

BREAKING THE CYCLE: AN ETHNOGRAPHIC STUDY ON  
HISPANIC MOTHERS PARTICIPATING IN  
FAMILY DRUG COURT

by

Rhonda Sue Tyler

Liberty University

A Dissertation Presented in Partial Fulfillment

Of the Requirements for the Degree

Doctor of Education

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## ABSTRACT

The purpose of this critical ethnographic study was to understand the phenomena of generational substance abuse of Hispanic mothers. By participating in family drug court (FDC), a therapeutic judicial program, rather than incarceration, mothers have a greater opportunity to address their substance abuse issues (Brown, 2010). Motivated to restore their domestic structures, FDC often allows them to address their substance abuse issues and regain custody of their children, who are usually in family or state's care (Choi, 2012). In this study, generational substance abuse will be generally defined as those women who are FDC participants and have lost custody of their children, predisposing their children to become substance abusers. The theories guiding this study are Vygotsky's (1934) Social Development Theory due to his work with the interdependence of individual and social processes; Bandura's Social Cognitive Theory (1986) on human motivation and action; and the cultural work of Boas and Mead (1928). A FDC counselor, (gatekeeper of this study), provides access to clients in FDC and to graduates for up to one year. By using several artifacts the study was a purposeful sample clearly depicting the culture of the group. Data were gathered through fieldwork (Wolcott, 2008) in the form of observations, surveys, interviews, and a 100-Item Parent Behavior Checklist (Fox, 1994a) recognizing client sensitivity. Interpretation of the data provided an essence of the phenomenon, producing a cultural portrait, integrating both emic and etic views. Fetterman's (2010) approach of triangulating the data helped in identifying that this group of women need intervention strategies to improve their: education; employment, housing, parenting skills, decisions, cultural appreciation, and goal setting abilities.

*Keywords:* family drug court, Hispanic mothers in family drug court, intervention strategies, substance abuse, therapeutic jurisprudence

### **Dedication**

This manuscript is dedicated to my sister, Patty Janiece Hodges Simon (1967-2003). Her tragic death has left a gaping hole in many of our hearts; yet, it has motivated me to investigate her circumstance to better understand the phenomena of being a mother recovering from substance abuse.

Since her death, I have learned that substance abuse involves both genetics and environment. By knowing her genetics and coming to understand the environment which pre-empted her death, I am in hopes of being able to transfer her experiences to help other mothers in this situation. Also by understanding her experiences, I hope to be able to suggest initiatives that might help to break the generational curse of substance abuse, no matter a mother's ethnicity, which is a black cloud hanging over her four children.

Patty, we miss you.

## Acknowledgments

There are so many people to thank who have supported me on this six and a half year journey. The main characters have been my husband, Jim; my parents, Milton and Patsy Hodges; my children Jason, Amanda, and Cooper Tyler; Byron and Bailey Tyler; and Jordan Tyler; and a great friend and mentor, Joan M. Tucker; and Liberty University.

To borrow the words of my husband as he sometimes refers to our 28-year marriage, “it (this educational journey) seems like five minutes . . . under water!” Jim, I am blessed by your Christian leadership in our home and by your life. Your silent but strong support has brought out the endurance to finish the race and achieve this goal.

Mom and Dad, thank you for supporting my educational goals, especially in the early years. When I was a single mom, you babysat on the nights I had class, even after working all day yourself. Dad – thank you for your quick mind, and Mom – thank you for your voice. This document may be hard to read as it revisits old wounds, but please know that maybe by studying this phenomena, I can help others recover from substance abuse and break the cycle of generational substance abuse.

To my children, in-law children, and grandchild – you guys have been put-off, put on-hold, and had to re-arrange schedules to accommodate my “working on my paper.” I know you see my love for education as each one of you strives to be professionals in your various careers and Lord-loving children of God. I thank you for your patience during this journey. (Your names need to be on my degree as well as mine!)

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Upon the death of my committee member, Dr. Michele Clingman, not only did I lose an academic colleague, but a long-time friend. Dr. Clingman provided such practical advice, and her experience shed light on the doctoral process and English grammar. She is missed by many, and I am so humbled at her tenacity on helping me, as she (unknowing to me) was suffering from cancer. Thank you to Dr. Hibbert, my Chair, for finding Dr. McLemore to complete my committee membership, and thanks to Dr. McLemore for graciously agreeing to help me.

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### **List of Abbreviations**

Adult Drug Court (ADC)

Affordable Care Act (ACA)

Alcohol and other drug (AOD)

Alcoholics Anonymous (AA)

Alcohol Use Disorder (AUD)

Center of Alcohol Studies (CAS)

Children Youth and Family Division (CYFD)

Cooperative Commission of Study on Alcoholism (CCSA)

Court Appointed Special Advocate (CASA)

Driving Under the Influence (DUI)

Drug Court Officer (DCO)

Family-based-treatment (MDFT)

Family Drug Court (FDC)

Family Drug Court Officer (FDCO)

General Education Development (GED)

Internal Review Board (IRB)

Juvenile Drug Court (JDC)

National Council on Alcoholism (NCA)

National Drug Abuse Treatment Clinical Trials Network (CTN)

National Institute on Alcohol Abuse and Alcoholism (NIH)

National Institute on Alcohol and Alcoholism (NIAAA)

National Institute on Drug Abuse (NIDA)

North American Association of Alcohol Providers (NAAAP)

PSA (Peer Support Advocate)

Special Action Office for Drug Abuse Prevention (SAODAP)

Treatment-group-based-treatment (AGT)

Urine analysis (UA)

## CHAPTER ONE: INTRODUCTION

### Overview

Hispanics are the fastest growing minority population in the United States, (Chartier, Carmody, Akhtar, Stebbins, Walters, & Warden, 2015; Hispanic Americans By the Numbers, n.d.). This growth is also seen among the incarcerated population in the United States; Hispanics are the fastest growing subgroup in the U.S. prison system (Bureau of Justice Statistics, n.d.), including the therapeutic judicial systems of adult drug court, family drug court, and juvenile drug court. Among Hispanics in the correctional system, the largest growing subgroup in the therapeutic judicial system of drug court is Hispanic females. Consequently, this subgroup has the largest percentage of children in protective custody (Choi, 2012; Gonzales-Guarda, McCabe, Vermeesch, Cianelli, Florom-Smith, & Peragallo, 2013; He, Traube & Young, 2013; Hsr, Hunt, Evans, Chang, & Messina, 2012) and federally-supported foster care programs.

Foster care programs are federally supported, and according to the Code of Federal Regulations from the U.S. Government Printing Office (2000), the definition is as follows:

Foster care means 24-hour substitute care for children placed away from their parents or guardians for whom the State agency has placement and care responsibility. This includes, but is not limited to, placements in foster family homes, foster homes of relatives, group homes, emergency shelters, residential facilities, child care institutions, and pre-adoptive homes. A child is in foster care in accordance with this definition regardless of whether the foster care facility is licensed and payments are made by the State or local agency for the care of the child, whether adoption subsidy payments are being made prior to the finalization of adoption, or whether there is Federal matching of any payments that are made. (p. 1)

Drug courts are a team approach to help substance abusers. When given the choice of incarceration or family drug court (FDC), Hispanic mothers usually opt for FDC because the re-establishment of their family and the return of their children is most often the number one motivating factor for these women (Choi, 2012). There is no available research to understand the experiences of recovering Hispanic mothers involved in a therapeutic jurisprudence program (FDC), validating a gap in the literature.

This critical ethnographic study seeks to understand the phenomenon of experiences in FDC as a consequence of recovering Hispanic mothers in order to “advocate and call for changes” and to empower them to have a voice (Creswell, 2013, p. 95). A review of available literature on Hispanic mothers in therapeutic jurisprudence programs, specifically FDC, reveals a gap. Literature is available on non-Hispanic and African-American mothers; however, there is very limited information specifically regarding Hispanic mothers.

Since Hispanics are the fastest growing cultural group in America (U.S. Census Bureau, n.d.; Chartier, et al., 2015), and by the year 2023 school enrollment of Hispanic children will have increased by 30% (National Center for Education Statistics, 2014), it is important to this research to define the term *Hispanic*. For clarification, *Hispanic* is defined as an individual who has heritage or cultural origin from Cuba, Mexico, Puerto Rico, South or Central America, and any other Spanish-culture, irrespective of race (Beam, 2009; U.S. Census Bureau, n.d.). The U.S. Census Bureau (2014) does not differentiate between the terms *Hispanic* or *Latino* (Beam, 2009). Almost two-thirds of Hispanics in the United States have Mexican heritage and *first generation* means that the individual could be foreign or native born, but the individual was “born . . . of foreign parents” (Allison & Bencomo, 2015, p. 57).



According to Allison and Bencomo (2015), there are ten aspects of the Hispanic way-of-life and family values that transcend throughout the Hispanic culture and are specific to that culture. “The family is of utmost importance in the Hispanic culture; it has been described as the most important factor influencing the lives of Hispanics” (Allison & Bencomo, 2015, p. 57).

The ten aspects are

- Significance of the family (la familia),
- Collectivist orientation,
- Family structure and gender roles,
- Focus on children,
- Views of education,
- Religiosity,
- Work ethics,
- Pride of culture,
- Language,
- Families and acculturation (Allison & Bencomo, 2015, pp. 57-59).

The purpose of this critical ethnographical study was to investigate the phenomena of generational substance abuse of Hispanic mothers. Placed in a court-mandated recovery program, FDC, these women have lost custody of their child or children and offered the opportunity to re-gain custody while recovering. This chapter provides an overview of the issues surrounding these mothers and how their substance abuse sometimes and most usually, becomes a generational curse. Children mimic their surroundings (A. Braun, personal communication, July 19, 2017), which includes the actions of their parents (or parent). Their environment can

also trigger their predisposed genetic factors. Information from this study can be used in development of initiatives that work to break the cycle of generational substance-abuse.

### **Background**

Initiated in 1989 in Miami-Dade, Florida, adult drug courts (therapeutic jurisprudence alternative program for incarceration, ADC) were developed as a solution to the repeated appearances of individuals in the legal system (Brown, 2011). Investigative justice professionals discovered the common denominator of these repeat offenders to be drug and/or alcohol abuse (also referred to as substance abuse). Offenders were being sent to prison for the crimes they committed while under the influence of alcohol and drugs, and as a result, prisons were reaching capacity with people who had addiction problems and were not “true” criminals. In the eyes of justice professionals, many of these “so-called” criminals might have the possibility of rehabilitation if their substance abuse issues were addressed.

ADC gave birth to FDC and “have operated in child welfare jurisdictions across the country since 1994,” (Brook, Akin, Lloyd, & Yan, 2015, p. 36). Beginning in Reno, Nevada (Bureau of Justice [BJA], 2004), and “as of 2009, more than 270 FDCs were in operation around the country” (Bureau of Justice Assistance Drug Court Clearinghouse Project, 2009, p. 221). The ADC model, which is similar to a comprehensive team approach model, is used in FDC to address the participants’ alcohol and/or substance abuse issues, but the main goal is that “children [will] achieve[ed] permanency more quickly and be more likely to achieve reunification” (Bureau of Justice Assistance Drug Court Clearinghouse Project, 2009, p. 38) with their parents, once the FDC program has been completed. All participants in the FDC program have had their children removed from their care and the majority of these children have been placed in either state’s care or court-mandated care to another guardian. At least 14% of all

investigated child maltreatment cases in the United States are due to alcohol and other drug (AOD) abuse. Of these cases, four out of five, or 79%, the children are actually removed from the home due to this type of abuse (Testa & Smith, 2009).

The theory of investigative justice professionals (e.g., judges, counselors, and employees of the courts working with drug court participants) is that substance abuse is the common denominator among individuals required to participate in FDC. Nearly all FDC participants have some or multiple affiliations with substance abuse (Brown, 2011). Therein, therapeutic judgement could be a more suitable solution rather than criminal sentencing. ADC and FDC were created in an effort to rehabilitate instead of incarcerate (Brown, 2010; Brown, 2011; Choi, 2012; Harwin, Bachar, Ryan, & Tunnard, 2013; Mitchell, Wilson, Eggers, & Mackenzie, 2012). It is unfortunate to have an addiction, but not a crime. It is usually the *actions* of the addict that are criminal, and are committed in order to support one's substance abuse or habit (Brown, 2010). By addressing the addict's condition, ADC and FDC programs are an intervening tool and a prevention measure towards future criminal acts and criminal behavior.

Drug courts, of any type, are a team approach that offers a solution to bridging a gap between lifestyle change and behavior change. Drug courts now appear in every state in the U.S. and total over 2,700 systems (Brown, 2011). This movement, spreading throughout the country, has saved many lives, and has made a lasting change in the justice system (Mitchell et al., 2012).

ADC and FDC demographics reflect national demographic trends in that Hispanics are the fastest growing minority, according to the Bureau of Justice Statistics (Bureau of Justice Statistics, n.d.). The majority of individuals in ADC are of Hispanic (non-White) origin. Not only is the Hispanic population growing, so are the number of Hispanic females in the criminal justice system (Hsr, et. al., 2012). Hispanic "women may be especially vulnerable to the

influences of U.S. culture regarding drinking and illicit drug activity” (Hsr, et. al., 2012, p. 730). Breaking traditionally strong family ties, Hispanic women are revealing the effects of negative societal influences that often result in criminal activity, leading to Hispanic mothers being one of the largest group in FDC programs (Powell, Stevens, LoDolce, Sinclair & Swenson-Smith, 2012).

Hispanic women face different issues involving culture, education, finances, and society, as compared to African American and Caucasian women (Bordas, 2012). Due to cultural differences, Hispanic women are more likely to abuse alcohol and drugs, thus perpetuating the cycle of addiction and its outcomes (Hsr, et al., 2012). Outcomes related to addiction are not only court sanctions, but also influence poverty, the inability to care for one’s children, and the loss of custodial rights. This dysfunction affects the lives of the addict, the child, and the community, and it perpetuates another cycle of dysfunctional behavior (Gonzalez-Guarda et al, 2013).

Often mimicking their parents, children learn through relationships and social experiences (Bandura, 1986; Bandura, 1989; Colbert, 2012). Children of substance abusers are more likely to become substance abusers themselves, as they are genetically predisposed and environmentally influenced (Mericle, Belenko, Festinger, Fairfax-Columbo, & McCart, 2014). Children learn from their parents and not only are listening to parents, but are modeling their lives after them (Harwin et al., 2013). According to Lily Wong Fillmore (1991), “Talk is a crucial link between parents and children: It is how parents impart their cultures to their children and enable them to become the kind of men and women they want them to be” (p. 343). A study by Yoshikawa, Aber, and Beardslee (2012) reveals that “family poverty is complexly intertwined with a large number of what some researchers refer to as poverty co-factors . . . some of which

may be determinants in prior generations” (p. 273). Yoshikawa et. al. (2012) also found that “the effects of poverty are cumulative; consequences at one stage in a child’s development can hinder development at a later stage” (p. 274).

By working with FDC to understand the involvement and issues of Hispanic females, an essence of the phenomenon of experiences in FDC as a consequence of substance abuse could be explained, and specific measures could be developed to address the issues of Hispanic mothers in FDC. A study of Hispanic females in FDC and the relationships that exist with their children would be beneficial in helping to explain the phenomenon of involvement in substance abuse and possibly FDC. If children of recovering mothers have already been involved in the legal system, the study might also help to serve as information to formulate intervention strategies to help break this cycle and to establish prevention measures to undercut its start. Substance abuse in the home is what perpetuates the cycle of generational involvement in drug courts and the judicial system.

### **Situation to Self**

In 2003, my only sibling was brutally murdered due to her involvement with illegal drugs. During the four years prior, my sister struggled with alcohol and substance abuse, ultimately losing her job, house, car, husband, and four small children. For a short period of time, her children were placed into foster care, until authorities investigated the home situation and returned the children to their father’s custody. Also at this time, she was not living with her children. She had moved out of the home where her children resided.

Even though there were no illegal drugs found in the toxicology report at the time of her death, she had just recently completed her third rehabilitation program and was beginning the local FDC program in order to have visitation with her children and hopefully, one day, regain

custody of them. She continued to be plagued by her cravings and nagged by the lies that she believed from her drug-involved associates. McVey and Quarles (2012) substantiate this phenomenon of lingering cravings and the influence of drug-using individuals in one's life. Shortly after her death, a grass-root community initiative to address the alcohol and substance abuse problems in the area where she lived was organized. Even though I had a vested interest from several angles, the wound was too tender for me to join the effort at that time.

Eleven years after my sister's death and with my 24-year professional career in education, I joined the grass-root effort as a paid staff member. The grass-root effort had matured into a non-profit drug coalition. As the executive director, my goal was to continue its momentum and use my experiences and education to inform our county on the prevention, intervention, and treatment of alcohol and substance abuse. The county where the coalition serves is comprised of five cities with approximately 70,000 residents, (United States Census Bureau, n.d.), equating to about 3.5% of New Mexico's population. One of the coalition's many recovery programs is FDC.

The coalition provides a place where weekend drug testing occurs, performed by a certified testing officer who reports the results to the FDC judge. Weekend drug testing is a three-way effort between the coalition, the FDC officer, the drug coalition officer, DCO, and the client. Using a Tracfone, the DCO records a message with pre-selected case numbers (for confidentiality) as to who will be tested the upcoming weekend. Messages are placed on the Tracfone by 8:00 am on Saturday and again by 8:00 am on Sunday for that day's testing. All FDC clients call the Tracfone each Saturday and Sunday to see if they are to be tested. Testing times on Saturday and Sunday are between 2:00 pm and 5:00 pm. The testing officer reports all test results to the DCO; however, if tests are positive for any illegal substance or alcohol, the

tests are sent via Federal Express to an outside lab on the following Monday for test validation and substance potency. If clients are “no shows,” then it is considered a positive test and consequences ensue.

Preceding the ontological assumptions guiding this research, the definition of ontology must be explained in context of the research. According to Guba and Lincoln (1994), “The ontological question (is) . . . What is the form and nature of reality and, therefore, what is there that can be known about it?” (p. 108). Ontology is the study of *being* and what is in existence or reality at that point in time (Creswell, 2013).

The ontological assumptions guiding this research come from my personal experience with the effects of substance abuse. Upon reflection, it appears that my sister’s addictive personality traits were triggered by her use of alcohol and smoking cigarettes and marijuana in high school. As a first grader, these addictive traits were identified through professional counseling and were verified with my mother. The researcher identified this as a cause and effect in the physical world. It is also a casual reality as my sister’s experiences may help to explain what is currently occurring in society and help to identify intervention techniques that could curb behavior or outcomes. It also needs to be documented that my parents were not substance abusers, however, they were social drinkers at a young age and cigarette smokers. Both of these activities in our parents could be identified as addictive.

It is my hope to understand the experiences of recovering mothers in FDC in order to satisfy a personal inquiry (as a possible process that might have offered aid to my sister) and to help others. Our community demographics reflect the national trends of Hispanics being the fastest growing minority (Chartier et al., 2015; Hispanic Americans By the Numbers, n.d.) so this study will focused on Hispanic mothers involved in a therapeutic jurisprudence program

(FDC). This study allowed me to analyze the results by comparing the experiences and viewing them through a cultural lens in order to discover the shared patterns of this culture-sharing group (Creswell, 2013).

Through observations of Hispanic mothers in FDC and interviews of Hispanic mothers who have graduated from the program (within the past year), I was immersed into the culture and was able to observe “shared patterns of behavior, language, and actions of an intact cultural group in a natural setting over a prolonged period of time” (Creswell, 2014, p. 14). The results provided a “holistic picture of the subject of study with emphasis on portraying the everyday experiences of individuals” in order to show how they “describe and structure their world” (Creswell, 2014, p. 207). Benefits of the proposed research include understanding the experiences of an under-represented population in order to develop initiatives to better meet their needs and to improve their quality of life and those of their children. By understanding the culture, the cycle of generational substance abuse among Hispanic mothers can hopefully increase the likelihood that it will be broken.

Within the Hispanic culture, “the infants or the children are the jewels of the family” (Gilliard, Moore, & Lemieux, 2007, p. 343). Not all families adhere to all beliefs and customs of a cultural group; however, there is a critical link between children and their parents and that a child’s home life in the Hispanic culture gives rise to their level of “self-esteem, strong identity development, and sense of belonging . . . (also including their) overall academic achievement” (Gilliard et al., 2007, p. 343). Cultural identities are important to students, as they shape their behaviors (Gilliard et al., 2007).

