rehabilitative needs of the drug offender from arrest to release (Office of Justice Programs [OJP], Drug Courts Program Office, and U.S. Department of Justice, 1997).

Depending on the county or jurisdiction, there may be specific requirements to make a drug offender eligible for drug court inclusion. Some require that the offender voluntarily enter treatment and remain under drug court supervision for a specified period of time while others will only accept offenders with a crime of simple possession. Yet,

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there are other drug courts that will accept any offender with a non-violent drug charge. These programs are a mix of repeat and first time offenders.

Although drug courts do not require a social worker to be on the drug court team, the structure and function of the team seem favorable to social work participation. There is a lack of drug court literature related to the social worker's role, so this research seeks to fill this gap. The purpose of this case study is to qualitatively describe a social worker's role and evaluate her contributions to the drug court team as based on the 10 Key Components of Drug Courts.

Literature Review

The legal system has been ineffective in dealing with drug-related offenses and in treating drug-addicted offenders. Offenders were seldom assessed for drug addictions, and offenders seeking treatment often faced long delays with little incentive to complete treatment programs. In the 1980s, the manner in which offenders were treated in Dade County, Miami, is illustrative. Dade County experienced a surge in crack cocaine use, and due to sentencing guidelines imposing harsh mandatory penalties for drug offenses, courts and jails became overcrowded (Dorf & Fagan, 2003). The justice and correctional systems were overwhelmed with thousands of individuals charged with the purchase and possession of controlled substances. The "three strikes" laws that imposed potential life sentences for three drug convictions only worsened the prison overcrowding problem.

By 1989, Dade County introduced the first known "Drug Court" focusing on treatment and rehabilitation of drug-related offenders. Drug Court used a non-adversarial team approach to monitor participants' behavior. Participants were held accountable through frequent drug screenings and regular court appearances (Supreme Court Task Force on Treatment-Based Drug Courts, 2004). The outcomes showed twice the success of traditional courts in rehabilitating offenders and saving the criminal justice system money, so other areas implemented drug courts as an alternative to incarceration for non-violent drug-related offences as well.

In April 2013, the U.S. Department of Justice reported 2,700 drug courts currently operating in the United States (U.S. Department of Justice, 2013). The mission of drug courts is to "... make offenders accountable for their actions, bringing about a behavioral change that ends recidivism, stops the abuse of alcohol, and protects the public" (OJP, Drug Courts Program Office, and U.S. Department of Justice, 1997, p. 1). Individuals faced with drug-related criminal charges have the opportunity to participate in treatment rather than incarceration. Successful completion of the program could result in dismissed charges, a reduced sentence, a lesser penalty, or any combination for the drug court participant.

Drug courts differ from traditional American courts in that they specialize in drug cases only and focus on tangible solutions such as problem-focused treatment. Oftentimes, all

of the courtroom actors through collaboration (i.e., judge, social worker, defense attorney, prosecutor) monitor the defendant and hold him or her accountable. This is very different from the average assembly line justice where defendants are processed time and time again by different criminal justice personnel without emphasis on individual-level concerns, rehabilitation, or efforts to reduce recidivism (Lynch, 2009).

Drug courts create a non-adversarial partnership between the criminal justice system, treatment providers, and other available community services. Drug courts use established treatment methods to help the offender progress through various stages of treatment. For example, treatment begins with assessment and stabilization and may include detoxification. Depending on the offender's unique needs, the offender moves to another phase of treatment that might include group therapy. Drug courts may also help offenders return to their community with housing, education, and employment assistance. Compliance in the program is within the individual's control and is based on measurable performance (OJP, 1997).