As a resident of this community for most of my childhood and all of my adult and professional life, I am very aware of its changing demographics and how these changes are



affecting the overall culture of the community. I have learned to appreciate cultural differences by acclimating myself to the changes in language, traditions, and cultural biases. The next generation of my family has intermingled with the Hispanic population to form a Samaritan, in comparison to the intermingling of the Jews and Gentiles in biblical days. Out of respect for each other, a new culture has emerged, integrating the Hispanic and the White (non-Hispanic) cultures of our respective families.

In analyzing the data to understand the essence of the phenomenon, it was important that I rely on “participants’ views as an insider emic perspective and report(ed) them verbatim . . . filtering it through researchers’ [my] etic scientific perspective” (Creswell, 2013, p. 92). This gave way to how the culture-sharing group works and what skills or knowledge they must have to be successful in this group. By doing this critical ethnographical study, I took an advocacy approach for this under-represented group in the therapeutic jurisprudence program of FDC. According to Clair (2012),

Engaged ethnography is a holistic way of approaching cultural studies, including social movements; it is both theoretically and methodologically driven by the concept and practice of engagement. Theoretically, engaged ethnography explores a culture or cultural phenomenon with a focus on engagement from any of several and various perspectives or points of view. (p. 142)

The research paradigm in use for this study was social constructivism. “In social constructivism, individuals seek understanding of the world in which they live and work” (Creswell, 2013, p. 24). This approach relies on “participants’ view of the situation” (Creswell, 2013, p. 25) and guided the study with open-ended questions in order to interact with the participants. Through interaction, a researcher can gain a historical, cultural context in order to

explain behaviors, and actually interpret the patterns or themes present (Creswell, 2013), thus using an engaged ethnographical approach.

### **Problem Statement**

Hispanics immigrating from Central and South America are the fastest growing population in the United States, adding over seven million people in the past decade (Chartier et al., 2015; Hispanic Americans By the Numbers, n.d.). Although Whites (non-Hispanic) represent 39% and African Americans represent 40% of the incarcerated population in the United States, Hispanics are the fastest growing subgroup in the U.S. prison system, (Bureau of Justice Statistics, n.d.), including the therapeutic judicial systems of ADC, FDC, and juvenile drug court (JDC). Of that subgroup, Hispanic females are the largest participants in the therapeutic judicial system of FDC. Consequently, they have the largest percentage of children in protective custody (Choi, 2012; Gonzales-Guarda et al., 2013; He et al., 2013; Hsr et al., 2012). Children learn through social experiences often emulating their parents (Bandura, 1986) and through both genetics and environmental influences, children of substance-abusers are at a greater risk to also become substance abusers (Mericle et al., 2014). “The personal factor also encompasses the biological properties of the organism” (Bandura, 1989, p. 3). There is no research understanding the experiences of recovering Hispanic mothers involved in therapeutic jurisprudence programs, (FDC).

Since there is no research to understand the experiences of recovering Hispanic mothers involved in therapeutic jurisprudence programs, this study is critical to adding to the body of research in order to (a) understand this phenomenon of these experiences by Hispanic mothers; (b) to develop initiatives to meet the needs of Hispanic mothers in FDC; (c) to integrate these initiatives in FDC; (d) to change the lives of Hispanic mothers currently participating in FDC;

and (e) to break the cycle of substance abuse, as to not transfer it to their children and future generations. According to the National Institute on Drug Abuse (NIH, n.d. a), “drug addiction is a complex disease . . . [and] . . . estimates of the total overall costs of substance abuse in the United States, including productivity and health- and crime-related costs, exceed \$600 billion annually.” The NIH research validates that when personalized treatment programs are combined with therapy and sometimes therapy medications, individuals can be successful at breaking their substance addictions and substance abuse tendencies (NIDA, n.d.).

### **Purpose Statement**

The purpose of this ethnographic study is to understand the issues surrounding the substance abuse of Hispanic mothers in a therapeutic judicial program in southeastern New Mexico. By participating in a therapeutic judicial program rather than incarceration, these mothers are given a greater opportunity to address their substance abuse issues, which seem to be the root of their problems. Motivated to restore their domestic structures, most often including regaining the custody of their children in state’s care, FDC seems to be a viable alternative to incarceration.

For this study, substance abusers will be defined as substance-abusing, female FDC participants, who have lost custody of their minor children and are in the recovery process. There are four theories guiding this study. Vygotsky’s (1934) social development theory and the genetic law of development, which uses non-classical psychology to view personality development through a theoretical lens. “Cultural development is not simply mental development but the development of a person” (Kravtsova, 2010, pp. 19-20). Maslow’s (1943) hierarchy of needs and self-actualization emphasizes how a person’s potential can only be reached by ascending his hierarchy of needs. Maslow (1943) built on his integrated “theory of

motivation embracing the physiological, emotional, social, and spiritual aspects of human nature, together with its practical applications to the workplace and to society in general” (Guest, 2014, p. 983). Bandura’s social cognitive theory (1986) explains human action based on their motivations. Bandura applies how people learn from their social experiences, and Bandura “analyzed human learning and self-regulation in terms of reciprocal causations between personal (cognitive and affective), behavioral, and environmental determinants” (Ferrari, Robinson & Yasnitsky; 2010, p. 109). The fourth theory guiding this study is the cultural works of Boas (1966) and Mead (1928). “Boas’ ethnographic work in the Arctic is the level” (Hugh, 2014, p. 298) of achievement for ethnographical studies in collaboration with Mead (1928), determined the “idea that culture is the prime determinant of human behavior” (Rubin, 2012, p. 193). Mead (1928) coined this as “anthropological sampling . . . a different kind of sampling, in which the validity of the sample depends not so much upon the number of cases as upon the proper specification” (p. 654).

### **Significance of the Study**

The significance of this ethnographical study is to understand the issues surrounding the recovery of Hispanic mothers in FDC. Substance-abusers often become addicted and are at risk due to “biology, social environment, and age or stage development” (NIDA, n.d.). It is believed that genetics “account for about half of their addiction vulnerability” (NIDA, n.d.), while the environment and age of the individual are the other half of the risk factor. Substance abuse is preventable through education and outreach (NIDA, n.d.). Since Hispanics are the largest growing minority in the nation (Bureau of Justice Statistics, n.d.), it is mathematically logical to also see how Hispanics are the largest growing number in the prison system. Making the utmost impact on families, Hispanic mothers in FDC are the target group that can make the greatest

societal impact to help break the curse of generational substance abuse. Therefore, this study is critical to address the issue of generational transference of substance abuse by understanding the phenomenon and hopefully developing education and outreach initiatives to reach this target group.

There is a gap in the research regarding Hispanic mothers in FDC, and according to Chartier et al. (2015), “there is a paucity of research in this area” (p. 75). Chartier et al., (2015) could find “only one study that examined the relationship between Hispanic subgroup and substance abuse treatment outcomes” (p. 75) and it was located in Los Angeles County, California. A majority of Mexicans (Hispanics) are undocumented (Bordas, 2012) and these “unauthorized Mexican mothers report (using) few social supports that might assist with child rearing” (Yoshikawa, 2012, p. 57) because of the fear of being deported. Thus, this poor involvement in social services is having a negative effect on their children’s developmental and cognitive needs (Yoshikawa, 2012). The needs of Hispanic mothers were identified through interviews and observations, and patterns of behavior were observed in order to provide education and services to better address their needs. By providing better services, these mothers will be more likely to successfully complete the therapeutic program and become better parents, thus having a greater chance of not perpetuating the cycle of substance abuse to their children (Choi, 2012). Findings could also be used to provide prevention services to hopefully avoid involvement in FDC altogether.

This ethnographical study gave Hispanic women a voice in expressing their specific needs to address their substance abuse addictions and prevent them from passing these behaviors to future generations. Through a cultural lens, race was addressed as it “is a social construct . . . that is fluid and continually shaped by political pressures and informed by individual lived

experiences” (Creswell, 2013, p. 32). Through observations, open-ended questions, and a 100-item parent behavior checklist, (Fox, 1994a), empirical data revealed patterns and themes of this population (Creswell, 2013), providing significance to the study.

Several theories guided the study. Vygotsky’s (1934) social development theory identified an individual’s development as beginning with genetic influences, but then shaped by experiences and environmental influences. Bandura’s (1986) social cognitive theory espouses that individuals learn from their social experiences. “We conceptualize several core elements of learning theory; particularly the individual, the social, and experience” (Carpenter, 2012, p. 20). It can appear that women of color are less valuable in the work force and tend to work for low-wages, which continues to perpetuate the cycle of poverty. This type of labor exploitation “results in a violent experience of poverty” (Carpenter, 2012, p. 27) and can only be remedied by “understanding of how the social relations of gender, race, class, age, ability, nation, and language form and inform the experiences of adult learners in a variety of social contexts” (Carpenter, 2012, p. 20).

The theoretical cultural works of Boas (1966) and Mead (1928) provide a context of ethnographical reference with their involvement with different cultures. Critical theory and critical race theory (CRT) certainly have their place in this study as both address the issue of “empowering human beings to transcend the constraints placed on them by race, class, and gender” and “to present stories about discrimination from the perspective of people of color” (Creswell, 2013, pp. 30-31).

The significance of the study was realized through the interrelatedness of the theoretical constructs and empirical data. In addressing critical pedagogy within critical theory, authors Jennings and Lynn (2005) said that “social phenomenon could not be understood solely through

the use of scientific methods” (p. 16); therefore, the application of “hegemony” is applied to the studies of critical theory. The empirical data contributions this study added to the body of literature regarding Hispanic mothers in FDC will hopefully aid in the development of practices to serve these women.

### **Research Questions**

Within a qualitative framework, this proposed research is a critical ethnographical study. The following research questions were formulated in order to provide information to understand the issues experienced or contributing to the experiences of Hispanic mothers in FDC, (a phenomenon within a culture-sharing group) (Creswell, 2013). One central question and five sub-questions were utilized.

**Central Question:** What are the issues surrounding the recovery of Hispanic mothers in a therapeutic judicial program (FDC) in southeastern New Mexico?

This study “begins with the identification of a clear problem that needs to be studied” (Creswell, 2013, p. 129). By reviewing the literature on the topic, this central research question was developed and was the foundational question for examining the shared patterns of a culture-sharing group (Creswell, 2013) of Hispanic mothers’ experiences in FDC.

**Sub-question 1:** What are the conditions that led to Hispanic mothers’ recovery and involvement in family drug court?

Available literature suggests the needs for these women include employment opportunities, social support, education, role-models, and relationship guidance (Liang & Long, 2013; Spataro, 2011). The basis of most needs of Hispanic mothers in family drug court is relational; in that “the needs of the law (fairness, quality, and rights) are counterbalanced with the needs of the client (care, treatment, and support)” (Choi, 2012, p. 450). This question

addressed human behavior and motivation, specifically related to Hispanic mothers participated in FDC, increasing the understanding of the phenomena being studied.

**Sub-question 2:** What role does being a mother play in Hispanic mother's choice to participate in family drug court?

Motivated in reestablishing the family dynamic, which usually includes the reunification of their children from State's custody, mothers will change their behavior (Tan, 2014). Thus, the focus of this question was to understand the motivation of Hispanic mothers to participate in FDC and their behavior associated with their participation. This "help(ed) to narrow the focus of the study but . . . (left) open the questioning" (Creswell, 2014, p. 140).

**Sub-question 3:** What are the needs of Hispanic mothers' in and beyond participation in family drug court?

Hispanics are culturally a strong family unit with "core values of faith, family, hard work, honesty, sharing, inclusion, and cooperation" (Bordas, 2012, p. 11) and the American culture is said to have weakened this cultural bond and core values. Hispanic women, especially, embrace their culture and support it through being the matriarchal figure in their own families (Gonzalez-Guarda et al., 2013). "A taxonomy of ethnographic questions that included a mini-tour of the culture-sharing group (in order to validate the) . . . accuracy of the data . . . in critical ethnography" (Creswell, 2014, p. 140).

**Sub-question 4:** What are Hispanic mothers' cultural supports with overcoming substance abuse?

Education plays a huge role in the success of an individual (Jennings & Lynn, 2005). Alcohol and substance abuse awareness and education also play a role in breaking the cycle of substance abuse in a pro-substance abusing environment (Spataro, 2011). By understanding the



cultural supports of Hispanic mothers, themes can emerge from this question to enable the researcher to “explain why something occurs” (Creswell, 2014, p. 141).

**Sub-question 5:** What are Hispanic mothers’ cultural hindrances with overcoming substance abuse?

Minorities, such as Hispanics, are hindered from overcoming substance abuse, poverty, poor education, unemployment, and poor living conditions. “Poverty is inextricably linked to population histories and is often experienced, defined, and contested differently along racial, ethnic, and gender lines” (Marshall & Oliva, 2010, p. 55). By specifically beginning this question with the word *what*, it will “convey an open and emerging design” (Creswell, 2014, p. 140).

### **Definitions**

1. *Drug Court* - A type of therapeutic jurisprudence program. Select individuals are given the opportunity to participate on a voluntary basis or fulfill their incarceration sentence. Other types of therapeutic jurisprudence programs include family drug court and juvenile drug court (Drug Court Eligibility Criteria and Admission, n.d.)
2. *Driving Under the Influence (DUI)* - driving a motorized vehicle under influence of a foreign substance or under the influence of alcohol over the legal limit (K. Ford, personal communication, August 27, 2017).
3. *Gatekeeper* - “one or more individuals in the group who will allow the researcher in” (Creswell, 2013, p. 94) and in this study, it was a counselor who is an employee of the court.

4. *General Education Development (GED)* – Certificate; GED Test is the only credential recognized as the high school diploma equivalency in all 50 states, (GED Testing Service, n.d.)
5. *Human Instrument* - The primary data gatherer of the information (Lincoln & Guba, 1985). As the researcher being the human instrument, it is important to epoche (bracket) personal experiences in order to avoid personal bias (Creswell, 2013).
6. *Urine analysis (UA)* - A method of substance-abuse testing which requires a urine specimen from the individual (K. Ford, personal communication, August 27, 2017).

### **Summary**

Chapter one of this research proposal defines the problem under the scrutiny of current research. Within the statements supporting the significance of the study, the problem’s practical, empirical, and theoretical framework are outlined. “Qualitative research questions are open-ended, evolving, and non-directional . . . [they answer the] . . . *what* or *how* rather than the *why* in order to explore” (Creswell, 2013, p. 138) a phenomenon. The questions were written to provide a guide for the research to follow. The research setting and the participants were identified with established boundaries in order to integrate myself into the culture of the group. As the researcher, I was solely responsible for data collection. In the role of being a *human instrument*, I was vulnerable to accurate reporting of detailed information. Data analysis procedures began with a description and the data “plays a central role in ethnographic and case studies” (Creswell, 2013, p. 184).

Little research, if any, has been conducted on recovering Hispanic mothers participating in therapeutic jurisprudence, particularly FDC programs. Although there is research of this type on White (non-Hispanic) and African-American mothers, there needs to be research which

would give Hispanic mothers a voice to understand the issues and complexities specific to this culture-sharing group as recovering mothers in FDC. The cultural needs of Hispanic mothers have an influence over their behavior, thus also affecting their recidivism rate of their substance abuse and their criminal activity. This, in turn, has an effect on their children, as children emulate their mothers. “Neighborhood problems, outside activities, mothers’ depressed mood, and physical punishment partially mediated the relationship between poverty and anxious and depressed symptoms in young adolescents” (Yoshikawa, et al., 2012, p. 276).

## CHAPTER TWO: LITERATURE REVIEW

### Overview

Introduced in 1989 in Miami-Dade, Florida, by justice professionals, (e.g., judges, counselors, and court employees), adult drug courts were developed (Brown, 2011). This system of therapeutic jurisprudence was an alternative to incarceration for those individuals who had addiction issues and who had also committed a nonviolent crime. Repeat appearances of these individuals in the legal system led justice professionals to believe that some offenders were being sent to prison for the crimes they committed while under the influence of alcohol and drugs, and as a result, prisons were filling up with people who had addiction problems not hardcore criminals (Brown, 2010). In the eyes of the justice professionals, many so-called criminals might have the possibility of rehabilitation if their substance abuse issues were addressed, thus, drug court systems were developed as a means of therapeutic jurisprudence and an alternative to incarceration.

Through a team approach, drug courts can bridge the gap between lifestyle change and behavior change. In the past quarter century, drug courts have become very popular in the jurisprudence arena and drug courts now appear in every state in the U.S. (Brown, 2011). There are currently over 2,700 drug court systems in the nation (Brown, 2011). Spreading throughout the country, this effort of therapeutic jurisprudence has saved many lives and made a lasting change to the justice system. Not only have drug courts saved lives, but in 2009, with an “83% reduction in incarceration for drug court graduates . . . (California has seen) an estimated annual . . . savings of \$18 million” (Kleinpeter, Brocato, & Koob, 2010, p. 437). California has further estimated tax-payer savings as high as \$43 million in equating it to more than one million prison beds saved (Kleinpeter, et al., 2010).

Supported by a theoretical framework, this chapter provides a rich literature review. The chapter will carry the reader through the history of drug abuse and explain the nation's current position regarding therapeutic jurisprudence programs, (drug court, adult drug court, family drug court and juvenile drug court). By discussing the differences and similarities of each separate court, their effectiveness will also be explained. Tying the demographics of the nation to the demographics of therapeutic jurisprudence programs, a connection is made between Hispanics and Hispanic mothers, and their prevalence in the family drug court system.

### **Theoretical Framework**

Theories play an important role in qualitative studies as they provide a foundation for the researcher. Through the literature review, theories provide a lens of trustworthiness and validation to the study (Creswell, 2013). A theoretical framework provides researchers a general explanation to deepen their inquiry and develop a new theory within their research process. Furthermore, theories in “research provide an orienting lens that shapes the types of questions asked, who participates in the study, how data are collected, and the implications made from the study” (Creswell, 2014, p. 249).

The underlying issues that build an individual's basic needs are physiological, safety, love/belonging, esteem, and self-actualization, (Maslow, 1943). Listed in ascending order within the confines of a pyramid shape, the more basic needs are on the bottom of the pyramid and have more breadth. Therefore, the farther down the gaps are located on an individual's hierarchy of needs pyramid, the more basic they are.

A Psychometric Measure of Scales was used in several studies to access the satisfaction of each need. “Multiple regression analyses revealed that the satisfaction of each higher-level need was statistically predicted by the satisfaction of the need immediately below it in the

hierarchy, as expected from Maslow's (1943) theory” (Taormina & Gao, 2013, p. 155). In other words, the more the needs at a lower-level was satisfied, the better foundation was given for fulfillment at the next level. There was also a strong correlation between the satisfaction of the needs being met with “family support, traditional values, and life satisfaction . . . (along with) . . . the anxiety/worry facet of neuroticism” and negative relationships (Taormina & Gao, 2013, p. 155).

According to Maslow’s (1954) hierarchy of needs, the more these basic needs were (are) satisfied, the better would be the psychological health of the individual. Maslow (1954) also believed that the better these basic needs were met, an individual would be less likely to suffer from mania and/or depression, which are issues consistently identified in drug court clients. Research suggests that increased awareness of these basic needs and partnerships with social service agencies through drug court activities are making a positive difference in the lives of FDC clients (Vandermause, Altshuler, Baker, Howell, Roll, Severtsen, & Wu, 2012).

According to Vygotsky’s (1934) Social Development Theory (Vygotsky & Cole, 1978), people act the way they do because of their societal experiences. One’s personality is shaped by their experiences in society (Kravtsova, 2010). If a child’s *society* is comprised of adult role models involved in drug and/or alcohol abuse, a child is more likely to mimic the behavior, thus continuing to perpetuate the substance abuse cycle. Humans are active participants, shaping their individuality through experiences; youngsters also become aware of their worth in the community by social influences (Bandura, 1989). According to Gilliard et al. (2007), “before a child has language, his or her actions drive thought; after acquiring language, thoughts drive action” (p. 343).

There is significant research supporting the importance of parents, interagency collaboration, treatment access, and community resources for child welfare when the parents are in drug court or if the child is in juvenile drug court (Mericle et al., 2014). When any member of the family unit is diseased with substance abuse, child welfare will be compromised. If the substance abuse is not addressed, the mental development of the child will be negatively affected and could have generational repercussions. Substance abuse is almost always associated with poverty, and “poverty reduction also has effects on a variety of other domains of child development in addition to the mental, emotional, and behavioral health, most centrally cognitive skills, school achievement, and physical health” (Yoshikawa et al., 2012, p. 281). The theoretical cultural framework of Boas (1966) and Mead (1928) support this view; whereas, Boas (1966) saw society as a cultural group progressing through cultural stages. Mead’s (1928) study *Coming of Age in Samoa* was commended by Boas (1966) regarding her study on the Samoan culture, which supported his thoughts on culture and society.