Drug court teams typically consist of a judge, prosecutor, public defender, case managers, and treatment providers. The judge focuses on offender accountability whereas the prosecutor and public defender focus on legal due process. The criminal justice system has the ability to closely monitor and provide multiple levels of physical and mental health treatment to restore individuals and communities. Treatment providers keep the judge informed about participants' treatment progress. Case managers focus on daily supervision such as drug screens and support meetings, as well as working with participants to meet their goals. The case managers may assist with suitable housing, employment, and education goals. Based on team input, the judge may reward a participant with incentives such as public recognition, certificates, and elevation to the next program phase. The judge may also impose sanctions for non-compliant individuals such as serving jail time, performing community services, receiving additional treatment, and demotion to a lower phase in the program (OJP, Drug Courts Program Office, and U.S. Department of Justice, 1997).

Drug courts may act as a catalyst for enlisting offenders into substance abuse treatment as a more desirable alternative to prison. In addition, drug courts might exert social pressure by persuading the offender to have a positive view of substance abuse treatment (Maeder & Wiener, 2008). Once offenders are involved in treatment, there is naturally a requirement for drug court teams to have the training, values, and conceptual frameworks to assist individuals in successful completion of their drug court program. Social workers have a long history of working with vulnerable clients, and the criminal court system is crowded with vulnerable victims and offenders. In addition, the role of the social worker within the drug court system is to serve as an advocate and seek social justice for vulnerable people. Tyuse and Linhorst (2005) note that drug court participants often are minorities, are unemployed, have histories of sexual and/or physical

abuse, have a history of mental illness, have a history of failed drug treatment admissions, and have a history of suicide attempts. Drug court social workers are in a position to connect participants with services and support. Social workers tailor treatment plans to work with the individual need and the available community resources.

A commonality between the social work profession and the drug courts is an emphasis on helping people change their behavior, develop self-efficacy, and set goals benefiting themselves and others (Clark, 2001). A de-emphasis on social retribution for drug offending allows social workers and drug court treatment teams to focus on restorative justice—justice that reintegrates drug court participants into the community by instilling the values of responsibility and accountability (Van Wormer, 2004). There is an incentive to communities to support substance abuse treatment, as substance abuse is correlated with increases in crime (Gottfredson, Kearley, & Bushway, 2008). Social workers advocate for the participants and work to get more people into treatment through diversion from the criminal justice system (Tyuse & Linhorst, 2005). The effectiveness and process of these social worker activities have not been given much attention in the research literature. Deschenes et al. (2001) propose that structural and process characteristics need to be further evaluated, and qualitative research is important to clarifying the findings of quantitative studies.

Method

The current research is an in-depth descriptive explanatory case study of a social worker in a midwestern county drug court that took place over the course of 2 years. The qualitative data were collected through a series of interviews with the social worker and observation. In 1997, the National Association of Drug Court Professionals (NADCP) Standards Committee, the OJP, the Drug Courts Program Office, and the U. S. Department of Justice developed “The Key Components.” These key components define drug courts and distinguish drug court programs from other judicial programs that do not provide treatment and intervention (NADCP and U.N. Office of Drug Control, 2014; OJP, Drug Courts Program Office, and U.S. Department of Justice, 1997). This case study describes a social worker’s implementation of each of the 10 Key Components of the drug court process. The data, written responses to interview questions and observation notes, were analyzed using content analysis. True to the case study method, it is hoped that this qualitative case study can be used to form the analytic framework for future studies of social workers in drug courts.

Characteristics of the Midwestern County Drug Court

The drug court team consists of the judge, prosecutor, case manager, home verification officer, probation officer, community corrections representative, attorney, and the director.

The director is the social worker and central focus of this case study. She was the first person hired by the drug court judge within the first year of operation in 2005. All team members attend yearly drug court training through the state and the NADCP. In addition, team members participate in ongoing training specific to their profession. Competence through professional education and training is essential to the function of the county drug court. The expertise acquired by the drug court team allows them to provide training and support to other units of the criminal justice system.

The judge is a vital figure in setting a non-punitive tone with participants and the drug court team. The director coordinates the team and maintains the posture of acceptance, respect, and encouragement toward the participants. The judge is involved in every aspect of the participants’ treatment, including receiving the drug screen results, setting fee schedules, and reading daily compliance reports. Similar to most drug courts, the judge commends participants with incentives to encourage their successful recovery and punishes participants by sending them to jail when all attempts by the team to support the participant in a substance abuse treatment program have failed.