The phenomenon of child abuse and neglect in families participating in drug court has been documented, and empirical evidence was found in one particular qualitative study of 98 families over a two-year period (Choi, 2012). Three practice implications and four policy implications were developed, which proves there is a theoretical basis for improvement in the phenomenon of child abuse and neglect; however, the empirical data of decreased foster care was solid proof. “Participation in foster care dropped from 31.0% to 3.0% in one particular study” (Choi, 2012, p. 451). Echoing the same type of research but from a mixed methods approach, two additional studies found the same type of conclusive evidence that child welfare can improve with services that directly address child abuse and neglect as a result of substance abuse issues (Harwin et al., 2013; He et al., 2013; Lloyd, Johnson, & Brook, 2014).

When testing the phenomenon of addiction tendencies in children whose parents have been convicted of driving under the influence (DUI), there was evidence, through qualitative research, that addiction tendencies were both environmental and genetic. Through case studies, genetic and environmental factors were identified which demonstrated and explained that substance abuse could be passed from parent to child through genetics and environmental situations (Choi, 2012; Harwin et al., 2013; He et al., 2013; Spataro, 2011; Yoshikawa et al., 2012). The hypothesis of educating the parents on addiction resulted in better recovery rates and the perception that these children were less likely to become addicts themselves. More importantly, “mothers who entered treatment more quickly and spent more time in treatment were significantly more likely to complete treatment, and that mothers who completed treatment were significantly more likely to be reunified with their children” (Lloyd et al., 2014, p. 381).

Philosophically, if courts were to help the parents with their parenting skills and their abuse issues, the cycle of addiction would have a greater possibility of being broken. The “quality of relationship between client and judge might also matter” (Lloyd et al, 2014, p. 391), as this relationship “shapes the effectiveness of treatment . . . (and the) clients appreciate accountability, structure, and interpersonal support” (p. 394). From a stakeholder’s perspective, six themes from FDC programs have emerged: “effective team membership; distinct needs of parent, child, and family; treatment; counseling and case management; interpersonal and structural support; specialized services and use of sanctions; and client/judge relationship” (Lloyd et al., 2014, p. 391).

### **Related Literature**

The review of related literature relevant to this study must begin with a historical view of drug abuse in order to lay a foundation for understanding how drug abuse has evolved into



substance abuse and its inclusion of alcohol abuse. The term *substance abuse* acts as an umbrella to include alcohol and illegal drugs, both of which have addictive properties. The theory of therapeutic jurisprudence and problem-solving courts to address substance abuse issues are discussed to explain the context of how drug courts were developed and have evolved into Adult Drug Courts, Family Drug Courts, and Juvenile Drug Courts. Supporters and opponents of these specific courts shed light on each court's effectiveness and concerns.

With regard to the changes and future projections in national demographics, respect needs to be given to the Hispanic population and their prevalence or dominance in the nation. Empirical data and current literature regarding the Hispanic culture will provide a lens to understand the effect that the Hispanic culture has had on problem-solving courts, especially that of Hispanic mothers.

### **History of Drug Abuse**

Although drug abuse existed prior to 1970, the formation of the National Institute on Alcohol Abuse and Alcoholism (NIAAA) and the Special Action Office for Drug Abuse Prevention (SAODAP) (established) in the early 1970s dramatically expanded scientific and medical efforts to control alcoholism and drug abuse in the United States. (Metlay, 2013, p. 123)

Alcoholism was treated as a public health problem, whereas drug abuse was considered a crime which led to social decline; however, "most alcoholics and drug addicts were sequestered in mental hospitals and jails" if they were given any special attention at all (Metlay, 2013, p. 124). The Nixon administration changed this and the "establishment of the NIAAA and SAODAP in the early 1970s marked a turning point in medical and scientific efforts to control substance abuse" (Metlay, 2013, p. 124).

Although alcohol and drug abuse would eventually be considered under the same treatment umbrella of *substance abuse*, they were originally “framed in different ways” (Metlay, 2013, p. 126). “Alcoholics had a stronger special-interest group . . . was [were] less stigmatized than drug addiction, [and] . . . alcohol was considered a bigger problem, (nine million alcoholics compared to 100,000 to 500,000 heroin addicts)” (Metlay, 2013, p. 126). The Vietnam War opened American’s eyes to the depth and severity of the national drug problem, and while alcoholics were supported by Senator Harold Hughes (D-IA) in finding treatment alternatives, drug addicts were finding support from the Nixon Administration. A large number of war veterans returned home with drug addictions (Metlay, 2013, p. 126), and President Nixon wanted to appeal to the silent majority of voters in the 1972 election to address these drug addictions. Nixon feared these veterans would turn to crime to support their habit; therefore, he advocated that he was “protecting American neighborhoods” with his support of the SAODAP (Metlay, 2013, p. 127).

The movement to decriminalize alcohol occurred from 1935 to the late 1960s and groups such as Alcoholics Anonymous (AA, a mutual aid group), the National Council on Alcoholism (NCA, a patient advocacy organization), the Center of Alcohol Studies (CAS, an academic center), the North American Association of Alcohol Providers (NAAAP, an association of practitioners), the American Medical Association’s Subcommittee on Alcoholism, and the Cooperative Commission of the Study of Alcoholism (CCSA, a blue-ribbon commission) emerged. Society “promoted the idea that alcoholism was a disease” (Metlay, 2013, pp. 127-128) but because of these advocate groups, “by the end of the 1960s, the alcoholism movement convinced medical societies to denounce discrimination against alcoholics in hospitals, decriminalized public drunkenness, and expanded . . .” other alcohol programs (Metlay, 2013, p.

128). This would pave the way for drug abuse to be treated as a disease, recognizing that recovery through mutual aid could occur (Metlay, 2013).

Drug abuse should be considered a disease. “Drug addiction is a chronic, often relapsing brain disease that causes compulsive drug seeking and use” (NIDA, n.d.) and begins with voluntary participation. Unfortunately, often the drugs soon overpower an individual’s senses and brain functions making the individual addicted. According to the National Institute on Drug Abuse (n.d.), there is not one factor that can predict a person’s risk for drug addiction, for it is a combination of biology, environment, and development. While some diseases are incurable, drug addiction is curable and preventable through education, outreach, and treatment.

Drug advocacy followed alcoholism advocacy by a decade from 1935 to 1945, but drug advocacy addressed by the government can be traced as far back to the Harrison Act of 1914 (a tax related to opium), and the 1930 establishment of the Bureau of Narcotics (Metlay, 2013). G. Hasley Hunt, testifying in 1955 against the Boggs Act (mandatory sentencing for drug related offenses), was one of the first to recognize that “the causes of addiction are multiple and complex . . . and . . . treatment should be the first priority for addicts without criminal backgrounds” (Metlay, 2013, p. 134). The Daniel Act of 1956, yet another law heavily penalizing drug related offenses, continued to correlate drugs and crime. Victory came for drug abuse supporters with the Supreme Court case of *Robinson v. California* in 1962 (Metlay, 2013). Federal drug court laws were liberalized and in this case, drug addiction was found not to be a crime but a disease. The Johnson administration needed this momentum in order to establish the Narcotic Rehabilitation Act of 1966 (Metlay, 2013). This act lent for lighter sentencing, treatment, and aftercare.

Alcoholism continued to take the lead in federal support during the Nixon Administration. Nixon was concerned about drugs but his concerns were not limited to Vietnam, as “he believed drugs had a corrosive effect on American society” (Metlay, 2013, pp. 144-145). The 1971 Brown Reports revealed heroin additions existed in 10 to 15 percent of U.S. servicemen; thereby, Nixon supported the federal drug initiatives and advocated for state and local governments to assume more financial responsibilities through grant programs for alcohol treatment (Metlay, 2013). Advocacy for alcohol and drug abuse have combined their efforts in some instances; however, separate entities dealing specifically with alcohol and drug abuse still exist. “Nixon is often credited (or blamed) for initiating the war on drugs” (Metlay, 2013, p. 153).

It is interesting to know that “two-thirds of Nixon’s drug budget went to treatment, research, and prevention; one-third went to law enforcement and interdiction. This ratio was reversed during the 1980s and 1990s” (Metlay, 2013, p. 153). This resulted in serious discussions on the federal, state and local levels about the effects of drugs, alcohol, and tobacco. Conversations regarding the distribution of resources between drug and alcohol institutes, politics, and culture led to the development of problem-solving or therapeutic jurisprudence courts, also known as drug courts (Metlay, 2013).

### **Drug Courts**

As one of the nation’s most detrimental safety issues, drug abuse is also a detrimental health issue (Brown, 2010). Drug abuse is closely correlated with criminal activity, and has been “drawn into broader debates about crime and social decline” (Metlay, 2013, p. 123). A majority of offenders are only considered criminals because of their involvement with alcohol and drugs and actually show rehabilitation potential. As a response to deter criminal activity and its

outcomes or consequences, drug courts were developed to address the root problem of drug and/or alcohol abuse as a problem-solving tactic. These courts were designed to help adults overcome their addictions so they, in turn, could begin to help themselves.

Prior to her becoming Attorney General during the Clinton Administration, Janet Reno was instrumental in the development of drug court. Reno “remained a champion of drug courts while serving as Attorney General and provided seed money for creating many drug courts nationwide” (Shomade, 2012, p. 39). She was influential in initiating the first adult drug court in Dade County, Florida, in 1989 (Shomade, 2012). Drug Courts were established as a response to the skyrocketing drug arrests during the 1980s, leaving multitudes awaiting trial. Concurrently, crack cocaine emerged, and re-arrests were becoming significant. The focus appeared to be on law enforcement rather than treatment as a “result of President Reagan’s policy change on drug law enforcement” (Shomade, 2012, p. 39).

The media’s perception and portrayal of crack cocaine hindered the activities of the drug court advocates, as it erupted into national panic (Shomade, 2012). Scholars Harrison and Scarpitti (2002) explained in their 1988 FBI’s Uniform Report that “experimenting with the new caseload management strategies” (p. 39) and the efficacy of treatment would actually help in reducing drug use and crime, as there was a definite correlation. According to an interview conducted by Shomade (2012), Dr. Douglas Marlowe, (the Chief of Science, Law and Policy for the National Association of Drug Court Professionals) explains that

Five meta-analyses [of 276 drug courts] have been conducted, to date, on the effects of drug courts. These meta-analyses included several randomized experimental studies and dozens of quasi-experimental studies. In each instance, the results concluded that adult drug courts significantly reduced criminal recidivism [commonly measured by re-arrest

rates] by an average of approximately eight to fourteen percent. In line with their generally positive effects on crime, drug courts have also proven to be highly cost-effective. (p. 40)

At one time the “public burden of alcohol far exceed(ed) the public health burden of illicit drugs” (Metlay, 2013, p. 124), but drug abuse has been catching up. According to the National Institute on Alcohol Abuse and Alcoholism (NIH, n.d. b) in 2014, 16.3 million adults ages 18 and older had an alcohol use disorder (AUD), equating to approximately 6.8% of the nation’s population in this age group. In 2013, almost seven million Americans met clinical criteria for dependence or abuse of marijuana, prescription pain relievers, and/or cocaine, noted by the National Institute on Drug Abuse (NIDA, n.d.). Whether it be alcohol or illegal drugs, those involved in substance abuse need treatment. In 2013 it was also estimated that 22.7 million Americans (8.6% of the population) needed treatment for a problem related to drugs or alcohol, but only 0.9%, 2.5 million people, received treatment at a facility (NIDA, n.d.).

Substance abuse is a disease, and while being an addict is not illegal, the actions committed to support the disease are most often illegal. Incarceration for illegal actions is society’s way of responding to criminal activity. However, incarceration does not cure the disease. Incarceration may allow the addict to become sober but it can often create other problems like prison overcrowding, unemployment due to criminal records, increase in the use of tax dollars, and more. Therefore, drug courts were developed in 1989 as an innovative way of addressing this issue. Since their inception, multiple outcome studies, both quantitative and qualitative, have been produced documenting their success, challenges, and evolution.

Although it may vary slightly from state to state, admission and eligibility to drug courts are very similar. These criteria taken from Thurston County, Washington (n.d) Drug Court Eligibility Criteria and Admission, give an overview of the eligibility and admission process:

- Persons may be eligible for the program if they are arrested for a non-violent felony drug or property offense;
- the deputy prosecuting attorney determines eligibility based upon current/pending and prior charges;
- an attorney from the Office of Assigned Counsel advises the offenders of their options;
- the judge asks them if they want to be considered for the drug court program;
- if the defendant chooses the drug court option, the drug court program administrator completes a suitability interview with them and makes a recommendation;
- if accepted into the program, they sign a program contract, have a participant handbook orientation, and are given a treatment schedule;
- they are assigned to a primary counselor who completes an intake/assessment and the initial individualized treatment plan; and
- participants return to court for progress review hearings before the drug court judge.

With the evolution of the drug court system over almost three decades, many changes to the original concept have taken place. Literature is available on these changes; however, one of the most beneficial changes to society is the refinement of the adult drug court system (ADC),

the development of the FDC, and the birth of the juvenile drug court system (JDC) (Stein, Homan, & DeBerard, 2015).

From within the legal system, drug court judges seem to have similar sentencing patterns as those judges who have not served in a drug court capacity. Judicial sentencing behavior shows “that race, gender, age, and other demographic factors affect how a defendant is treated in our [the] criminal justice system” (Shomade, 2012, p. 42). It appears that the team approach has provided judges with a variety of sentencing options that fit within the conventional criminal court, yet give personalized treatment options for the defendant (Shomade, 2012). Since judges are elected officials, their sentencing patterns are under public scrutiny. Drug courts allow judges to address the defendant’s drug problem as a disease rather than as a born criminal (Shomade, 2012).

The Affordable Care Act of 2010 (ACA) may actually help people receive care before entering the criminal justice system. According to Berger, LeBel & Fendrich (2012), providing treatment earlier to those with substance abuse issues, the ACA has proven that

it is much cheaper to have supervision within a drug court and provide someone with treatment, even with the intensity of the treatment in drug court context such as residential treatment, which may take weeks or months, than to house people for years in prison. (p. 442)

Therefore, it can be “concluded that drug courts are effective in reducing recidivism” (Berger et al., p. 439) in some cases.

### **Adult Drug Courts**

The theory of these investigative justice professionals was the issue that substance abuse was the root of the re-occurrence (Brown, 2010). As an alternative to incarceration, therapeutic



judgement might be able to rehabilitate the offender. ADC would be an effort to rehabilitate, instead of incarcerate, restoring lives and also saving tax dollars (Kleinpeter et al., 2010). ADC became an intervening tool to help individuals ages 18 and over with substance-abusing habits and at the same time address the criminal activity that is usually perpetuated in order to support these habits. Addiction is not punishable by the law; however, any illegal actions associated with addiction are subject to it.

The eligibility and criteria for admission to drug court and the program's duration vary slightly from state-to-state (Adult Drug Court Eligibility & Processes, nd.; Drug Court Eligibility Criteria, n.d.; State of New Mexico, 2004). The common practices for eligibility and the criteria for admission are:

- nonviolent offenders who have committed a crime dealing with substance abuse or related to substance abuse,
- offenders are recommended by the court or by the prosecuting attorney,
- defendants must acknowledge their addiction,
- therapeutic jurisprudence teams (e.g., judge, counselors, case workers, etc.) review the defendant's application and case history,
- defendant must not have participated in a Drug Court program previously, and
- if accepted, defendant must agree (and sign a contract and waivers) to abide by all requirements of the program (Adult Drug Court Eligibility & Processes, n.d.; Drug Court Eligibility Criteria, n.d.; State of New Mexico, 2004).

ADC programs usually vary in duration from 12 to 24 months (Brown, 2010). The participation length of drug court clients is dependent upon their progression through the different phases each system has in place. At the beginning of each program, the requirements

are most stringent, and each of the three to four phases (depending upon the program) could last four to six months. As clients progress to higher phases, an increased focus is placed on relapse prevention, employment, education, and family reunification or modification. In most ADC programs, a graduation requirement is either obtaining a General Education Development (GED) certificate and/or gainful employment.

### **Adult Drug Court Effectiveness**

Adult drug courts are effective through a team approach in helping an addict or offender. Adult drug courts give offenders a chance to become sober. By placing strict requirements on a drug court participant, sobriety is hopefully obtained. Once sober, the participant is more likely to become aware of one's behavior and begin to make better life decisions. While sober, drug court clients can better cope with or address the underlying issues which have led them to their addiction with it being more likely that females graduate from the drug treatment court than males (Brown, 2011).

The major benefit and outcome of adult drug courts has been the low rate of recidivism as compared to the recidivism rate of incarcerated individuals. Literature on recidivism rates of drug court clients since its inception in 1989 is plentiful and due to these findings: "drug courts have gone from a single court in one jurisdiction to an international movement with thousands of courts in operation" (Brown, 2011, p. 60). By participating in therapeutic programs like drug courts, offenders are more likely to restore their individual lives and also their families. In a broader scope, drug courts have a positive effect in communities and on society, as multiple studies have shown there are larger reductions in recidivism where adult drug courts are operating in the community (Brown, 2011, p. 60).

In addition to the support through the legal system, ADC participants receive visits at their homes, schools, and places of employment from individually assigned drug court staff (Kentucky Court of Justice, n.d.). These services act as a life support feature and also may include domestic counseling, anger management, and any other social services the counselor deems necessary to help make the individual successful. Relapses are sometimes experienced and a participant may have to return to a previous phase of the drug court program, or if serious enough and continual, a participant will be asked to leave the program and may face community service and/or jail.

### **Family Drug Court**

Family Drug Courts (FDC) are based on the ADC model and began in Reno, Nevada, in 1994 (Bureau of Justice, 2004), and each one is unique, having its own guidelines (Lloyd et al., 2014). By 2013, “more than 350 FDCs were operating nationwide” (Brook, et. al., 2015, p. 36) and communities continue to add these services when resources become available. Again, FDC programs are for those individuals who are low-level drug offenders (Powell, et. al., 2012) and the treatment is targeted toward individual client needs in hopes of family reunification. With comprehensive services aimed at parental substance abuse, topics of employment, domestic violence intervention, housing, and education are also addressed (Brook et al., 2015). By using a collaborative, holistic approach, which is non-adversarial, “FDC’s promote the well-being of involved families . . . through the integration of a commitment to timely referrals to substance abuse treatment and other services” (Lloyd et al., 2014, p. 379).

There are three major differences between ADC and FDC. First, criminal drug-related cases are addressed in drug courts whereas civil courts address FDCs involving child safety (Boles, Young, Moore & DiPirro-Beard, 2007; Bureau of Justice, 2004; Edwards, 2010).

Second, almost all FDCs do not use jail sentencing, unless it is a “last straw” consequence (Edwards, 2010). Third, females comprise the majority of FDC cases and males comprise the majority of ADC cases ([BJA], 2004; Edwards & Ray, 2005). With cross-agency collaboration advocating for the family, treatment appropriateness is significantly better with differentiated client needs and ultimately, better outcome results.

These requirements for FDC (which is also referred to as Family Reunification Court) in Lea County, New Mexico, demonstrate some of the differences and similarities between ADC and FDC programs:

- family Reunification Court requires a one-year commitment,
- random drug testing is done multiple times per week,
- participants attend treatment or individual counseling up to six times per week,
- participants must attend weekly hearings with a presiding judge to monitor their progress,
- participants are required to attend two weekly outside meetings such as AA, NA, PDAP, or online support groups,
- participants can receive incentives for program compliance,
- participants will be sanctioned for non-compliance which could include community service and/or incarceration, and
- participants must have a job or be in school to graduate from the Family Reunification Program (State of New Mexico, 2004).

FDC programs do their best at balancing the rights of parents while keeping the children’s best interest at the forefront of their endeavors. The team approach used by FDC

programs has a higher success rate because it meets the unmet needs of families going through issues related to substance abuse.

### **Family Drug Court Effectiveness**

With cross-agency collaboration advocating for the family, treatment appropriateness is significantly better with differentiated client needs and ultimately, better outcome results. Fathers and mothers in FDC groups have a similarity; they thrive on the emotional and practical support from the professional “team” supporting them. Mothers, especially, have expressed that the FDC recovery team provided important emotional support and the practical support. Help is received through the FDC in getting adequate housing, employment, tattoo removal, dentures, or birth control. With this support, mothers increase their self-confidence and the ability to make improvements in their lives. (Burrus, Green, Worcel, Finnigan, & Furrer, 2012).

Interviewed by Berger et al. (2012), Dr. Michael Fendrich, Professor of Social Work and Director of the Center for Applied Behavioral Health Research at the Helen Bader School of Social Welfare at the University of Wisconsin-Milwaukee, says that “Drug Courts are effective in reducing recidivism” (p. 439) and that it is a substantial savings on society for offenders to be supervised through a drug court program rather than to be housed in prison for years.

Dr. Fendrich, an advocate of the drug court program to include FDC, says the “Affordable Care Act may help in that drug court may be less significant as people get treatment earlier” (Berger et al., 2012, p. 444). With the main goal of FDC being the reunification of families, individuals who completed treatment had a greater likelihood of being reunited with their children (Powell et al., 2012). Even though “there are multiple variables known to impact reunification . . . 16.69% of the FDC group has achieved reunification at the 400<sup>th</sup> day from the removal [of the children] and 45.78% at the 600<sup>th</sup> day” (Brook et al., 2015, pp. 44-45) according

to a study targeting parent training and reunification. Another caveat of FDC is that “family drug court children spent less time in foster care . . . (and) the key child welfare outcomes are maximized in the FDC setting for families who may otherwise fare poorly” (Brook et. al., 2015, p. 38).

Opponents of the FDC program have some unanswered questions that carry-over from the ADC and drug court models. Opponents wonder if these problem-solving courts actually are effective at reducing re-arrests and recidivism, and, bottom line, is it saving the taxpayers money. “Empirical studies increasingly show that drug courts are effective at both reducing offenders’ re-arrest or reconviction rates and providing substantial cost savings to the criminal justice system” (Shomade, 2012, p. 38). It is speculated that drug court judges tend to be lenient; however, it is found that “judicial support for specialized court practices does not mean opposition to sentencing” (Shomade, 2012, p. 38).

Acting as the bridge to reunify families, FDC programs “need specific interventions that are tailored to the behavioral, relational, developmental and familial patterns that are characteristic of this (that) population” (Brook et al., 2015, p. 39). An evidence-based program must be used in order to maximize the results; therefore, resources in terms of trained personnel might be unfeasible for rural areas. “Prior research suggests that parent variables – including age, race, number of prior substance abuse treatment episodes, and drug of choice impact FDC outcomes, including reunification” (Brook et al., 2015, p. 49). Another hurdle for FDC programs is the types of families receiving these services. “The families receiving these services are arguably the most challenging to serve within judicial and other human service delivery systems, and they face multiple complex intrapersonal, interpersonal, and systematic barriers to successful outcomes,” thus the importance and need for trained personnel (Brook et al., 2015, p. 49).

FDC programs allow for personal relationships between the offender(s) and the judge presiding over the case to be developed. The “quality of the relationship between client and the judge might matter” (Lloyd et al., 2014, p. 391) as a mixed method study revealed six themes in FDC, with the client/judge relationship being one. The themes included “effective team membership; distinct needs of parent, child and family; treatment, counseling, and case management; interpersonal and structural support; specialized services and use of sanctions; client/judge relationship” (Lloyd et al., 2014, p. 391). The client will hopefully establish a relationship with the counselor or treatment worker, and this relationship “shapes the effectiveness of treatment, (as) a lack of trust is problematic. Clients appreciate accountability, structure, and interpersonal support” (Lloyd et al., 2014, p. 391).

FDC programs have their opponents. According to a qualitative study by Choi (2012), the majority of the research on FDC programs is theoretically based, with minimal empirical findings. The FDC programs need to “validate effective strategies that motivate parents to engage in and stay in treatment, become drug free, and function as parents” (Choi, 2012, p. 446). In addition, the FDC teams need to pay “special attention to minority families in child welfare, especially substance abusing women” (Choi, 2012, p. 446), and most definitely continue and strengthen the collaboration between agencies. FDC programs are a limited intervention with limited services that have multi-faceted, diverse layers dealing with individual cases and drug addiction scenarios. “In addition, services such as transitional services and aftercare services should be coordinated” (Choi, 2012, pg. 458) in order to secure the life-long success of the FDC participant and to greater enhance the likelihood of breaking the drug-addiction cycle within the family.

## **Juvenile Drug Court**

Due to the success of adult drug courts, juvenile drug courts (JDC) were also formed from the ADC model. Like ADC, participation in JDC is offered on a voluntary basis and is an alternative to incarcerating minors who have committed a nonviolent crime involving substance abuse issues. Participation requires strict adherence to weekly attendance at JDC; individual, group, and family counseling sessions; a community service obligation; and scheduled and random urine analysis (UA) testing (B. Pearce, personal communication, June 30, 2015). The “juvenile (drug court) justice system was built with therapeutic principles in mind” (B. Pearce, 2015); however, their approach to dealing with juveniles is more complicated than dealing with adults.

In addition to several different justice professionals, being involved with one minor, the interaction between the juvenile offender and his/her parent or guardian is required. This adds another layer to the juvenile rehabilitation process, which can be complicated, as many of these families are fragmented. If reducing the use of drugs and alcohol for adults resulted in positive behavioral change, it is also thought this same affect would happen in juvenile courts (Stein et al., 2015). Positive outcomes have been experienced in JDC but not to the extent as ADC. On the average, JDC have a 50.0% recidivism rate as compared to a 33.0% recidivism rate in their adult counterpart (Nissen & Pearce, 2011).

## **Juvenile Drug Court Effectiveness**

FDC and JDC are probably the most notable and therapeutic justice method for substance and or alcohol abuse resulting in harm to a child or children. Like ADC and FDC, participation in juvenile drug courts is voluntary, but juvenile courts address substance issues with minors. Participants are usually given an option of JDC or spending time in a juvenile detention facility.



Through participation in the age-appropriate court, rehabilitation is attempted. “The results suggest that family therapy enhances juvenile drug court outcomes beyond what can be achieved with a nonfamily based treatment” (Dakof, Rowe, Boustani, Hawes, Henderson, Greenbaum, Wang, Linares, & Liddle, 2015, p. 232).

While adult, family, and juvenile drug courts all reside within the judicial branch of government, the therapeutic process with drug court at any level is supported by a variety of state and local government resources. These resources are used to focus on the offender’s substance abuse rather than the penance of the offender’s behavior. Assuming the success of drug courts is measured by the recidivism rate of the participants, the literature reflects the success of juvenile drug courts is not as high as adult drug courts (Stein et al., 2015). In reviewing 31 studies in a meta-analytic review, researchers concluded “high eviction or premature termination rates may mean that programs generally fail to link adolescent’s behavior to meaningful incentives and consequences for a long enough period of time to change behavior” (Stein et al., 2015, p. 82). In other words, involvement at the juvenile drug court level needs to be for a longer period of time than the adult and/or family drug court level.

Another interesting correlation found in the literature is that as the “proportion of ethnic minority participants in drug court increases across studies, their level of recidivism relative to a comparison youth group also increases . . . (and the) program may not optimally (be) meeting the needs of non-Caucasian participants” (Stein et al., 2015, p. 91). Literature also reflects that interagency collaboration is not only a wise use of resources, but it is also more beneficial for youth clients, as they are compelled to feel they have a support team (Nissen & Pearce, 2011), filling holes in their needs, according to Maslow’s (1954) hierarchy of needs.

It has been documented that JDC has a “considerable variation in effectiveness” (Dakof, et al., 2015, p. 233); however, speculation still exists as to what type of treatment is most effective in JDC. This type of therapy for youth ages 13 to 18 is a promising intervention, but the issues related to its effectiveness are the treatment-group-based treatment (AGT) versus family-based-treatment (MDFT). According to the study provided by Dakof et al. (2015), AGT intervention is manual-guided and is based on cognitive-behavioral therapy supported with motivational interviewing. Participants engage with groups of peers with similar issues and the family members are included in the assessments and treatment planning sessions (Dakof, et al., 2015). MDFT, on the other-hand, offers individual therapists working with individual families. The “therapists work simultaneously in four interdependent treatment domains – the adolescent, parent, family, and community” (Dakof, et al., 2015, p. 234).

### **Hispanics in Family Drug Court**

The majority of individuals in ADC, FDC, and JDC are of Hispanic origin (Bureau of Justice Statistics, n.d.). Hispanics are not to be confused with Latina, as their points of origin are different. “Hispanic is an English word that originally referred to people from Spain” (Beam, 2009, p. 1), but has come to include persons from South and Central America. Latino or Latina, is of Spanish origin and refers to people with family heritage based in Latin America (p. 1). With the depth of confusion surrounding Spanish-speaking people, the 1980 Census began using the word Hispanic and currently does not have a strict definition, allowing individuals to self-identify. According to the Census Bureau (n.d.):

The U.S. Census makes no distinction between the two terms of Hispanics or Latinos but leaves it as persons who trace their origin or descent to Mexico, Puerto Rico, Cuba, Spanish speaking Central and South America countries and other Spanish cultures. (p.1)

According to American Civil Rights Activist and Ambassador to the Dominican Republic, Raul Yzaguirre, “My definition of Latino is anybody who wants to be a Latino: Bienvenido-welcome to the family” (Bordas, 2012, p. 169). This concept is bringing a change to America’s race consciousness.

By 2023, the Hispanic student population is expected to increase by 30% across the nation, which will create different opportunities for teachers, communities, and society (National Center for Education Statistics, 2014). Mirroring this growth, the courts are reflecting the national demographic trends in that Hispanics are the fastest growing minority in the United States (Chartier et al., 2015; Hispanic Americans By the Numbers, n.d.). Not only is the Hispanic population growing in the criminal justice system, but also in the therapeutic jurisprudence community or drug courts (Guerrero, Marsh, Khachikian, Amaro, & Vega, 2013). With the number of Hispanics in the criminal justice system on the rise, it is obvious that the number of Hispanic females in the criminal justice and therapeutic justice systems are also increasing. Living in the United States and being submersed in its culture, Hispanic women become vulnerable to influences concerning drinking and illicit drug activity (Guerrero et al., 2013). Breaking traditionally strong family ties, Hispanic women are experiencing the effects of negative societal influences, resulting in criminal activity.

In order to meet the needs of Hispanics in problem-solving courts, the Hispanic family and culture must be understood. “Hispanics are a collectivist society, meaning that the needs of the family or the group take precedence over the needs of the individual” (Allison & Bencomo, 2015, p. 57). In collectivist societies, “communication is the heartbeat that nourishes relationships and sustains community” (Bordas, 2012, p. 126). According to Allison and Bencomo (2015), there are 10 characteristics of Hispanic culture and family values that

distinguish the Hispanic culture: (a) significance of the family; (b) collectivist orientation; (c) family structure and gender roles; (d) focus on children; (e) views of education; (f) religiosity; (g) work ethic; (h) pride of culture; (i) language; and (j) families and acculturation (Allison & Bencomo, 2015).

First generation Hispanics are either foreign-born or native born, but they have foreign parents and are living in the U.S. with their families. First-generation children have usually come to the United States as part of an immigrant family and oftentimes are academically at risk; are low income; their families are looking for work; and learning the English language is a challenge (Allison & Bencomo, 2015). Children born to parents with U.S. citizenship but identify with the Hispanic culture might also face the same issues first-generation children do; however, they have been subjected to acculturation due to their environment. “Acculturation is defined as a process of intercultural contact whereby individuals adjust behaviors and attitudes associated with an immigrant culture toward those of the host culture” (Chartier et al., 2015, p. 75).

Family is very important in the Hispanic culture and has been described as one of the most influential factors to Hispanics, not losing its importance throughout history (Bordas, 2012). The network of kinship provides social, emotional, and financial support to its members. As Hispanics migrate to the U.S., the family structure is fragmented and families become separated. This weakening of the family unit, which usually includes three to four generations, reflects “a lower retention of traditional family values and more exposure to U.S. culture that has a greater availability of drugs and more relaxed norms regarding alcohol and drug use” (Borges, Breslau, Orozco, Tancredi, Anderson, Aguilar-Gaxiola, 2011; Chartier et al., 2015). It is easy to understand why Hispanics are noted as a collectivist society, as they uphold the needs of the

family over individual member needs. Sacrificing individual ambitions are a common behavior for individuals in treatment (Allison & Bencomo, 2015).

With the significance of family, the structure and roles within the family unit become important for proper function. The traditional Hispanic family looks at the eldest male (father or grandfather) as head-of-the-household and breadwinner, while the eldest female (grandmother or mother) has the responsibility of running the household and maintaining the children (Allison & Bencomo, 2015). According to Bordas (2012), grandfathers and/or fathers would control family dynamics and at times, commanded respect; however, with the 21<sup>st</sup> century shift in responsibilities, the increase of dual-income households, and the high incidence of divorce and increase of female heads-of-households, the importance of the family as a core value for Hispanics has been acculturated. Here again, the deterioration of the traditional Hispanic family dynamic increases the risk factor for the occurrence of substance use and other dysfunctional family disorders in Hispanic Americans (Chartier et al., 2015; Savage & Mezuk, 2014).

Hispanic children are the pride of their parents and a sense of mutual respect is a strong bond between parents and children. Older children take care of younger siblings and “children are taught to be obedient; argumentative behavior is unacceptable” (Allison & Bencomo, 2015, p. 58). Education is a key value to the Hispanic culture; however, language can sometimes be a barrier for parents in becoming involved in their children’s education. In some areas of the nation, “Latino high school dropout rates hover at 40 percent, which is attributed to inadequate and poorly funded schools in high-density Latino neighborhoods” (Bordas, 2012, p. 29). Hispanic or Latino parents want their children to be educated, but do not know how to get over the hurdles of language, and lack of resources to provide an education for their children.

The Hispanic culture is usually associated with the Roman Catholic faith, and “more than 61.0% of Hispanics say that religion is very important in their lives and acknowledge that they belong to a religion and attend religious services regularly” (Allison & Bencomo, 2015, p. 58). According to Pew Research Center (2014), one-third of all Catholics are of Hispanic origin and the religiosity of the Hispanic culture dates back to the Spanish Crusades, where priests from the Catholic Church were sent to save the souls of the heathens (Bordas, 2012).

Taking care of the family unit is one of the Hispanic culture’s top priorities; therefore, having a strong work ethic to fulfill this priority is embedded in the culture (Allison & Bencomo, 2015). Through the taking care of their younger siblings and then also through contributing to the family wealth, “children are taught about work early on in life” (Allison & Bencomo, 2015, p. 59). Pride of culture is instilled through work ethic, and from an early age, cultural pride is manifested in each member of a Hispanic or Latino family. As Hispanics become more acculturated into the U.S., the emphasis on their cultural roots seems to be weakened and “being U.S. born and speaking English at home, were predictive of reduced abstinence” (Chartier et al., 2015, p. 79). It is also thought that “culturally competent treatment centers might be especially effective at retaining individuals with more comfort with Hispanic culture” (Chartier et al., 2015, p. 79).

Language is the basic foundation of human communication and understanding. “Spanish is the language spoken in Hispanic immigrant families” (Allison & Bencomo, 2012, p. 59) and it not only binds the culture together, but it unites Hispanics and Latinos from different regions. About 60.0% of first-generation Hispanics ages 16-25 speak Spanish at home yet have to function in an English-speaking society (Allison & Bencomo, 2012). Those young Hispanics that do not speak Spanish have had to give up a cultural identity and have moved one step closer

to U.S. acculturation. “In a particular study conducted with Latinos . . . results suggested that the service effectiveness of individual treatments was mainly due to the delivery of services in Spanish” (Guerrero et al., 2013, p. 809).

Hispanic children undergo a more rapid acculturation into the U.S. mainstream, which is putting pressure on traditional Hispanic families and “young people . . . are often caught between two worlds” (Allison & Bencomo, 2012, p. 59). Trying to fit into two societies has caused havoc within Hispanic families and is re-structuring the traditional Hispanic family arrangement. A third world or a border culture is developing and “the border embraces the intermezzo as a fluid space where nations, cultures, traditions, and identities clash, collapse, and are born anew” (Marshall & Olivia, 2010, p. 102). In Wolcott’s (2010) ethnographical studies, he refers to this as “enculturation – how we become the social human adults we are to become rather than looking only at what we are supposed to learn in school” (p. 164). In order to be effective in addressing substance abuse issues, treatment programs and problem-solving courts will need to be “culturally responsive” (Allison & Bencomo, 2012, p. 59) and language appropriate.

### **Hispanic Mothers in Family Drug Court**

Hispanic women face issues involving culture, education, finances, and society differently than African American and Caucasian women (Hsr et al., 2012). Hispanic women will put the needs of the group before themselves and sacrifice their ambitions based on the fact that “the family is of utmost importance in the Hispanic culture” (Allison & Bencomo, 2015, p. 57). Hispanic women born in the U.S. are somewhat more acculturated to U.S. culture and will be less self-sacrificing than those Hispanic women who are involved in the traditional Hispanic family; however, some degree of self-sacrifice for the family is present in most Hispanic women (Allison & Bencomo, 2012).

Undocumented Hispanic women fear deportation and undocumented Hispanic mothers fear permanent separation from their children. This affects their ability to give their children the opportunity to earn an education and the ability to participate in their children's education, including the purchasing of learning materials (Yoshikawa, 2011). Yoshikawa (2011) mention that these women suffer from a lack of financial and material resources, and "Mexican mothers have mentioned debts they have had to pay back" (p. 59). A single-parent Mexican woman typically works "twelve hours a day, six days a week" (Yoshikawa, 2011, p. 117) and a lack of financial means makes it difficult to provide for their household. It has been acknowledged that "91.0% of children of the undocumented (parents) below the age of six are United States citizens" (p. 137).

Because of cultural differences, it is believed that Hispanic women are more likely to abuse alcohol and drugs and perpetuate the cycle of addiction within the family structure (Hsr et al., 2010). "The negative effect of acculturation on women is a critical issue: evidence has suggested that among Latinas, alcohol and substance use tends to increase disproportionately among women compared to men, corresponding to similar rates of acculturation to American lifestyles" (Guerrero et al., 2013, p. 807). The Office of National Drug Control Policy completed a three-year study and discovered that "risk factors such as low self-esteem, peer pressure, and depression make girls and young women more vulnerable to substance use as well as substance use disorders, in that females become dependent faster and suffer the consequences sooner, compared to males" (White House, n.d.). Coupled with cultural issues, Hispanic females are at a greater risk for substance abuse, and those "mothers with substance abuse problems had lower education and income level(s)" (Holmila, Raitasalo & Kosola, 2013, p. 361).



The inability to care for one's children and having them removed from a mother's custody is one of the many side effects of substance abuse; this dysfunctional behavior has an effect on the life of the addict, the children, and the community, thus perpetuating a higher risk for the cycle to continue to the next generation. "Substance-abusing mothers of small children are in a serious risk of health and social problems ranging from poverty to poor mental health and high mortality" (Holmila et al., 2013, p. 361). This is true for any culture, including the Hispanic or Latino culture(s). "Hispanic families typically are patriarchal in structure, with males assuming authority within the family" (Allison & Bencomo, 2015, p. 58). Therefore, when Hispanic women cannot maintain their *traditional* role, difficulties ensue. "Although there are no available studies that assess the role of family conflict in adult Latino substance abuse outcomes" (Fish, Maier, & Priest, 2014, p. 28) it is significant to note the "important role of family to Latino psychosocial outcomes" (p. 28). There is a current study; however, which assesses the patterns of family conflict in a Spanish-speaking sample conducted by the National Drug Abuse Treatment Clinical Trials Network (CTN) to differentiate the different forms of family conflict and how "the time of the conflict during treatment were related to later substance use" (Fish, et al., 2014, p. 28).

"In Hispanic families, parents take much pride in their children, believing that children are the most significant contribution they can give their families" (Allison & Bencomo, 2015, p. 58). Therefore, when a Hispanic mother becomes involved in substance abuse and loses the custody of her children, she is confronted with not only her addiction, but is often confronted by members of her extended family, and because of this, "substance-abusing mothers are socially disadvantaged" (Holmila et al., 2013, p. 369). Arguing against this intervention is typically unacceptable; therefore, traditional Hispanic women become depressed and isolated when left to

cope with their addiction issues alone. “When compared to any other female racial group in the United States, some studies have suggested that Latinas report higher rates of life-time use of alcohol and illicit drugs” (Guerrero et al., 2013, p. 807).

Hispanic mothers constitute the largest percentage of participants in Family Drug Court (Hsr et al., 2012) and multiple studies, along with an in-depth 10-year prospective study, revealed that parenting women (mothers) constitute the majority of adult drug court clients (Hsr et al., 2012). The nationwide incarceration of women is on the rise (Liang & Long, 2013). These mothers most likely have their children in state’s custody, have low educational achievements, are not married, are unemployed, and receive some type or types of public assistance (Hsr et al., 2012). It was also noted that the distribution or representation of Hispanic women in either women-only drug courts or mixed-gender drug courts across the nation was over 20.0%. Therefore, “Hispanic women face both gender-and ethnic-specific barriers to substance abuse treatment . . . they likely suffer from co-occurring disorders and have histories of childhood sexual and physical abuse often resulting in mistrust of health professionals” (Hsr, et.al., p. 730). In addition, intimate partner violence is reported by at least three-fourths of women in substance abuse treatment programs (Fowler & Faulkner, 2011).