The full team meets with the judge once a week to screen new applicants and discuss existing drug court participants. The drug court director, case manager, and home verification officer meet daily to review cases, support one another, make decisions on types of treatment offered to participants, and ensure participants are completing the judge’s mandates on treatment requirements. The drug court team typically assesses 50 alcohol and drug offenders on average each month for their appropriateness to participate in substance abuse treatment. The drug court works with repeat alcohol offenders such as those persons who receive Driving Under the Influence violations in addition to persons who abuse illegal substances. There have been 49 graduates of the 18-month intensive treatment program since the program’s inception.

The Social Worker and the Drug Court Screening Procedures

The social worker who responded to the 10 Key Components of Drug Court interview has a master of social work degree and extensive preparation and work experience in the area of substance abuse treatment. She has, for the past 26 years, worked in agencies specializing in the treatment of addictive disorders. The social worker is a certified addiction counselor and holds a state-level credential as a substance abuse management specialist in drug courts. She has served in the director’s position on drug court for 4 years.

The targeted population for this particular midwestern County Drug Court is the non-violent drug offender who is abusing substances or is chemically dependent. After an arrest, the offender’s case file is sent to the prosecutor’s office for review. The prosecutor then determines whether the suspect is a potential candidate for drug court in lieu of

prosecution. Prosecutors have wide discretion, so the factors leading to their selection of participants is outside the scope of this study. If an offender is determined appropriate for substance abuse treatment, a court minute is entered for the offender to be evaluated by a drug court staff member. The role of the social worker begins with the initial interview and assessment of the offender. Assessment instruments are used to obtain criminal history, criminal attitudes, criminal associates, and antisocial personality patterns. Employment, family history, and substance abuse history are explored. Potential drug court participants are clinically assessed by the social worker to determine biological, psychological, sociological, and spiritual factors that may affect motivation for self-determination in the program. On completion of the intake interview, the findings are reported to the drug court team to determine eligibility for drug court participation.

The goal of the drug court is abstinence from drugs, which is non-negotiable. However, once a participant is accepted, other areas of treatment, intervention, and rehabilitation allow more client participation regarding goals (Clark, 2001). The social worker helps them explore the means to reach their goals. Social workers often work with participants to address other issues in their lives. This drug court program provides a full range of substance abuse services, including detoxification, residential services, outpatient services, aftercare, cognitive restructuring classes, support groups, and relapse prevention. The social worker works closely with the case manager who is responsible for daily supervision of participants. The case manager oversees drug testing, treatment compliance, home visits, and progress toward goals. At each team meeting, the social worker and the case manager keep the team updated about each participant's progress or challenges adhering to the treatment regimen. The next section details and describes the social worker's role and contributions made to the drug court team as she sees them.

Critical Reflections

The social worker is most aware she serves in a host agency, an agency whose primary mission is not synonymous with social work service. This sometimes produces conflict among team members. The defense attorney typically sides with the social worker in recommendations for treatment rather than punishment, especially if she or he feels the client relapsed rather than willfully violated a rule.

The drug court is a fulcrum between the individual's treatment needs and the public good. Although being free from jail may be a powerful motivator for some drug court participants, the social worker also works with clients to identify their internal motivations. The desire to be free from addiction or the desire to be respected by their children by overcoming a debilitating substance abuse problem serves as a significant motivation. For participants enrolled in treatment outside drug court, the challenges of remaining sober are

more daunting. These treatment providers may be more lenient when clients "slip up" by using drugs or alcohol again or if their motivation declines due to fatigue. There are swift penalties for these types of infractions for drug court participants, and social workers urge the drug court to use considerable constraint in avoiding knee-jerk reactions to participants' struggles in drug and alcohol treatment.