Further research is needed to examine the role gender plays in the drug court process, but more importantly, drug court outcomes. Studies have identified that women of any ethnic background tend to have higher drug court graduation rates and lower recidivism rates than their male counterparts. This phenomenon can be explained by the tendencies of females to meet the drug court requirements at a faster rate and are more diligent in order to be reunited with their children. The uniqueness of treatment services as it is related to gender and ethnicity within gender guidelines is another consideration when developing FDC programs. “Family-level

intervention that aims to preserve the strong ties that many Hispanics come with must also be developed” (Gonzales-Guarda et al., 2013, p. 227) in order to stop the cycle of drug abuse and drug court involvement. “Systems theory posits that behavioral changes in one family member can produce changes or reactions among other family members, which could contribute to either continued conflict or constructive solutions” (Fish et al., 2014, p. 33).

### **Summary**

All drug court participants are human with a basic set of needs (Maslow, 1954). A person’s psychological health is dependent upon how these needs are satisfied; if any voids exist, one will lend oneself to a greater chance of detrimental behavior. Substance abuse, as defined as abuse of alcohol and or illegal or illicit drugs (Metlay, 2013) is closely related to detrimental behavior. (Substance abuse has been correlated with the occurrence of criminal activity, thus begins the cycle of interactions with the judicial system, whether it is incarceration or drug court(s) (Metlay, 2013). Drug courts, or problem-solving courts, were developed as a response to the rapid increase of drug use and incidence of crime, and in almost three decades, have expanded into adult drug courts, family drug courts and juvenile drug courts.

According to the Office of National Drug Control Policy (The White House, n.d.), substance abuse is a growing problem among females, and due to the fact that Hispanics are the largest growing minority in the nation, Hispanic women represent the largest population in the criminal justice system and in FDC (Choi, 2012). Hispanic youth also represent the largest population in JDC (Mericle et al., 2014). A study is needed to understand this phenomenon and the experiences of recovering Hispanic mothers involved in FDC. Understanding these issues could help to develop initiatives that would bridge the gap between these two populations (substance-abusing mothers and their children), and help to stop what seems to be the

generational cycle of substance abuse. Substantial literature, including quantitative and qualitative studies, address ADC, FDC, and JDC but there have not been any studies looking at this relationship of generational drug court participation.

In this review, the history of drug abuse and how it is related to substance abuse laid the foundation for the discussion. The goal was to first describe the different types of drug courts and to give an overview of their similarities and differences, pros and cons, and effectiveness. In describing the different types of drug courts, literature supported the success of the programs (Brown, 2010; Mericle et al., 2014; Mitchell et al., 2012; Nissen et al., 2011; Stein et al., 2015; Vandermause et al., 2012). Within the noted successes, challenges began to surface within the different sub-populations and the effectiveness of these sub-populations was realized upon how well each identified with their specific sub-population and/or minority group.

Evidence shows that drug court participants are reflective of national demographic statistics. The majority of ADC, FDC, and JDC participants are of Hispanic origin (Gonzales-Guarda et al., 2013; Hsr et al., 2012). In discovering this phenomenon, a gap in the literature addressing the cultural needs of Hispanic women in FDC is apparent. Since the majority of FDC participants are female and of Hispanic origin, a study is needed on Hispanic mothers in FDC and the relationships with their children to determine if there is a connection between substance-abusing mothers and their children; which would perpetuate substance-abusing behavior into adulthood. If children of FDC participants are also participants in JDC or have delinquency experiences, the study would lend insight into how the phenomenon is occurring and that participation in FDC could be cyclical. Educational initiatives could be developed and used by interagency support teams to work with FDC clients and JDC clients to break this generational cycle.

Since “mothers who entered treatment more quickly and spent more time in treatment were significantly more likely to complete treatment, and that mothers who completed treatment were significantly more likely to be reunified with their children” (Lloyd et al., 2014, p. 381) this study would define “treatment” as those Hispanic mothers who were involved in FDC and who might also have children involved in JDC. The discovery of the unmet needs of these Hispanic mothers cannot only promote the well-being of families, but through individualized services, focus on the reunification of the family unit through a cultural, language, and individual lens. At this time there is little, if any, research which looks into the phenomenon of generational transference of substance abuse in Hispanic mothers.

## CHAPTER THREE: METHODS

### Overview

The purpose of this study was to understand the issues surrounding recovering Hispanic mothers participating in Family Drug Court in order to better understand their recidivism rate of substance abuse and the consequence of their children being returned to state's care. The goal of participating in FDC by substance-abusing Hispanic mothers is to regain the custody of their children in state's care. Since most of these Hispanic mothers were under the influence of either alcohol or illegal substances while committing crimes (Brown, 2010) and since this behavior led to the placement of their children in state's care, FDC gives them an avenue to address their addictive habits and stop committing crimes to support their illegal habits. Therefore, the purpose of the study was to understand the issues surrounding the recovery of Hispanic mothers while participating in FDC and to better understand their experiences to help prevent their children being placed in (or returned to) state's care.

In looking at therapeutic jurisprudence programs like FDC, it became apparent through reading the literature that studies had been completed on males and females participating in drug court; however, the majority of female FDC participants are Hispanic mothers (Gallagher, 2012). Furthermore, it became apparent these Hispanic mothers were motivated by the hope of family reunification with their children, as almost all of these mother's children had been removed from their custody (Sparato, 2011).

The purpose of this chapter and critical ethnographical study was to describe the research methods that were used with the goal of understanding the experiences of recovering Hispanic mothers involved in FDC. Through this design one central research question was developed with five sub-questions. The sample of purposeful, stratified participants originated from a

single FDC program, in Lea County, New Mexico, and achieved saturation. The procedures of the study are outlined and began with obtaining IRB approval and the proper methods of obtaining a gatekeeper, study participants, collecting data, documenting procedures, and recording outcomes.

### **Design**

The study used a qualitative method. By using a qualitative method for this research, the participants received an opportunity to voice their thoughts and experiences in order for the human researcher to identify themes. A better understanding of the essence of the phenomenon addressed shared patterns of a culture-sharing group over a period of time (Creswell, 2013). However, “identifying themes is clearly my [the human researcher participant’s] responsibility” (Wolcott, 2010. p. 43). The participant’s experiences were documented giving them a voice (Creswell, 2013), which they had not had. There is no evidence in the literature giving the current research participants, recovering Hispanic mothers in FDC, a platform to speak.

Because I was interested in studying the shared patterns of “an intact culture in a natural setting over a period of time” (Creswell, 2013, p. 14), I utilized an ethnographical design. In his extensive work with ethnographical studies, Wolcott (2010) says that culture is a generalization whereas an ethnographical study goes much deeper than that. It requires an extensive amount of time in the field. According to Wolcott (2010), an ethnographical study is about one particular group and “the heart of ethnography is singularity” (p. 17).

Furthermore, Wolcott (2010) believed these “critical components of ethnography” (p. 18) must exist

- Direct observations and anecdotes,
- limited to one situation that can be studied thoroughly,

- extraction of themes,
- the indecisions about role and leadership, and
- brief exploration of procedures stressing multiple research activities, intimate observation, closeness to subjects, repetition of experience in different settings, etc. (p. 18)

Boas' (1966) study through an anthropological lens gave insight into how culture affects the behavior of a similar group. According to the National Institute on Drug Abuse (2012), people's genetic dispositions and environmental factors determine the risks of one's susceptibility to addictive behaviors. Gender, ethnicity, socioeconomic status, and quality of life can make a person more prone to be a substance abuser (NIH, 2012).

Furthermore, Boas (1966) believed that race was only a biological factor and that behavior could only be explained through a cultural lens. With his concept of ethnography, Boas (1966) led many anthropological studies (Brody, 2014) including a significant one conducted by Mead (1928), *Coming of Age in Samoa*. Mead (1928) conveyed "the idea that culture is the prime determinant of human behavior" (Angrosino, 2012, p. 193). Given the prominent role that culture plays in determining human behavior, a study exploring how the Hispanic culture influences Hispanic women's decisions and behaviors when it comes to recovery is important. I, as the researcher, was the human instrument and provided both an emic interpretation and etic interpretation in accordance with the standards of validation set forth by Lincoln and Guba (1985).

A critical ethnographical approach was used for this research project. A critical ethnography study method was chosen because I wanted to be a voice for substance-abusing Hispanic mothers in recovery and have participated or are participating in FDC. This critical



ethnographical research “advocate[d] for the emancipation of groups marginalized in society . . . and studied the issues of power, empowerment, inequality, inequity, dominance, repression, hegemony, and victimization” (Creswell, 2013, pp. 93-94). Hispanic females represent a double minority group: one aspect of culture and one aspect of gender. Both of these groups have been marginalized in society, and through understanding their experiences in FDC, the study reflects their experiences to explain and understand their phenomenon of the generational curse of substance abuse.

The critical ethnographical approach included an advocacy perspective (Creswell, 2013), giving these women a platform in which to share their experiences. As an advocate for this group, and because of my relationship with my sister, I can attest to their need to be heard. Giving these mothers an avenue of communication about their experiences of substance-abuse and recovery provided a greater understanding of their phenomena and how their needs might better be addressed. By remaining in the background, I was able to deliver “omniscient reports of the facts” (Creswell, 2013, p. 93) and allow the experiences of the participants to speak for themselves. In working with the FDC program and some of the individuals, it is apparent the needs they have are different for each cultural group present.

### **Research Questions**

#### **Central Question**

What are the issues surrounding the recovery of Hispanic mothers in a therapeutic judicial program (FDC) in southeastern New Mexico?

**Sub-Question 1**

What are the conditions that led to Hispanic mothers' recovery and involvement in family drug court?

**Sub-Question 2**

What role does being a mother play in Hispanic mothers' choice to participate in family drug court?

**Sub-Question 3**

What are the needs of Hispanic mothers in and beyond participation in family drug court?

**Sub-Question 4**

What are Hispanic mothers' cultural supports with overcoming substance abuse?

**Sub-Question 5**

What are Hispanic mothers' cultural hindrances with overcoming substance abuse?

**Setting**

The setting for this critical ethnographical study was a family drug court system located in a southeastern county of New Mexico. This setting was chosen because it offers a purposeful, stratified convenience sample, as its purpose was to draw from the experiences of a specific population participating in FDC. The sample was stratified in that the sample had to be Hispanic mothers. The sample was convenient, as it is derived from the county FDC program in my community. The setting where I live also reflects the demographics and the trends related to Hispanic growth and issues in the state of New Mexico and the nation.

As a benefit of my current and past social and professional roles in the community, many of the relational requirements to complete a critical ethnographical study were easily realized. A bilingual gatekeeper was identified and agreed to help me in accessing the culture-sharing group.

Due to the dual culture of the population to be studied, having a Spanish to English translator and one that is also from the same ethnic group was very beneficial. Although the county is approximately 300 miles from the Mexico border, the county acts like a border-county to Mexico with a border culture. “The epistemology and mind-set – an identity formed within and between the interstices of two distinct worlds” (Marshall & Oliva, 2010, p. 102) is present in this group.

Families in this region of New Mexico are under the jurisdiction of the Fifth Judicial District Court. Children of these families who are at-risk due to the one or both of the parents’ behavior and involvement in substance abuse, are identified through the Children Youth and Families Division of New Mexico (CYFD), Substance Abuse Treatment providers, or Law Enforcement (New Mexico Courts, n.d.). The children are at risk of being removed from the home or have been removed from the home and the parent(s) are thereby referred to Family Drug Court (FDC) for intervention. All referrals to FDC must be approved by the Drug Court Team before a case is accepted.

Participation in FDC is on a voluntary basis and participants are given an extensive interview before being accepted. Participants must acknowledge that they will be required to develop a drug free lifestyle and be committed to a minimum of a year in the intensive intervention program. Upon graduation, they can select to participate in an aftercare program, which could extend an additional two to three years. “Comprehensive psycho-social and psychological evaluations are completed on each family to identify family’s needs and assist the family to better understand how the FDC can help them achieve clean and sober parenting” (New Mexico Courts, n.d.).

Services offered in FDC include substance abuse treatment, coping and life skills development, parenting education, anger management, and mental health (B. Pearce, personal

communication, June 30, 2015). In addition, FDC teams provide weekly monitoring and community resources. The goals of FDC are to reunify the family, but to also educate participants in life-changing behaviors to support a drug and/or substance free lifestyle.

In order to gain a holistic perspective of the culture-sharing group as recommended by Creswell (2013), interviews, one of the several items of data collection, took place in comfortable environments. Six took place at the counseling center and two took place at a local coffee shop of the participants' choice. This setting provided rich insight into their "social structure, kinship, the political structure, and the social relations or function among members of the group" (Creswell, 2013, p. 95).

### **Participants**

Although located over 300 miles from the Mexico border, the county's population emulates the cross-cultural traits of a border culture (Marshall and Oliva, 2010): American, Mexican, and American-Mexican. According to New Mexico Demographics by Cubit (n.d.):

- There are almost 70,000 residents;
- the county is ranked 8<sup>th</sup> in population out of 33 counties;
- the ethnicity is Hispanic 55.8%, White 38.2%, Black 3.3%;
- median income (2016) \$58,152 but 15.8% of population lives in poverty; and
- average age is 31.8 years

Stakeholders, providing leadership and organization to FDC are one 5<sup>th</sup> Judicial District Judge; the Court Clerk assigned to drug court; counselors from the participating counseling facility; case workers from the local Children Youth and Families Department (CYFD); a municipal judge; Court Appointed Special Advocates (CASA) assigned to each case; substance

surveillance officer; and the city Chief of Police. I am personally acquainted with all these individuals and have a good rapport with them.

Purposeful, stratified convenience sampling occurred and all participants were required to meet the select criteria of the study (Lincoln & Guba, 1985). Participants were recovering Hispanic mothers, who were participating in the FDC program in Lea County or who had recently (within the past year) graduated from the FDC program. The number of their children or the location of their custody placement was not a detail affecting the participation in the study; however, all participants had lost physical custody of their children and another entity or person(s) were taking care of the children or have taken care of their children. The graduates of the FDC program had regained custody of their children who were living with them once again.

Using the purposeful criteria as a foundation for participant selection, I gained help from the gatekeeper to identify potential participants (Creswell 2013). Particular attention was paid using a “perspective on chronological time in the social life of the group, people representative of the culture-sharing group in terms of demographics, and the contexts that lead to different forms of (their) behavior” (Creswell, 2012, p. 156). Two potential participants were identified and from here, snowball sampling was used to obtain additional qualified participants. Creswell (2013) did not quantify the participants in an ethnographical study, but recommended that “well-defined studies of single culture-sharing groups, with numerous artifacts, interviews, and observations be collected until the workings of the cultural group are clear” (p. 157). Therefore, data collection was incorporated utilizing a variety of methods, as the quality of the research met the saturation of the population requirement.

## Procedures

Prior to data collection, I obtained the required approval from the Liberty University Institutional Review Board (IRB), beginning with a successful proposal defense. The research consultant reviewed the proposal defense before submitting the application to the IRB. I submitted the IRB application, including ancillary materials, to the IRB, and followed their feedback in order to execute the data collection needed for this study.

Guiding the procedures of this critical ethnographical study were Fetterman (2010) and Wolcott (2010). Participants were elicited through the gatekeeper. A preliminary conversation occurred to secure a gatekeeper and measure her level of involvement, expertise, and availability, only to help determine the feasibility of the study. During this conversation, the gatekeeper suggested the possibility of beginning with at least two participants, keeping their names anonymous. From the initial participants, the snowballing strategy to obtain additional participants was used. Upon securing any participants, a participant consent form was obtained, available in English and Spanish (Appendix K). This study anticipated having “no more than eight candidates” (Wolcott, 2010, p. 39).

Five sets of data were collected for a proper triangulation procedure to occur. By doing this, the highest possible credibility level was obtained (Creswell, 2013). Observations, surveys, questionnaires, interviews, focus groups, and personal journaling added a variety of artifacts in order to compile a holistic view of the culture-sharing group (Creswell, 2013).

Due to the sensitivity of this study, the gatekeeper was given my contact information and initiated contact with the participants, asking them to contact me by cell phone or e-mail. Upon the first contact, I requested a meeting to establish an introduction and to discuss a general overview of the research. By using telephone conversations, text messages, and/or email

communications in order to set-up the initial meeting, I secured the participant's preference of communication, method and language. As participants were selected for the study, they were verbally screened to make sure they met the criteria. Each participant received a consent form, to read, sign, and return, before they were allowed to participate in the study (Appendix K). I ensured that each was advised of their right to withdraw from the study at any time (Creswell, 2013). The gatekeeper was bi-lingual and was asked to also serve as the interpreter for the study if Spanish was the language of preference. In order to ensure proper translation of documents, a certified, licensed translator working at the local school was secured to translate the documents from English to Spanish.

Participants were informed about the purpose of the critical ethnographical study as well as the data collections procedures. They were told their identity was protected at all times and they were assigned a pseudonym to be used instead of their real name. Transcript reviewing was at their convenience and several opportunities to review their transcripts were available. This ensured that information during personal interviews was not misconstrued or erroneously reported. Since print and/or hand written information was part of the study, they were informed that these documents would be stored in a lock protected storage device, which was secured in a locked store room at my personal residence. These documents and information would be stored for at least three years. All digital data was stored on a password protected thumb drive. Since I was the human instrument, all information was only accessible and for my use with the study (Creswell, 2013).

I used the following procedures as appropriate to the study in progress:

- IRB approval;
- researcher created survey participation criteria survey;

- demographic questionnaire;
- researcher created participant consent form;
- interviews (semi-structured);
- focus group (semi-structured);
- 100-Item Parent Behavior Checklist, (Fox, 1994a); and
- field notes

The researcher attended weekly meetings of drug court, through one complete cycle, in order to understand and document the drug court process. All interviews and the focus group interactions were recorded in order to solidify data collected from verbal communications. Surveys were printed and computer generated in both English and Spanish. By using the recommended filter (Creswell, 2013), the analysis process was streamlined.

### **The Researcher's Role**

My previous experiences and involvement with the local therapeutic judicial system provided a foundation of trustworthiness between myself and the involved stakeholders that were needed (Creswell, 2013). As the human instrument of the study (Lincoln & Guba, 1995), it was my obligation to report the facts in order to understand the issues surrounding substance abuse of this particular cultural group of recovering Hispanic mothers participating in FDC.

Communication in all aspects of the study was clear, as each communication endeavor was important to the accuracy of the study and its potential outcomes. As the human instrument, or key instrument, I collected data through examining documents, observing behavior, and interviewing participants in an instrument designed by myself, using open-ended questions, (Creswell, 2013, Appendix G). Since this study is ethnographical, I was in the “singular frame of mind” (Wolcott, 2010, p. 38), studying the singularity aspect of a group.



I had a working and general knowledge of the FDC system due to my living environment and professional experiences. However, I did not have any personal relationships with any FDC graduates or potential participants of the study. My professional experience has lent itself to working relationships with FDC personnel and observations of their actions in and out of FDC. A holistic cultural report was generated incorporating both emic and etic data (Creswell, 2013). Due to the high sensitivity level of ethnographical studies, anonymity was provided by the use of pseudonyms (Fetterman, 2010). According to Clair (2012)

Methodically speaking, engagement in ethnography refers to (a) the role of the researcher, (b) the perspective from which the researcher is poised, (c) how and why the researcher enters into and enacts with the ongoing cultural phenomenon, (d) how the researcher tends to the subjects, and (e) how the researcher presents the story to others. (p. 133)

I lost my only sibling to a murder involving the use of illicit and illegal drugs. The turbulent times prior to her death and the dysfunction with her children and ex-spouse in the decades following her death has increased my awareness of the genetic and environmental factors affecting substance-abuse. Most of my professional career has been in formal education and most recently in education involving the prevention, intervention, and treatment of alcohol and substance abuse. Due to my personal and professional experiences, the demographics of my community and nation, I began to research the issues surrounding substance-abusing mothers and found a gap in the literature regarding substance abuse in Hispanic mothers. This is a culture-sharing group that needs a voice about their experiences in drug court and with their recovery issues during participation in FDC.