Law enforcement officers were observed being critical of drug court participants' success because they so often see these same individuals relapse or worsen their drug activities. The social worker is sometimes in a position to reframe officers' attitudes about drug court participants. They can also redefine the participants' behavior in such a way as to highlight the participants' efforts to make therapeutic strides. It is a critical part of the social worker's role to help her team members avoid labeling the client as "bad." Once a participant is labeled, labeling theory argues that the label will deepen the exact behavior that the drug court system meant to halt (Lilly, Cullen, & Ball, 2002). Therefore, the social worker is careful to implement and encourage a blend of graduated interventions and sanctions to direct participants through treatment without using heavy-handed penalties associated with labeling.

Results

The results of this case study are organized according to the 10 Key Components of Drug Court. The qualitative results describe the social worker's role in implementing these 10 Key Components.

Key Component 1—Drug courts integrate alcohol and other drug treatment services with justice system case processing.

The social worker is responsible for ensuring communication among the legal actors, treatment personnel, and community partners, making up the drug court team, during the transition phase. The prosecutor and defense attorney shed traditional adversarial courtroom relations and work as a team with the social worker. Abstinence from alcohol and drugs requires initial assessment, stabilization, detoxification, education, support group integration, and other adjunctive therapies. The social worker is the key guardian of this process. Intensive treatment, group and individual, is coordinated with the social worker and case manager. Compliance with program rules and policies, as well as the reduction in criminal behavior, is monitored and coached by the social worker. In this component, the social worker is the main liaison between treatment services and justice system case processing.

Key Component 2—Using a non-adversarial approach, prosecution, and defense counsel promotes public safety while protecting participants' due process rights.

To facilitate treatment, the prosecutor and defense attorney work together toward the goals of participants' recovery and law-abiding behavior. The prosecuting attorney protects public safety by ensuring that each participant is appropriate for the program and complies with all program requirements. Defense counsel works to protect the participant's due process rights while encouraging full participation. Both the prosecuting attorney and the defense counsel play important roles in the court's coordinated strategy for responding to non-compliance.

The social worker contributed to Key Component 2 by designing the screening, assessment, and eligibility of the drug court participant; however, the prosecutor and defense counsel participate in the design to guarantee that due process rights and public safety needs are served. For consistency and stability, the judge and social worker are responsible for building a sense of teamwork and enforcing a non-adversarial atmosphere. The social worker in this study encouraged the participants to be truthful with the judge and staff. The social worker cannot give advice on legal alternatives; however, she or he can discuss the long-term benefits of sobriety and a drug-free lifestyle.

Key Component 3—Eligible participants are identified early and promptly placed in the drug court program.

Entry into the legal system by arrest generally has a profound impact on an individual, making this an excellent opportunity for intervening and introducing the value of alcohol and drug treatment. It creates an immediate crisis and forces substance-abusing behavior into the open, making denial difficult. The social worker coordinated this process by tracking and facilitating the prompt information sharing related to initial referral, eligibility screening, and the assessment process. The social worker is a trained professional and is able to screen drug court eligible individuals for substance abuse problems and suitability for treatment. Initial appearance before the drug court judge occurred immediately after arrest or apprehension to ensure program participation.

Key Component 4—Drug courts provide access to a continuum of alcohol, drug, and other related treatment and rehabilitation services.

In a drug court, the treatment experience begins in the courtroom and continues through the participant's drug court involvement. Drug court is a comprehensive therapeutic experience, only part of which takes place in a treatment setting. The social worker, the treatment team, the case management team, and the criminal justice professionals are all members of the therapeutic team. The origins and patterns of substance abuse problems are complex and unique to each individual and therefore necessitate individual access to a comprehensive selection of services. The social worker in this study identified and monitored each participant's unique

needs for support and rehabilitation services. She coordinated participant access to services and ensured linkage and coordination among the drug court service providers. The social worker helped participants get involved with primary health and mental health care as well as social and other support services.