### **Data Collection**

Data was collected in the natural setting of the participants; however, data was only collected after the approval from Liberty University's IRB (Appendix N) and individual participant consents (Appendix K). With the use of a variety of data gathering strategies (e.g., interviews, focus groups, surveys, questionnaire and personal journaling); triangulation of the data was accomplished to make the best composite narrative, with a cultural portrait focus (Erlandson, Harris, Skipper & Allen, 1993). By following this procedure, a voice to the participants was given, through the multiple varieties of data collection. By using a qualitative method for this research, the participants received an opportunity to voice their thoughts and experiences in order for themes to be developed and an essence of the phenomenon to be discovered (Creswell, 2013).

As the researcher, I completed all data collection in addition to the analysis and distribution of the findings. Serving as the *human instrument* (Guba, & Lincoln, 1995) was necessary for this research and "all data collected was filtered through and interpreted by the researcher" (Swezey, 2014, p. 165). Due to the sensitivity of the participants and their involvement in drug court, all information was held in confidence and measures to protect their identity, through the use of pseudonyms, was used. All aspects regarding the gathering, securing, using, and destroying data was held in the strictest of confidence (Lincoln & Guba, 1995).

Boas' (1966) early studies through the anthropological lens lead insight into how culture affects the behavior of a similar group. Furthermore, Boas (1966) believed that race was only a biological derivative and that behavior could only be explained with the context of culture in mind. By using at least three methods of data collection, triangulation of the information allows

the best possible credibility rating for the research. The participant's experiences were documented giving them a voice (Creswell, 2013), which they had yet to experience. There is no evidence in the literature giving recovering Hispanic mothers a voice.

Sequential order of the data collection was purposefully thought out in order to provide the best use of time for both the researcher and the participants; the most efficient gathering of information; and in an order to help build relationships leading to trust. Trust is a key factor to ethnographical studies even when using a gatekeeper.

### **Researcher Created Survey**

At the first meeting with each potential participant (by phone or face-to-face), the participant was asked (orally) a series of researcher-developed questions (Fetterman, 2010) in order to qualify them to proceed and to be a study participant (Appendix H):

- What is your ethnicity;
- Are you a mother?
- Are you a participant in the ABC County FDC program?
- What phase of the FDC program are you in or are you a graduate of the county's FDC program within the past year?
- If selected for the study, can you meet on (blank or blank) date for a focus group with other participants for the study?
- After the focus group, can we schedule an interview in a comfortable setting? (Two participants chose a local coffee shop and six participants chose GCLC office.)
- Are you aware you can remove yourself from the study at any time with no repercussions?

Each participant was coded with a pseudonym and I recorded the survey answers, within one week of the meeting. If the participant qualified for the study, a demographic information questionnaire (Appendix F) was provided to each of the participants within one week, by the method of communication the participant preferred. Also at this time, the study was further explained by going in-depth about its significance; the expected participation requirements of the individual; the obligations of the researcher; the confidentiality of information; the voluntary status of participation; and if there were any questions from the participant, they were addressed. The explanation was given verbally by the researcher or in the form of a letter (Appendix M), also with respect to the participant's communication preference. At this time the participant was asked for referral names to the study that she thought that also be qualified and interested in participating. A consent form (Appendix K) was given to the participant and asked for it to be read, signed, and returned at this meeting. If these communication exchanges were in person, the gatekeeper was kept on-hand to interpret. All written communication was provided in either English or Spanish.

### **Interviews**

Interviews play a very important role in qualitative research, especially in ethnographical studies (Creswell, 2013). The seven stages of the interview process recommended by Kvale and Brinkmann (2009) were followed for this stage of the research in that

a logical sequence of stages from thematizing the inquiry, to designing the study, to interviewing, to transcribing the interview, to analyzing the data, to verifying the validity, to reliability and generalizability of the findings and finally to reporting the study. (p. 99)

The 32 interview questions were related to the research questions and sub-questions. The interview questions were anchored in the literature research and written in both English and

Spanish (Appendix G). If the interviewee was Spanish-speaking only, the gatekeeper acted as the translator. I recorded the interview responses by audiotape in order to ensure accuracy. By audiotaping, the information was captured for future transcription and future reference. In following an interview protocol, the purpose of research interviews is to produce knowledge (Kvale & Brickmann, 2015) from one person or group of people to another individual or group of people.

An expert in the field, the gatekeeper, reviewed the questions and aided in the pilot test. The purpose for this step is to guarantee clarity of the questions and clarity in the wording. The expert “is an outsider of the group under study, watching and taking field notes from a distance” (Creswell, 2013, p. 167) for the researcher. The expert review was completed prior to proposal defense.

A pilot test was conducted after IRB approval in order to better refine the interview questions and to better refine the data (Yin, 2009). “Pilot cases are (were) selected on the basis of convenience, access, and geographic proximity” (Creswell, 2013, p. 165) to me, the researcher. The participants included in the pilot test meet all the requirements for being included in the study; however, this information was used to improve the interview process, data collection, assess the credibility of research instruments, change research procedures (if necessary), and lessen observer bias (Creswell, 2013). An appropriate place for the interview was the GCLC (pseudonym), hosted by the gatekeeper, in a private office. Interviews were scheduled Monday through Friday, during 9:00 am to 5:00 pm, in accordance with my schedule and the interviewee’s schedule. Pursuant to the interview, a consent form (Appendix K) was signed by each participant and was kept on file.

The landscape of interview questions seems rather lengthy, but these interview questions provided a depth of understanding to allow me an accurate perception of a person's worldview, and development in their current life timeline (Appendix G). Discussed in a non-threatening manner in a "place free from distractions" (Creswell, 2013, p. 165), the interview questions were straight forward and provided a trustworthy rapport between the participant and myself and "they are phrased in a way that interviewees can understand" (p. 164). According to Brinkmann and Kvale (2014), "the qualitative research interview attempts to understand the world from the subject's point of view" (p. 3). All the interview questions boomeranged back to the central research question; however, specific interview questions were correlated with specific sub-questions. Some of the questions addressed more than one sub-question.

Interview questions one through four, seven through 14, and 19 reflect the concerns of sub-question #1, and explain the participant's worldview. The purpose of these questions was "to uncover their lived world prior to scientific explanations" (Brinkmann & Kvale, 2015, p. 3). The significance of these questions provided the footing in which to build upon. Discussing employment and education, which appear to be deficit issues trending among this subculture, (Gallagher, 2012) advocates that this lends itself to poverty status.

Addressing sub-question #2 were questions five, six, 15, 17, 18, 21-29, and 32. Sub-question #2 allowed the participant to directly relate their experiences to being a mother, a Hispanic mother, and their choice to participate in family drug court.

Relating to their time in family court and their life beyond family court, sub-question #3 asked the participant to list their needs in both situations. As recommended by Creswell (2013), a recording device was of great benefit to capture the lists accurately. Finally, sub-questions #4

and #5 related to interview questions 16 and 20, discussing the cultural aspects of their experiences in life (general), in family drug court, and their life after family drug court.

### **Focus Groups**

I participated in weekly focus groups conducted with all the qualified participants who agreed to focus group participation (Appendix D). “The aim of the focus group is not to reach consensus about, or solutions to, the issues discussed, but to bring forth different viewpoints on the issue” (Brinkmann & Kvale, 2015, p. 175). The focus groups are FDC mandated and are scheduled every Wednesday from 10:00 am to 11:00 am. Focus groups are also scheduled every Thursday from 9:00 am until 9:45 am and 10:00 am until 11:00 am. The lead counselor, with permission from the FDC judge, allowed me to participate in the focus group discussions at the counseling site for four consecutive months (August through November, 2017). By doing this, I became a familiar face building a rapport, and gaining respect from the participants of family drug court. Upon the last week, I was given permission to guide the focus groups, using the researcher-made questions (Appendix I).

In moderating the focus group, I provided a structured dialogue to organize the discussion of the focus group by using four to five questions relating to the participants’ culture and experiences in the FDC, (Appendix I). By introducing each question, I facilitated the conversation or exchange and recorded the meeting (Brinkmann & Kvale, 2015).

After all focus groups were completed, the recordings were reviewed and the communication form (Appendix J) was used to document and classify each focus group interchange. Patterns and themes from each focus group dialogue, supported by actual quotes, provide emerging themes and patterns amongst the group (Creswell, 2013) and were documented by the researcher, (Appendix L).

To conclude the focus group process, each participant was given the 100-Item Parent Behavior Checklist (Fox, 1994b, Appendix E). Dependent upon their language preference, the 100-Item Parent Behavior Checklist (Fox, 1994b) was completed in either English or Spanish.

### **100-Item Parent Behavior Checklist)**

“Ethnography has the distinction among the five approaches. . . of advocating the use of quantitative surveys and tests and measures as part of data collection” (Creswell, 2013, p. 162). I reviewed the multiple forms of data in ethnography as advanced by LeCompte and Schensul (1999) to see if any forms were appropriate for use in this critical ethnographical study. The 100-Item Parent Behavior Checklist (Fox, 1994b, Appendix E) was the conclusion of the interview process. Distributed to each participant at the conclusion of the interview, it was completed and returned to the researcher at each participant’s departure. The checklist was published in English but has also been transcribed into Spanish. Each checklist was given the appropriate pseudonym.

The checklist generated data on how the participant interacted with her children in different scenarios, thus informing the study about the presence and to what depth parenting skills were being used. The checklist was analyzed using a 5-point Likert Scale (Table 1). According to Willits, Theodori, and Luloff (2016),

Likert Scales" consist of a series of related "Likert-type items" - statements concerning a specific referent, namely the focus of the attitude to be measured. A balance of both positive and negative items is generally recommended to reduce response-set bias.

Subjects indicate their feelings concerning each item on a bipolar scale such as "strongly agree, agree, undecided, disagree, and strongly disagree." Responses for each subject are scored from one (1) to five (5), with negative items reverse-coded. The scores for the



individual items are then summed to obtain a Summated Rating Score or Likert Scale value for each respondent. Alternatively, the mean scores of the responses of each subject can be used so that the scale scores fall in the same 1 to 5 range as the individual items. Although these five category response alternatives are common, three, four, six, seven, and more have also been used. (p. 127)

This Likert scale assigned the numbers 4, 3, 2, 1, and 0 to A – Almost always/Always; F – Frequently; S – Sometimes; N – Never; and NA – Not age appropriate, respectively. The results were tabulated and are found in Chapter 4, Table 1. The results were tabulated within a week of the interviews.

### **Field Notes**

Gathering “information in the context or setting where the group works or lives” (Creswell, 2013, p. 95) was accomplished through multiple observation opportunities. Observations, through field notes, during their interviews, and focus groups, are coined by Wolcott (2008) as fieldwork, and each observation was be documented with an appropriate observation form (Appendix L) for each interaction, with descriptive and reflective field notes. These forms were developed to maintain the rich, descriptive details needed to complete the qualitative study and also help in identifying and organizing themes (Creswell, 2013).

### **Document Analysis**

Every effort was made to use primary resources versus secondary resources in analyzing all documents. Primary resources are the documents written by the original author and informed the study in a direct way, without confusion of multiple or transgressional quotes. Primary resources lend credibility to the study with stronger support and less ambiguity, as opposed to secondary resources. There were five documents used for the study: researcher created survey,

focus group, interview, 100-Item Parent Behavior Checklist (Fox, 1994b), and field notes. The 100-Item Parent Behavior Checklist (Fox, 1984) was given to the participants at the conclusion of the interview and was returned to the researcher upon the participant's conclusion.

Each document was chosen because of its access of information from participants and how the information directly benefits the study. Approaching the study with a funnel effect, the researcher created survey (Appendix I) began the process and sets "the stage for discussion of issues involved in collecting the data" (Creswell, 2014, p. 189). In studying the phenomena of generational substance abuse in Hispanic mothers, (investigative in nature), focus groups (Appendix I) was used as "focus groups are well suited for exploratory studies" (Brinkmann & Kvale, 2015, p. 175). The interview (Appendix G) took the study a step further by asking specific questions to specific people. The interview data is used to form conclusions and patterns. The 100-Item Parent Behavior Checklist (Fox, 1994b) took an etic approach, and its data had an objective perspective. According to Moustakas (1994), themes will emerge after epoche and bracketing occur. Finally, field notes (Appendix L) were taken and divided into two groups, one being textural and one being structural (Moustakas, 1994).

### **Data Analysis**

Data analysis is crucial to the outcome of the study for a better and more complete understanding of the phenomenon. According to Wolcott (2010), researcher boundedness is applicable to an ethnographical study as this "essential quality that sets limits on what we can handle" (p. 89) is very appropriate. It gives perimeters to the study and provides for a better focus. "Sorting data should be simple . . . with an emphasis on managing data" (Wolcott, 2010, p. 354).

A data analysis spiral shaped the information collected to organize the voluminous amounts of material collected for this study (Creswell, 2013) that lead to coding and themes. “Themes are ways to put patterns of behavior together to get at the heart of the matter, and that is the ethos of a culture” (Wolcott, 2010, p. 109). Functioning as the human instrument, the researcher used bracketing (or *epoche*) to minimize bias. According to Creswell (2014) “data collection often involves observations and interviews” (p. 14).

Detailed descriptions “play a central role in ethnographic” (Creswell, 2013, p. 184) studies and were completed in the observations during the interviews, focus groups, and extensive work in the field by the researcher (Creswell, 2013). Ethnography is based on the art of fieldwork (Wolcott, 2010). Because this study is embedded in a border culture using English, Spanish, and sometimes both languages or a culture of *moiety* (Wolcott, 2010); transcription and translation took priority in order to ensure data validity (Brinkmann & Kvale, 2015). Written and oral communication is very different in nature; therefore, all oral communications were recorded using a recording device and saved for transcription. According to Ong (1982) oral communication and written copy use different language protocol. Written communication was saved, coded with pseudonyms, and finally, filed with matching pseudonyms.

Oral communications for the participants included the Researcher Created Survey (Appendix H), the Focus Group (Appendix I), and the Interview (Appendix G). “Dialogue is good to use, but its relevance should also become clear” (Wolcott, 2010, p. 6). The data for English-speaking participants was recorded, and transcribed by the researcher. The Spanish-speaking participants responses were also recorded, but a translation from Spanish to English occurred, with the aid of an official translator hired to help the researcher. The researcher reviewed the translations with the translator, verifying all information was accurate. At this

juncture of the research, each data piece was assigned the appropriate pseudonym and then filed accordingly. Also at this juncture, organizing the data into categories provided for a “well-rounded” (Wolcott, 2010, p. 407) study.

Written communication data pieces for the participants in this study were the Letter of Recruitment for Potential Participant (Appendix B), Confidentiality Statement (Appendix C), Focus Group Invitation (Appendix D), 100-Item Parent Behavior Checklist (1994) (Appendix E), Demographic Questionnaire (Appendix F), and the Consent Form (Appendix K). These documents were available in English and Spanish. Both English and Spanish documents were given their appropriate pseudonym and filed with the same pseudonym’s other data pieces. With the bi-lingual nature of the study, extensive fieldwork was required to keep accurate written records and “length of time in the field can become a two-edged sword; length of stay is no guarantee of better fieldwork” (Wolcott, 2010, p. 791).

Reading and memoing involved textual reading, marginal note-taking, and initial coding (Creswell, 2013). Coding of these descriptions was done in order to “reduce the picture to . . . five to seven themes” . . . and “these five to seven themes . . . reflect[ed] how the culture-sharing group works and can be described or categorized” (Creswell, 2013, p. 186). The details include describing “the social setting, actors, events; draw a picture of the setting” (Creswell, 2013, p. 190) with “thick description” (Wolcott, 2010, p. 822). “A code in a qualitative inquiry is most often a word or short phrase that symbolically assigns a summative, salient, essence-capturing, and/or evocative attribute for a portion of language-based or visual data” (Salaña, 2016).

As stated by Richard and Morse (2007), coding concepts include descriptive coding (summary of the primary topic), process coding (capturing the action), in vivo coding (using the participants’ language), pattern coding (repetitions in the data), and simultaneous coding (several

codes to the same text). This in-depth coding provided “cohesive supporting framework” to “rich ethnographic detail” (Wolcott, 2010, p. 904). This conventional content analysis comes through observation and the codes are actually derived from the data. Coding is not labeling but is actual linking of the data to an idea and back to other data (Salaña, 2016).

Qualitative in nature and a characteristic of ethnographical studies, the surveys and interviews were provided data as to participants’ qualification to participate in the study; measured their behaviors as a parent; measured their current job/employment status; and self-report their educational achievements. “One wonders whether intimacy itself is ever desirable when the threat of possible discovery or betrayal lurks in every ethnographic report, revealing things told in confidence, or inadvertently reporting something that embarrasses the teller” (Wolcott, 2010, p. 1074). Interpretation of all the data through the use of a data spiral was related to literature (Creswell, 2013) and tells the story of *how* the culture works, not to reveal information to disturb someone’s life.

Finally, representing and visualizing the data in narrative form and supplemented with “tables, figures and sketches” (p. 191) when possible, I attempted to better understand the phenomenon to lend to itself to initiatives that would help these mothers break their personal cycles of substance abuse. Keeping the “approach simple and direct” (Wolcott, 2010, p. 317) in an attempt to provide for clarity in understanding. In analyzing the data, Wolcott (2010) further suggests that “since ethnography is the field arm of cultural anthropology, ethnography ought to exhibit those same (12) qualities” (p. 623) of being holistic; being cross-cultural; comparative; work from an authentic, first-hand experience; make it real; be intimate; be non-judgmental; be very descriptive; be specific; adapt when necessary; corroborative; and idiosyncratic and individualistic.

### **Trustworthiness**

Trustworthiness is a validation strategy in qualitative research, which includes credibility, dependability, transferability, and confirmability (Creswell, 2013). Lincoln and Guba (1985) list standards of validation, which continue to be significant in qualitative research and include “prolonged engagement and persistent observation in the field” (Creswell, 2013, p. 250). As a researcher spends time in the field and building rapport with the participants, the standards provided by Lincoln and Guba (1985) become a standard in which the researcher “makes decisions about what is salient to the study; relevant to the purpose of the study, and of interest for focus” (Creswell, 2013, p. 251). In order to ensure trustworthiness, the researcher used a variety of sources, different methods, and a variety of collectible documents to validate the data.

### **Credibility**

In order to provide credibility to the study, descriptions were rich, detailed, and accurate. As the ethnographical researcher, the main basis of ethnographical research focuses on “developing a complex, complete description of the culture of a group, a culture-sharing group” (Creswell, 2013, p. 91). Fieldwork had both an emic and etic perspectives through “interviews, observations, symbols, artifacts, and other sources of data” (p. 92) in order to answer the question of “What do people in this setting have to know and do to make this system work?” (p. 92). Long periods of time in the field increased credibility and the depth of material to allow proper triangulation.

Proper triangulation came through establishing a file for each participant under a pseudonym. A complete file included: participation survey, participant consent form, focus group notes, interview, 100-Item Parent Behavior Checklist, job/employment information, and self-reported educational status.

Credibility was also dependent upon the analytical abilities of the researcher. As an educator of 27 years holding a secondary, Level III New Mexico Teaching license with a mathematics endorsement, and having taught undergraduate college courses in mathematics student success and economics, I am confident that my analytical abilities are above average.

### **Dependability and Confirmability**

Dependability is measured by the consistency of the data and “established through an auditing of the research process” (Creswell, 2013, p. 246). By creating very detailed methods and procedures sections another researcher could duplicate the study, thus, dependability is achieved. Very rich details regarding the setting and context of the study also support the dependability requirement.

“The naturalistic researcher looks for confirmability rather than objectivity in establishing the value of the data” (Creswell, 2013, p. 246). By using multiple data sources and triangulation, confirmability of the study results was achieved. As the researcher, I brought together existing studies into a context for contribution that reflects the consensus of previous work” (Sandberg & Alveeson, 2011, p. 26), I used social norms to gap-spot the literature used in the study (Sandberg & Alveeson, 2011).

### **Transferability**

Transferability is the regard that the implications found in this study could be applied to other studies dealing with a similar subject matter. Here, again, “to make sure that the findings are transferable between the researcher and those being studied, thick description was necessary” (Creswell, 2013, p. 246). Lincoln and Guba’s (1985) criteria for transferability aided in the transferability aspect of this study.

### **Ethical Considerations**

Ethical considerations were considered during the planning, implementation, and conclusion of the study (Creswell, 2013), being flexible and attentive at all stages. I was “sensitive to vulnerable populations, imbalanced power relations, and placing participants at risk” (p. 56). Protecting the anonymity of participants by using pseudonyms was an ethical consideration to protect their identity. Due to my in-depth involvement, I was privied to confidential information and did not allow anyone to match the data with the individual, keeping the identity of each participant private.

Data security is an ethical issue that was addressed by keeping materials and data organized in a locked filing cabinet at my personal residence. Thumb drives housed all electronic information and computers were password protected. As the human instrument, I was the sole recipient of information. In dealing with human issues and human lives, all precautions to the sensitivity of the data in order to protect the participant’s information were taken.

Other ethical considerations to consider suggested by Weis and Fine (2000) were: gain local permission from the site participants; disclose purpose of the study; respect site and disrupt as little as possible; publication of results/study; confidentiality; safe storage of data; establishing respectful relationships; sensitivity to vulnerable populations; and encourage individuals to seek counseling if they are found consuming drugs and/or alcohol.

### **Summary**

Giving voice to Hispanic mothers in FDC in order to understand the phenomenon of generational substance abuse was the purpose of this critical ethnographical study. Through qualitative research with thick, descriptive data, participants were selected through purposeful, stratified, convenience sampling. Before beginning the study, IRB approval was obtained and



the steps to perform the study were outlined above. As the researcher, my role was outlined with both an emic and etic focus, bracketing myself away from the study. Through multiple artifacts, interviews, observations, focus group, and a variety of other data gathering tools, the essence of the culture-sharing group was found. Data analysis was accomplished through coding and organization of the vast amount of information. Trustworthiness issues of credibility, dependability, transferability, and confirmability were addressed through triangulation, the gathering of rich information with lots of detail, and the record of consistency followed by the researcher. Ethical considerations pertaining to the participants, the site(s), the gatekeeper and the community were considered through each phase of the research project.

## CHAPTER FOUR: FINDINGS

### Overview

The purpose of this ethnographic study was to understand the issues surrounding the recovery of Hispanic mothers in a therapeutic judicial program in southeastern New Mexico. Crucial to the outcome of the study, data analysis provided an in-depth understanding of the phenomenon. One central question and five sub-questions guided the study. Central question: What are the issues surrounding the recovery of Hispanic mothers in a therapeutic judicial program (FDC) in southeastern New Mexico? Sub-question #1: What are the conditions that led to Hispanic mothers' recovery and involvement in family drug court? Sub-question #2: What role does being a mother play in Hispanic mother's choice to participate in family drug court? Sub-question #3: What are the needs of Hispanic mothers' in and beyond participation in family drug court? Sub-question #4: What are Hispanic mothers' cultural supports with overcoming substance abuse? Sub-question #5: What are Hispanic mothers' cultural hindrances with overcoming substance abuse?

According to Miles and Huberman (1994), narrative text and data display tend to be the most frequently used form of recording qualitative data. The results are presented with the use of narrative text and data display. A thick description presents a "holistic picture of the experiences" of the Hispanic mothers participating in this study, ultimately allowing the reader to "vicariously experience the challenges (they) encounter and provide a lens through which readers can view the subject's world" (Creswell, 2014, p. 211).

Through a survey, focus groups, interviews, and a 100-Item Parent's Behavior Checklist (Fox, 1994b), and extensive field work, the researcher explored the lives of eight Hispanic mothers; six currently in the Family Drug Court (FDC) program and two recent graduates within

the past year of the FDC program. The data here within was reflective of the participant's current status for those currently in the FDC program. For the graduates of FDC (two participants) the data collected were retrospective of their time and status while participating in FDC. All eight participants (ages 23-47) met the eligibility of the study (Appendices F and H): being a Hispanic female; having had or then currently having their children in someone else's or state's custody; and a member or graduate within the past year of FDC (Table 1). Pseudonyms were assigned to the participants to protect their identity.

**Table 1:**

*Participant Demographics from Researcher Created Survey*

Participant	Age	Gender	Race	Phase of FDC	Number of children	Child(ren)'s residence at Time of FDC
Amy	23	Female	Hispanic	I	1	Aunt
Ann	24	Female	Hispanic	II	4	Husband
Pam	25	Female	Hispanic	III	3	Father
Sue	25	Female	Hispanic	II	3	Aunt
Kay	25	Female	Hispanic	III	1	Father
Pat	57	Female	Hispanic	II	3	Father
Kim	32	Female	Hispanic	Graduate	5	Relatives
Jan	26	Female	Hispanic	Graduate	1	Family

*Note:* Researcher developed table.

The participant's average age was 29.6, and the average number of children involved was 2.6. In all eight cases, Children Youth and Family Division (CYFD) of the State of New Mexico removed the child(ren) from their mother's possession, in conjunction with the local city or county authorities, dependent upon the mother's residence at the time of removal. In all eight

participating cases, the child(ren) were placed with relatives when removed from their mother's custody. This is an unusual phenomenon according to general research, but when viewed through a cultural lens, it is concurrent with Hispanic culture. According to Gilliard et al. (2007), children are the pride of the Hispanic family and there is a critical link giving rise to a child's identity, development and sense of belonging. Thereby, family members take on the responsibility of caring for other family member's children when necessary.

### **Participants**

#### **Amy**

Amy was eight months pregnant with her second child. The "baby daddy" is incarcerated and she lives with her maternal aunt who has legal custody of her 18-month old daughter. Children's Youth and Family Department (CYFD) removed the child from her custody and the child was placed in foster care until the "tia" (Spanish for aunt) was given custody. Amy attended FDC to regain custody of her daughter and to improve her life. Amy's mother was a recovering addict who also attended and graduated from FDC; however, she was then in relapse. Her alcoholic father committed adultery, causing her parent's divorce during her fourth grade year.

During Amy's fourth grade year, she had to make the difficult decision as to which parent to live with, and she chose her mother. Her mother introduced drugs (mainly methamphetamine), mafia music, and guns into the home. Amy would steal in order to help the family and became a recluse. With her father living one and a half hours away, he was not much help, and Amy and her older sister (6<sup>th</sup> grade) took care of each other and the three younger brothers. The older sister became pregnant at a very early age and went to live with the father, leaving Amy to take care of the house and her brothers as her mother was deep into her

addiction. At age 16, Amy was introduced to methamphetamine by her mom and after being in FDC for three months, and she says “it is not okay for your mom to pass a meth pipe to you”.

Amy had plans to complete her GED and FDC has made her realize that her recovery is all up to her. Amy wanted to be independent and be able to take care of her young children, not relying on the “baby daddy,” as he is a bad influence. She had been an exemplary FDC participant, moving rapidly through the phases of FDC, reaching Phase II after only three months. She wanted for her children what she did not have and that is a drug-free home, an education, and hopefully, someday, a loving father.

Amy enjoyed the groups and the people in the FDC program. She recognized that some people are there to get help and others are just wasting time. She was accepting of the strict requirements of the program and was willing to comply with the requests of daily or weekly drug screens, bi-weekly drug court, and the weekly group and individual meetings. Amy took full responsibility for her recovery and was appreciative of the judge FDC gave her to get clean and sober.

### **Ann**

Ann’s interview yielded the least amount of information, as she was not open and seemed defensive towards the researcher. When asked to describe her experiences with her mother and father, she described her home life as “not very good.” Reflecting upon her childhood, she remembers her parents smoking marijuana and its use extended beyond the immediate family.

Education was not a priority and she only completed the ninth grade. Due to her lack of education and low skill set, she has only been able to work at fast food restaurants and does not make much money; therefore, paying for childcare and housing have been a struggle.

Getting pregnant at age 13, she began her family early in life. Not marrying either “daddy,” she has had two children by one man and two children by another. She then resided with the second man and he was also a participant in FDC. All four children were removed from their custody due to drug involvement but were returned to the home with home interventions. Ann and her significant other are on their thirteenth month in the program and appeared to continually have positive drug tests and urine analysis (UA), extending their time in the program. In observing her interactions at FDC, she seemed to have a very lackadaisical attitude. The man appeared to be more concerned about his recovery and keeping custody of the children.

### **Pam**

Pam liked school but her family moved around a lot; she made average grades but, overall, was a good kid. She became pregnant her freshman year (age 13) and ran away with her boyfriend, not returning to school. She would like to complete her GED but says she only had time for her kids, not herself. Pam was the third child of seven, and while her dad was the backbone of the family, her mom did not seem to care about the children and this is what made her want to focus on her children before she does anything for herself.

From age 13 to 16, Pam lived in an abusive relationship with the “baby daddy.” The boyfriend passed away when Pam was 16, leaving her with the responsibility of two children: a two year old and a four month old infant. Pam moved in with her father, who had in the meantime, divorced her mother. Pam’s mother lived with her mother, and since these women had (have) similar parenting styles, Pam moved in with her father. Pam began drinking alcohol at age 16 because she didn’t want to feel anything. Quickly moving from alcohol to cocaine, she graduated to methamphetamine and was a meth addict by age 19.

Lying about her age, Pam got her first job at 13 in the fast food industry. She has had no formal training to increase her skill set, therefore, she had continued in the fast food industry for twelve years, most of the time in a part-time capacity. Working part-time in the fast food industry did not allow her to support her family (which is now three children) financially, provide health insurance, or have a work schedule conducive to raising children. Even though her life seemed bleak, she had hopes and dreams of earning her GED and getting a better job.

### **Sue**

While growing up, Sue had average school attendance, earning B's and C's. In the seventh grade Sue was expelled because of social problems, leading to her dropping out in the tenth grade, (having only completed the ninth grade). It is apparent her parents did not feel education was important and were not compelled to keep her in school. At the age of 25, two "baby daddy's," and three children later, Sue had a change of heart. She was currently enrolled in a home school program and working towards earning her GED.

Sue considers the relationship with her children (ages 2, 4, and 5) being better than her relationship with her own parents. Her dad was (and still is) an alcoholic while her mother was (and still is) a workaholic. She felt the dysfunctionality of her family manifested when she was 18 by the divorce of her parents, leaving her to take care of her younger, fourteen year old brother. Her three older siblings were independent at the time of the parents split-up.

Becoming pregnant at 15, her life began the downward spiral leading to her addiction. She blames her addiction on the life-style pattern of her father, shadowing in his footsteps but having a different drug-of-choice: alcohol, marijuana, and finally methamphetamine. She also made reference to her addiction being partially her mother's fault, as her mother was consistently absent making it easier to participate in deplorable behavior.

Sue had a variety of fast food positions in order to help support her children; however, within this industry she was only able to work at the bottom of the chain due to her lack of education and training. This situation increased her dependability on a “partner” or a “meal ticket,” participating in relationships with men that were not good for her or her children. Her situation reflected this, as her “significant other” is not the father of any of the children, is a “user” and is not in the FDC, but supports her involvement in FDC and sometimes attends the group sessions with her.

Sue feels the Hispanic culture has had a negative influence on her and others in this situation, reflecting back to her lack of education producing bad choices. It was not until her house burned and she became homeless that revealed her methamphetamine addiction and resulted in the removal of her three small children from her custody by CYFD. CYFD permitted her and her children to live with her mother, giving custodial rights of her three small children to the maternal grandmother. This backfired, somewhat, as it just provided a nighttime babysitter so Sue could continue her addiction while her mother and children slept.

Being clean and sober for 18 months and in Phase III of FDC, Sue reflected on her transitional point when her probation officer said, “get clean or go to jail.” She learned that she needs to be clean and sober for herself, first, and then for her children. Housing and employment were current issues, as she wanted to be independent. Each day she woke up telling herself she was a survivor, not a victim. She was currently working on obtaining her GED, was progressing through the FDC program but was not able to sever the ties with the “man in her life,” tolerating him being a user because he financially provided for her and her children.



**Kay**

Kay is 25 years old and has lived in the same county her entire life. Kay and her only child, a seven year old son, live with her parents. Education was not a priority in her family but Kay did graduate from high school. Her mother and father are Spanish-speaking only and while her mother has been a homemaker, her father has worked low-paying jobs on the railroads due to his lack of education, lack of the English language, and a low skill set. Kay is the second to the youngest of seven children. As far back as she can remember, her dad drank alcohol and used intimidation to parent the children. The children and her mother were afraid of his verbal and physical retaliation(s).

Getting pregnant during her senior year forced her to live with her boyfriend, as her strict father kicked her out of the home. This living situation yielded an abusive home life and Kay returned to her mother's and father's home when the baby was two, having to share a room with an older sibling and her child. Having no work skills herself, she was supported by her father, welfare, and occasional child support on occasion.

Kay began smoking cigarettes in the ninth grade, transitioning to marijuana by the tenth grade. Being introduced to a variety of drugs through her boyfriend (baby daddy), her school attendance began to decline and she became a dealer. Upon the birth of her baby, shortly after graduation, CYFD became involved; however, her child was not removed until a year later. She evaded them for over a year, keeping on the move all the time. When CYFD removed the baby from her custody, custody was given to the baby's paternal grandmother, which is where the child currently resided.

Only three months into her sobriety, Kay was struggling trying to stay clean and sober. She attended all the individual and group meetings required by FDC Phase I, and was enrolled to

begin the GED program in a few months. Early in this stage of the FDC program, Kay did not have time to make all the meetings and work, and the lack of funds was a real problem. She felt her culture was a hindrance and her being a first-generation Hispanic was a burden she would not be able to overcome.

### **Pat**

Pat was the eldest of all the participants at age 57, and the most unique because of her age. When interviewed about her childhood, she remembers a good childhood where drugs and alcohol were not seen. Her mother and father were descendants from Mexico, where she still has strong family bonds. The Hispanic culture played a big role in her life and she feels the “Americanization” of her culture lead her to her demise, which was alcoholism.

Pat was not well-educated and completed high school with very low grades. When her parents came to the United States she was six years old and English was her second language. She still struggled with reading and understanding English and this was very evident when she was asked to read in group sessions. She married and began a family at a young age of 17, having one child before divorcing and returning back to her mother’s and father’s home for a while. She then remarried and twelve years later had child number two, remaining married to this man for ten years. Finally marrying for the third time, she had a child at the age of 41. Two years after the birth of the third child her husband died, leaving her devastated. This is when she began drinking alcohol.

Living on only a VA Pension, she lost her home and could not find suitable employment to support her 16-year-old son, and they became homeless. CYFD placed the child in foster care and referred Pat to FDC. Pat had never found employment outside of the home and had been working with the rehabilitation facilities and services in the community to learn a skill and apply

for gainful employment. She lived at a local half-way house but has a term limit of six months, of which she was currently in month four. She enjoyed FDC and was a role model participant; however, she felt like FDC needed to have more Hispanic cultural supports.

Pat felt an education was important and she did not want her son to follow in her footsteps; however, he has already committed misdemeanor crimes and she felt education would not be a way for him to stay out of trouble. Pat had a very estranged relationship with her son and other two children, and she felt incompetent to deal with any of them before clearing up her own life first.

### **Kim**

Kim, along with her husband, was a recent graduate of FDC. She and her husband participated in the program together in order to regain custody of their five children. FDC had changed her life and she believed it would change the lives of her children. She was the most open during the interviews.

During her young elementary school years she lived with her biological parents and describes these years as “horrific.” She was the second eldest of four children and recounted her parents as meth addicts and cooks, and her mother and older brother suffering beatings from her father; she and her two younger siblings were not physically abused. In junior high school, Kim went to live with her wealthy grandmother; she became popular in school, had nicer clothes, and was a member of the bull riding team in high school.

At 16, Kim became rebellious and began dating her soon-to-be first husband. Returning to her parent’s custody, she convinced her mom to sign the papers for her to marry just so she could get out of the parent’s home, and Kim dropped out of school. Her attitude regarding

education had changed and during her time in FDC, she received her GED and was currently enrolled for her fourth semester in college.

Methamphetamine became a normally used item in her life. Kim reflected that while some mothers and daughters shared makeup, she and her mother shared a meth pipe. During her addiction, she lost her driver's license for 13 years and was arrested 57 times. The arrests were not for any DWI/DUI charges or drug charges, but for not appearing in court on traffic violations. It cost her over \$2,200 to get her driver's license back and her driver's license was now something that she cherished.

Kim gave birth to twin boys at age 18 and remained married to their dad for two more abusive years. Heavily into drugs, she and her husband were dealing drugs and continued to avoid the arms of the law and CYFD, while adding another baby to their family within the next year. With three small children to support, and physically and emotionally worn, she returned to her parent's home in hopes of getting some help, but her parents were drowning in their own issues and she again, met and married another addict. Her second marriage did not have the physical or emotional abuse like the first marriage, but it did have the common denominator of drugs and alcohol. A fourth and fifth child would be born from this relationship.

CYFD was interested in Kim and began to pursue her; however, she eluded them until the birth of her fifth child, which was taken away at birth. Kim says this was the lowest point in her life and where she decided to turn to God for help. Her two eldest children were in a group home, her third child was with her aunt, her fourth child was living with another aunt, and the newborn baby was placed in foster care. She and her husband were offered the opportunity to participate in FDC in hopes they could and would remain clean and sober in order to regain the custody of their children. Living approximately 20 miles (one-way) from FDC, Kim and her husband

would ride a bicycle to their individual, group and court meetings. In the beginning, this would take up to three hours one-way, as they were not in shape for the trip.

FDC became their new “drug.” They set a goal of: being clean and sober, to be reunified with their children, to acquire and hold gainful employment, and to get and maintain a household conducive to raising a family. Even though the FDC program was projected to last 18 months and participants have to earn a minimum of 1,000 points to graduate, some participants have setbacks and the program lasts a little longer. Kim and her husband graduated in two years, and as time passed, their enjoyment of the program and commitment grew stronger with time. They liked the FDC “family” and felt confident in their recovery, even though it was still a day-to-day struggle. By graduating from FDC, they learned more tools and perfected those tools in order to be successful in recovery.

All five children were absent from their home for two years, but four have been returned to the home and were thriving in their respective schools. The youngest child remains with a family member and is transitioning back into the home so as not to overwhelm him. Her husband had gainful employment and was supporting the family, allowing Kim to be a full-time college student. Kim and her husband believed education is the key to breaking the cycle of substance abuse and open communication is the key to sustaining relationships with their children. The FDC had recently asked Kim and her husband to become Peer Support Advocates (PSA), helping bridge the gap between clients and the courts to help reduce the rate of recidivism to addiction, FDC, and incarceration.

### **Jan**

Jan, the second graduate of FDC in this study, was a single, 26 year old female, with one male child, age one. Coming from a traditionally large Hispanic family, she is the third youngest

from seven children. Having moved to the county when she was eleven from Mexico, she is the only person in her family that speaks English. Her parents still spoke Spanish in the home. She learned English during the sixth grade at school and education was very important in her family, for the male children. She wanted to go to school but there was not enough money for all the children to attend public school, so her four brothers four were allowed to attend school until they graduated while her and her other two sisters stopped attending at the beginning of ninth grade.

Jan described her family life as “normal and happy” as she didn’t know any difference. Upon dropping out of school, her mother and grandmother began to teach the girls in the household domestication duties. It was expected of her and her sisters to take over the maternal duties and upon their 15<sup>th</sup> birthdays, the family would host the traditional Spanish coming-out party known as a Quinceanera in order to marry them off. This did not happen as the family was very poor and it was a great disappointment. This is about the time she became rebellious and would sneak out of the house at night and began participating in illegal activities.

By age 16, Jan was hooked on cigarettes, smoked marijuana when she could, and began using prescription opioids. Due to her lack of education, she could only work in fast food jobs and moved out of her home at age 18, practically living on the streets. It was a miracle she did not get pregnant until she was 25. When she became pregnant at 25, she had custody of her son and they lived with her boyfriend until the child was four months old. At this time, CYFD removed the child from the home and placed the baby into the custody of relatives. Also at this time, Jan was offered to participate in FDC in order to become clean, sober, and to regain the custody of her child. Even though she took the FDC option, her boyfriend did not want to and their relationship was dissolved.

Jan feels her lack of education had affected her work opportunities; however, she had been working as a cashier for the past five years and had received multiple promotions. Jan was now the head cashier at her job, but her salary was still below the poverty line. She also felt her cultural heritage has hurt her since it was gender biased.

FDC was a life-changing event and program for Jan. FDC allowed Jan to realize her importance as a person and to set some life goals. She still had a lot to do pertaining to her education, childcare, employment and housing but Jan felt the struggle was “real” every day and FDC had given her some tools to face the setbacks.

### Codes

Eight codes emerged from the in-depth data collection of this study, reflecting back to the central question of “What are the issues surrounding the recovery of Hispanic mothers in a therapeutic judicial program (FDC) in southeastern New Mexico?” These codes were: education, family life (while they were growing up), employment, housing, children, relationship(s) with spouses or significant others, Hispanic culture, and new self. The codes were represented in the transcripts from the interviews, focus groups transcripts, and observations of FDC proceedings. Table 2 reflects the codes across the transcripts of the data:

**Table 2:**

*Codes Across the Transcripts*

Code	Transcripts with code	Participants
Education	100%	8
Family Life	100%	8
Employment	62.5%	5
Housing	87.5%	7
Children	87.5%	7
Relationship with Significant Other	50%	4
Hispanic Culture	50%	4
New Self	100%	8

\*Researcher developed table.