Although primarily concerned with criminal activity and substance abuse, the drug court team also needs to consider co-occurring problems such as mental illness, primary medical problems, HIV and sexually transmitted diseases, homelessness, basic educational deficits, unemployment and poor job preparation, spouse and family troubles, and the long-term effects of childhood sexual and physical abuse. If not addressed, these factors will impair an individual's success in treatment and will compromise his or her compliance with the program requirements. In addition, treatment services must be relevant to the ethnicity, gender, age, and other characteristics of each participant. This view captures the social worker's mandate to adhere to the National Association of Social Workers' (NASW) Code of Ethics and identifies the core values on which social work's mission is based. For example, Cultural Competence and Social Diversity under the Social Workers' Ethical Responsibilities to Participants in the NASW Code of Ethics mandate social workers to understand the function of culture in behavior and society. In addition, social workers must provide services that are culturally sensitive to differences among people.

An assessment at the time of drug court and treatment entry, although useful as a baseline, provides a time-specific snapshot of a person's needs and may be based on limited or unreliable information. Ongoing assessment provided by the social worker is necessary to monitor progress, change the treatment plan, and identify relapse cues. The social worker developed guidelines for placement in treatment at various levels and referred participants to appropriate treatment services that included group counseling, individual and family counseling, relapse prevention, 12-step self-help groups, preventive and primary medical care, medical detoxification, domestic violence programs, and treatment for long-term childhood sexual and physical abuse.

Key Component 5—Abstinence is monitored by frequent alcohol and other drug testing.

Drug courts operate within a system of predictable rules and consequences. To be effective and to hold participants accountable for their behaviors, frequent drug screens are imperative. Frequent testing gives the participants control over their progress as it informs the team of the participants' abstinence. An accurate testing program is the most objective and efficient way to establish a framework for accountability and to gauge each participant's progress, which helps shape the ongoing interaction between the court and each participant. Timely and accurate test results promote frankness and honesty among all parties. The social worker and the court

provide a coordinated strategy for responding to compliance and non-compliance.

Key Component 6—A coordinated strategy governs drug court responses to participants' compliance.

Although relapse may occur, continued drug use is heavily sanctioned in this court through graduated sanctions such as fines, weekend jail time, or an extended sentence. Compliance is also rewarded to strengthen confidence and provide support. An established principle of alcohol and drug treatment is that addiction is a chronic, relapsing condition. Becoming sober or drug-free is a learning experience, and each relapse may teach the participant something about the recovery process. The social work strategies are aimed at preventing the return to drug or alcohol use and to help participants learn to manage their ambivalence toward recovery. A social worker's key role in participants' compliance is to help them identify and avoid situations that may stimulate alcohol and drug cravings, as well as develop skills to cope with the high-risk situations in their life. Many participants have a long history of drug use for various reasons, so it was not uncommon for participants to have positive urine tests within the first several months of their program. However, the social worker sought to teach the value in recognizing incremental progress toward the goal of abstinence.

The social worker established a coordinated strategy including a continuum of responses that emphasized predictability, certainty, and swiftness to their application. This approach of swiftness and severity is supported by the criminological theories of rational choice and deterrence, which argue that rational people will not choose to commit crime when they know they will quickly be punished (Lilly, Cullen, & Ball, 2002). Responses to compliance and non-compliance were explained verbally and provided in writing to the drug court participants and the drug court team. Participant compliance and non-compliance gave the criminal justice representatives and the treatment providers a series of complementary and measured responses that encouraged compliance and promoted positive change.

Key Component 7—Ongoing judicial interaction with each drug court participant is essential.

The relationship each participant has with persons in authority increases the likelihood that participants will remain sober. The ongoing interaction also allows the judge to act swiftly to reward and sanction participants. The judge is the leader of the drug court team, but the social worker in this case study was responsible for linking participants to treatment as well as to the criminal justice system. This active supervising relationship was maintained throughout treatment and increased the likelihood that a participant remained in treatment and increased the chances of sobriety and law-abiding behavior. Ongoing judicial supervision

communicates to the participants, often for the first time, that someone in authority cares about them and is closely watching what they do. As the primary link between the treatment and justice system, the social worker was responsible for giving critical insights and input regarding the participants to the drug court judge. The social worker created activities and learning situations to promote judicial sensitivity and engage the team as partners in the helping process. She also sought to strengthen the judicial relationships with participants in a purposeful effort to promote, restore, maintain, and enhance the well-being of individuals, families, social groups, organizations, and communities.

Key Component 8—Monitoring and evaluation measure the achievement of program goals and gauge effectiveness.

Program goals should be measurable to provide accountability to policy makers, funders, citizens, and participants, and the social worker in this case study ensured that all relevant information was promptly, accurately, and systematically documented so that ongoing monitoring of the program and participants could occur. The social worker and program managers provided the information needed for day-to-day operations, monitoring, planning, and evaluation. Evaluation studies are useful to funding agencies and policy makers who may not be involved in the daily operation of the program.

As part of the comprehensive planning process, drug court social workers and senior managers established the specific and measurable goals that define the parameter of data collection and information management. Data elements for evaluation included criminal activity, drug and alcohol use, changes in job skills and employment status, literacy and other educational attainments, physical and mental health, family relationships, and the use of health care and other social services. The social worker and case management were responsible for collecting these data elements.

Key Component 9—Continuing interdisciplinary education promotes effective drug court planning, implementation, and operations.

Interdisciplinary education enhances knowledge of other team members' roles on the drug court team. Treatment providers become knowledgeable about criminal justice issues and the criminal justice staff gain knowledge about treatment issues. The social worker dealt daily with clinical and ancillary service providers as well as justice partners. This provided many opportunities to facilitate interdisciplinary education and training within the drug court team. The social worker integrated training into the drug court meetings, called "lunch and learns," and by frequently distributing flyers to social agency staff. Education and training helped maintain a high level of professionalism as well as strengthen the relationships among criminal justice personnel,

substance abuse treatment personnel, and for justice system employees or other officials not directly involved in the program's operations. Education may provide an overview of the mission, goals, and operating procedures of the drug court.

Key Component 10—Forging partnerships among drug courts, public agencies, and community-based organizations generates local support and enhances drug court effectiveness.

The drug court is a partnership among organizations dedicated to a coordinated and cooperative approach to help the participant. This particular drug court developed partnerships among traditionally adversarial criminal justice elements, treatment providers, and the community. Partnerships were forged among representatives from the court, community organizations, law enforcement, corrections, prosecution, defense council, supervisory agencies, treatment and rehabilitation providers, educators, health and social service agencies, and the faith community. The social worker was a leader in the formation and operation of community partnerships as well as the liaison of this public service coalition. Forming and moderating these coalitions expanded the social worker's role and the continuum of services available to drug court participants.

The social worker helped restore public faith in the criminal justice system as well as the drug court participant. The social worker was sensitive to and demonstrated awareness of the populations she served and the community in which she practiced. The social worker provided opportunities for community involvement through forums, informational meetings, graduation ceremonies, and community outreach efforts.

Conclusion

This case study describes a social worker's contributions to the drug court team in her county based on the 10 Key Components of Drug Court. As this case study shows, the social worker has a role in implementing all of these components and is an important asset to the success of a drug court. Every social worker is a generalist possessing core beliefs and skills of the profession (Hepworth, Rooney, Strom-Gottfried, & Larsen, 2006). The value of the social worker on the drug court team is notable for the generalist knowledge, as well as the specialized knowledge and skills, that is, the social worker possesses specialized knowledge of clinical social work and the criminal justice system. This allows for specialized understanding of mental health and the treatment of substance abuse disorders, which enables the social worker to evaluate the needs of drug court participants and use the generalist skills to advocate for the participants' rights and link them to the appropriate community resources. Essential to the social worker role is the ability to provide

close monitoring, coaching, and compassion to each participant and quickly respond to their treatment needs.

Understanding the criminal justice system allows the social worker the ability to encourage open communication with the drug court team and participants, advocate for participants' rights, and serve as the participants' link to community resources. The social worker is involved in the community to acquire resources for drug court participants and ameliorate the negative effects of criminal behavior and substance abuse with participants, their family members, and employers. The social worker role extends beyond the participants' successful completion of the drug court program and supports their long-term success. The social worker garners expertise in the community by helping individuals and organizations understand and support the participants' ongoing sobriety and successful reentry into society following drug court's mandated treatment.

The defense attorneys work with the social worker to change the identity from offender to program participant. However, the relationship between the prosecutors and social worker can be more strained especially when the desire for participant treatment is usurped or challenged with a criminal sentence. For those participants who do make it into the program, it can be a struggle for social workers to support and keep them motivated, particularly those who relapse. The social worker must often explain the culture of the participant and the many factors that contribute to continued use and make the argument for leniency. Often there are co-current problems and disorders requiring medications and unsupportive social environments. Participants require basic needs to be met to sustain sobriety making it essential to reintegrate them with their family and society. Accountability and public safety are an issue, but there is a balance to be achieved by giving participants a chance to improve.

Implications for Social Work Practice

The newly developed relationship between the criminal justice system and the social work profession is tenuous. Criminal justice staff might focus more on compliance and punishment rather than treatment, and the social worker might focus too strongly on the treatment aspect of the program rather than the accountability of the individual to the court. Nonetheless, this study suggests that the relationship between the criminal justice system and the social work profession can be strong, effective, and deliver mutually satisfying results. As drug court participants receive treatment rather than punishment, they are better positioned to reenter their communities capable of being a contributing member of society rather than filling the diminished role of a criminal.

This case study suggests a successful partnership between drug courts and the social work profession, but is naturally limited to this one case study. More research is needed to solidify the role of the social worker as a primary service

provider in drug courts. Because drug courts offer a new means for the criminal justice system to treat offenders, there is great potential for growth in refining the program requirements. For example, spirituality seems to play a role in keeping offenders in long-term recovery. Duvall, Staton-Tindall, Oser, and Leukefeld (2008) suggest that cultivating offenders' belief system may benefit the individual with pro-social behaviors. Leukefeld, Webster, Staton-Tindall, and Duvall (2007) also found that obtaining and maintaining employment affect the outcome of the drug courts program. The participants' ability to improve their job opportunities through training and education is tied to long-term success in maintaining sobriety (Butzin, Saum, & Scarpitti, 2002). Overall, treatment combined with supervision has been shown to reduce recidivism for drug court participants (Banks & Gottfredson, 2003; Gottfredson, Najaka, Kearley, & Rocha, 2003; Listwan, Sundt, Holsinger, & Latessa, 2003; Spohn, Piper, Martin, & Frenzel, 2001).

Wolf (2008) observes there are potentially many more offenders who should be diverted to drug courts. Advocacy is needed to accomplish this, and social workers are especially adept to this type of advocacy. Another area that is in need of effective advocacy concerns racial disparity. In an evaluation of 10 drug courts in Missouri, researchers found disparities in successful drug court completion between Caucasians and African Americans. African Americans were more likely to have been incarcerated previous to being diverted to drug court for treatment, have abused substances associated with higher relapse, have less financial resources, have less supportive social networks, and were more likely to associate drug treatment with stigmatization. Social workers are uniquely trained to recognize and address the needs of drug court participants based on cultural and racial differences (Dannerbeck, Harris, Sundet, & Lloyd, 2006). Future studies should examine the social worker's role in reducing racial disparities in drug court completion.

Furthermore, women are likely to receive more intensive treatment in an institutional setting than their male counterparts, leading to higher rates of successful outcomes in drug courts (Hartman, Listwan, & Shaffer, 2007). Future research should also evaluate the social worker's ability to effectively handle gender disparities in the court system. Further exploration is needed to determine how particular substances affect individuals. Aiming substance abuse treatment to specific drug and alcohol related offenses might improve successful treatment (McMurran, 2007). It seems that social workers may be well positioned to not only make important contributions to the drug court team but also advance what is known about restoring the substance abusing offender to society based on race, gender, and drug specificity.

Declaration of Conflicting Interests

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Funding

The author(s) received no financial support for the research and/or authorship of this article.

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