Table 3 aligns content or meaning with the emerging core codes or themes. The content/meaning has been taken directly from researcher-lead interviews and focus groups.

**Table 3:**

*Core Codes and Aligned Meaning*

<u>Code</u>	<u>Meaning</u>
Education	the participant's education accomplishments and experiences; K-12 and beyond
Family Life	the participant's life from birth through high school in relation to their biological parents and siblings; their environment as they were growing up and their primary custodial parents/guardians
Employment	participant's work experience; past, present, future
Housing	participant's current housing situation and issues
Children	participant's number of children, gender(s), age(s); fathers; relationships; CYFD involvement; effect of FDC
Significant Other	participant's current situation regarding significant other
Hispanic Culture	participant's perspective on how the Hispanic culture affects their life. I "used" mostly with Hispanics (Amy)
New Self	Recovery process and effect of recovery; goals for their life

\*Researcher developed table.

**Education**

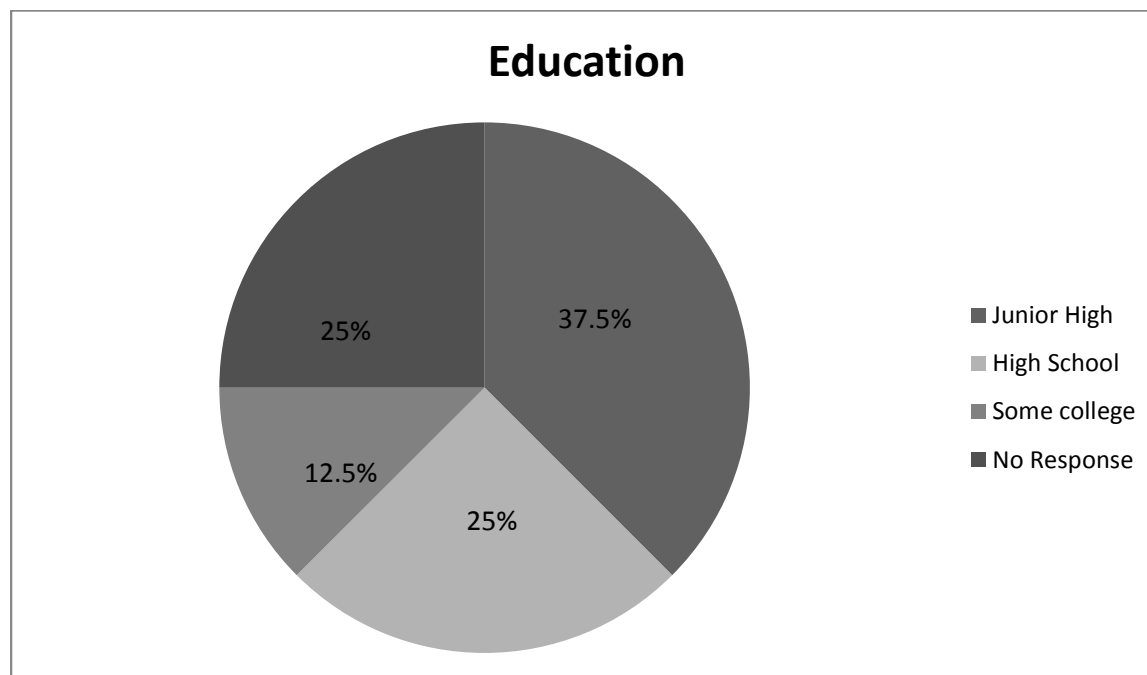
Education played an important role in the plight of these women and their children. Chart 1 (Appendix F) reflects their educational achievements, or lack thereof. Only 12.5% of the participants had earned some college credits while the majority, 25.0%, had earned a high



school diploma. Earning only junior high credits were 37.5% of the participants and 25.0% did not response to the education achievement question on the survey.

**Chart 1:**

*Participant's Educational Achievements*



\*Researcher made chart.

The personal interviews began with the researcher asking each participant to discuss their experiences in school, (beginning with elementary school and ending in high school), and asking them to tell the researcher about their grades, attendance, and overall school experience.

Participants were initially comfortable talking about their school experiences and all of them mentioned how in their young elementary years (K-3), they seemed to enjoy school. A common occurrence mentioned by Amy, Pam, and Sue was their transient lifestyle, moving from residence to residence and school to school. No roots were grown or allegiances made with the same neighborhoods or neighborhood schools by these families.

School dysfunctionality seemed to happen as early as fourth grade (Amy), seventh grade (Pam and Sue), and by the ninth grade in all cases. Fourth grade (typically age nine) and seventh grade (typically 12), are considered the school-ages. According to psychiatrist Erik Erikson (1956), this time in a human's life is the fourth stage of the eight stages of development and is referred to as industry versus inferiority (competence). Erikson (1956) developed these stages through his experimental work in psychotherapy experiences with children and adolescents in a variety of social settings and various socioeconomic classes. Like Maslow's (1954) hierarchy of needs, these stages are "conceived in an almost architectural sense . . . (and) satisfactory learning and resolution" (Myers, 2015, p. 1) of each level must be mastered to move to the next level. The danger of not mastering level four would lead to a mistrusting child who would doubt the future and be left feeling shameful and guilt-filled, also experiencing defeat and the beginnings and deep-rootedness of an inferiority complex (Myers, 2015).

One participant (Amy) recounts of her fourth grade year being the beginning of her having to "protect my brother's from our mom's drug use" and "taking full responsibility of my two younger brothers, making sure they were fed, bathed, put in bed, and then getting them to school the next morning." Another participant (Sue) tells of "being a good student until my mom started bringing drugs into the home," while another (Ann) said she "liked school but wasn't good at it because they were always moving a lot," and yet another (Kim) said she was "not popular or did not have nice clothes." Foundations of mistrust were built and the negative effects of mistrust began to hurt the relationships between these young girls and their caregivers (mainly their mothers), and mistrust was also harming their educations.

## **Family Life**

The code *family life* was used when interviewing participants about their growing up years. Discussing their education was a gateway into talking about their family life, which seemed to be difficult for the participants, and would lay a foundation for the researcher to begin to understand how each participant's upbringing affected their current situation. The conversation was easily started, but as participants hit the time(s) (or events) when their family life became disturbing, complicated and dysfunctional, all participants would become nervous and lose eye contact with the researcher.

Sue summarized her household as “dysfunctional” and “spiraled out, ”summarizing what other participants also said in describing their households. Furthermore, Sue said her mother was “fed up” with life and Sue, along with Pam, said they were a personal burden to their parents, especially her mothers. Divorce or separation between their biological parents was mentioned from two (Amy and Pam) of the eight women; therefore at a young age, they were given the hard choice of choosing which parent to live with. Pam said, “I had to choose between my parents and I loved them both.” The other six women interviewed (Ann, Sue, Kay, Pat, Kim, and Jan) mentioned just being “told where to live.” Near the end of one interview, Kim reverted back to her family life, saying, “although it wasn't good for me, I have forgiven my parents. They were messed up and they messed up with me, but they are better now and they're good for my kids – it's too late for me.”

## **Employment**

Due to the high required time involvement of personal counseling sessions, almost daily group sessions, bi-weekly court meetings, community service hours, and outside sessions to gain extra points for FDC, drug screens, employment as a FDC participant is almost out of the

question. However, these women had to support themselves and their children. Three (Ann, Pam, and Jan) of the eight women worked. These working mothers had minimum wage to slightly above minimum wage jobs, placing them well below the poverty line. This was due in part to their lack of education and low skill set. When asked about her job, Ann said “working in fast food places as a dishwasher is the best I can get,” and a comment heard several times throughout the interview with Ann was “if only someone would give me a chance.” One participant (Kim) worked as a construction worker’s helper during the day and a stripper at night. Kim took the night job because the day job did not pay enough to meet her financial needs.

The young woman who began taking care of her siblings in the fourth grade (Amy) said she would steal in order to get what she needed or to get what the family needed when her mother was “strung-out” (the father had moved two hours away). She would do “anything to find favor from my mother or to help her out.” Last year, at age 21, she had worked at a local fast food place but when she encountered her boss “doing ice in the restroom,” she quit and went to live with her aunt, allowing the aunt along with welfare to provide financial support for her and her baby. Employment was a very serious issue with these young women and there was no quick fix.

When the participants were surveyed about their source of income, the responses were as follows: two (Ann and Jan) were employed with an average income of \$866.67 a month (\$10,399.99 per year); one (Pam) was employed but also receives welfare; one (Kay) was supported by family and receives welfare; one (Amy) was supported by family; one (Pat) received a \$430 per month pension from the Veteran’s Administration; one (Kim) was a full-time student and supported by her husband; and one (Jan), did not respond. This was reflected in Table 4 (developed using Appendix F). On a scale of 1-10, 1 being the lowest and 10 being the

highest, participants were asked to rate their overall job satisfaction. (These ratings are reflected under the X's on the three employed individuals.) Of the three participants currently employed (Ann, Pam, and Jan), the average overall job satisfaction was a 5.125.

**Table 4:**

*Participant's Income Source and Job Satisfaction Rating*

<b>Participant</b>	<b>Employed</b>	<b>Welfare</b>	<b>Family</b>	<b>VA Pension</b>	<b>Full-Time Student</b>	<b>No response</b>
Amy			X			
Ann	X 7					
Pam	X 5	X				
Sue						X
Kay		X	X			
Pat				X		
Kim			X		X	
Jan	X 5					

\*this is a researcher developed table

### **Housing**

The local economy is based on the oil and gas industry and had recently undergone an industry boom. This boom made oilfield jobs plentiful, yet it also made housing very scarce and expensive. These women all mentioned housing issues and concerns. Here, again, their living

conditions were substandard and were directly related to their low (or no) income and lack of education. Without an education they could not get a good paying job; without a good paying job, they could not afford adequate housing. One participant (Sue) said she was “too low to qualify for low-income housing and her and her three children were living with her dad and step mother in a three bedroom, one bath trailer house.”

Even though there were local government agencies and non-profit organizations available to help these women, the city had not been able to meet the immediate influx of the large mass of people working in the oilfield and needing housing. The oilfield workers with the good paying jobs received the available housing, while these struggling women with children were pushed to the side. Living with their parents or other family members was sometimes their only option and while it was a roof over their head, crowded spaces with dysfunctional and illegal activities only complicated their personal recovery issues.

### **Child(ren)**

Of the eight participants in the study, nineteen children were involved ranging from two years old to sixteen years old. The average age of the children was 6.7. There was an average of 2.6 children per mother, four participants (Amy, Kay, Pat, Jan) have one child; two participants (Pam and Sue) have three children; two participants have four children (Ann), and five children (Kim), respectively.

All the mothers during FDC proceedings, the focus groups and the interviews voiced love for the children; however, there seemed to be three levels of distinction between the apparent relationships and mindsets of these mothers to and with their children. The three participants (Amy, Ann, and Pat) in the early stages -Phase I and Phase II- of FDC were more focused on their personal wants and needs rather than those of their children. During a FDC session, Ann

was trying to explain to the judge why she tested positive for cocaine said, “I found a little bit and I used it. I didn’t use all of it because I thought of my kids.” The judge replied, “You wouldn’t have used any of it if you were thinking of your children,” and she sent the mother to jail for two days as a consequence for testing positive too many times during the two week period.

The second level of distinction was the three participants (Pam, Sue, and Kay) in the later (Phase III) stage of the FDC program. Nearing graduation (Phase IV) and having had made life-style changes, their focus was child directed. Pam told of watching movies with her three children one Friday night and a beer commercial triggering her cravings. She said “I could almost taste it I wanted it so bad.” She told of her actually leaving the children and going to a convenience store, grabbing a six-pack of beer and standing in line. While in line she kept making up stories to tell her children upon her return and how smart they were and would figure out what she had done. “I kept thinking if I took one sip, just one little sip, I would drink the whole six-pack and then I would feel so bad and I would just want to smoke (some methamphetamine).”

During a focus group the counselor discussed a common attribute among addicts is “thought wrong.” If an addict relapses a little, they tend to think they have already messed up, so they might as well relapse a lot and this is “thought wrong.” Addicts are taught to “think right” meaning that before the relapse officially begins or became a full relapse, they have the power to “think right” and change their situation. This young mother (Pam) did that and said, “so I left the six-pack in the floor of the store and ran out the door.” Thoughts of what she had learned in a focus group on “thinking right” kept coming to her mind and in those thoughts were her children and not having to explain her actions to her three awaiting children, or lie to them. Kay, at the

same FDC phase, stated “I have to be okay with myself in order to be okay with them her children.”

The third relationship level by these mothers (Kim and Jan) with their children was from those who have graduated from the program. From interviews and their participation in the focus groups, one could tell their concern was genuine about their children. “What we went through has made us closer to each other and we cherish each other,” said Kim. These graduates were clean and function normally, taking care of both their needs and the needs of their children and family. The graduates appreciated getting another chance with their children and spoke of a future with them in a clean and sober environment. Furthermore, Kim stated, “I want to be there for them as they grow up and help them in their school work and school activities.”

### **Relationship with Significant Other**

Five (Amy, Pam, Sue, Kay, and Pat) of the eight women were single. The three married women (Ann, Kim, and Jan) had or have had spouses who were also participants in FDC. In discussing their lives through interviews, the focus groups, and their interactions with the judge during FDC, it was very apparent these women made poor choices for spouses, significant others, and baby daddies. Amy and Pam had baby daddies that were incarcerated. Jan was married and employed as a cashier, supporting the household of three while her husband was unemployed. Another mother (Sue) lived with her boyfriend who is not the father of her three children and she said, “he is a user and attends my groups with me because he is jealous. I like him because he gives us a place to live and feeds us.” One of the FDC graduates (Kim) had a spouse that was the father of two of her five children and was also a recovering addict. Kim and her spouse attended and graduated from FDC together, which she said significantly aided in their recovery and continued to keep them focused. Pat’s spouse was deceased, but she says he “never



worked and when he did, would not give me money for myself or the children.” Pam expressed feelings of defeat as she said, “I always felt I could do better but didn’t know how and I got pregnant in the ninth grade, so I was stuck.”

### **Hispanic Culture**

When asked if their culture had any bearing on their recovery, the answers were divided. Half of the participants (Amy, Ann, Sue, and Kim) admitted the Hispanic culture did have a bearing on their addiction. While in their addiction they would use with anyone that had a supply of drugs. However, their drug suppliers and co-users were mostly Hispanic people. “Spanish speakers are pushy on it,” said Sue and she continued that “they cover up and lie”. Lying is a common trait in addicts and as these mothers progressed down the road of recovery, “lying becomes not so cool,” said Amy. Amy said she now mistrusts Hispanics more than prior to her recovery.

One participant (Kim) did not blame her addiction on her Hispanic culture, but she felt the Hispanic culture provided her with “just more wrong relationships.” Another participant (Amy) spoke of the drug culture interwoven with the Hispanic culture and “in growing up in a Mexican home, the music I heard and listened to was Narco Corridos (mafia drug music) and we used gangster language.” These examples are far from the traditional Hispanic family culture traits spoke of by Marshall and Olivia (2010).

### **New Self**

At the conclusion of each interview, and sporadically during the focus group sessions, each participant would speak of her *new self*. Aspirations of good jobs, adequate housing, recovery, and keeping their children or taking care of them were voiced. They all had a different degree of hope. Having “deep memories” of their detrimental and haunting past, several spoke

of being scared of the future and how to “continue moving forward when I graduate from FDC” (Amy). This thought by Amy proves that those progressing in the program like the accountability factor and flourish while being held accountable. All mothers stated that they struggle with being single parents, or being a parent in general, but adequately stated by Pam, she said “I see the value in my kids staying in school. I want them to graduate from high school so they can get a good job.”

### **100-Item Parent Behavior Checklist**

A portion of the in-depth fieldwork done by the researcher included a 100-Item Parent Behavior Checklist (PBC) (Fox, 1994b), Appendix E, which is a “measure of parents’ development expectations (50 items), discipline (30 items), and nurturing (20 items)” (Cardona, Nicholson and Fox, 2000, p. 357). The checklist took into account the “effects of ethnicity” and discovered that Hispanic parents “reported higher discipline and lower nurturing scores . . . (and were more likely) . . . to report more frequent use of discipline” (Cardona et al., 2000, p. 357). This research tool was important to the study as it determined the “role of parenting style in children’s present and future socialization” (Cardona et al., 2000, p. 358).

Using the PBC (Fox, 1994a), to score the assessment, a 5-point Likert Scale was used, assigning the numbers 4, 3, 2, 1, and 0 to the following responses, respectively: A-Almost always/Always; F-Frequently; S-Sometimes; N-Never; and NA-Not age appropriate, aligned in a positive direction. Aligned in a negative direction was six items in the Expectation subscale only; all other 94 items in the Expectation, Discipline, and Nurturing categories were assigned in the positive direction. The PBC scores as follows:

The following 44 items comprise a portion of the Expectations subscale and are scored in a positive direction: Items – 2, 4, 7, 8, 13, 14, 16, 17, 22, 24, 27, 28, 31, 33, 34, 37, 39,

47, 48, 51, 53, 54, 56, 57, 59, 62, 64, 67, 68, 71, 73, 74, 76, 77, 79, 82, 84, 87, 88, 91, 94, 96, 97, 99. The following six additional items complete the Expectations subscale and are scored in a reverse direction. Items – 11, 19, 36, 42, 44, 93. The following 30 items comprise the Discipline subscale and are all scored in positive direction: Items – 3, 6, 9, 12, 18, 20, 23, 26, 29, 32, 38, 40, 43, 46, 49, 52, 58, 60, 63, 66, 69, 72, 78, 80, 83, 86, 89, 92, 98, 100. The following 20 items comprise the Nurturing subscale and are all scored in a positive direction: Items – 1, 5, 10, 15, 21, 25, 30, 35, 41, 45, 50, 55, 61, 65, 70, 75, 81, 85, 90, 95. (Fox, 1994a, p. 6-7)

Every item in each checklist was scored according to the PBC (Fox, 1994a) guidelines, and these items were totaled in each of the three categories, giving the researcher three raw scores for each checklist completed ( $n = 8$ ). Each checklist provided raw scores for three categories: Expectations, Discipline and Nurturing. Although this survey is scientifically proven, Fox (1994) states nine limitations:

(1) ethnic background of the family, (2) number of children in the family, (3) educational level of the parent, (4) economic status of family, (5) age of parent, (6) developmental level of child, (7) behavioral difficulties of child, (8) who provides care of child besides parents (e.g., day care, relative), and (9) mental and emotional status of parent. (p. 11)

Another weakness was the reliability factor in regards to the mother completing the survey truthfully. The researcher was totally reliant on the mother being truthful and honest in responding to the questions.

Using the PBC (Fox, 1994b, p. 33-45) Appendix E, raw scores in each category were matched with normalized *T* scores, giving consideration to each child's age, by six-month increments. Eight chronological age groups were used to be sensitive to the developmental ages

of the children. Each survey was matched with the appropriate *T* scores, one for each category ( $M = 50$ ,  $sd = 10$ , and a range of 20 – 80).

The Parent Behavior Checklist Interpretation of the *T*-scores, taken from the PBC (Fox, 1994a, p. 12), is best explained in five categories with associated scores: Upper Extreme (UA) 76-81; Well Above Average (WAA) 66-75; Average (A) 35-65; Well Below Average (WBA) 25-34; Lower Extreme (LE) 20-24. If the family consists of more than one child, the mother was asked to complete a checklist in regard to a reference child so as to not duplicate the information nor as to tire the participant and increase the probability of the participant not completing the study. According to Fox (1994), “a weakness is the reliance on the veracity of parental perceptions which may or may not accurately reflect the “true” picture of the child’s presenting difficulties” (p. 2). Through extensive fieldwork including interviews, field notes, focus groups, and copious amounts of time in the field, the researcher feels confident the surveys were completed with the highest degree of accuracy possible. Table 5 reflects the findings of the PBC (Fox, 1994a) with each participant:

**Table 5***Results of Parent Behavior Checklist*

<b>Participant</b>	<b>S1P</b>	<b>A2C</b>	<b>N3R</b>	<b>F4M</b>	<b>V5S</b>	<b>L6R</b>	<b>S7M</b>	<b>J8O</b>
<b>Expectations</b>	148	161	140	151	174	132	157	129
<b>T Score</b>	50	47	33	42	58	30	57	61
<b>Rating</b>	A	A	WBA	A	A	WBA	A	A
<b>Discipline</b>	45	61	62	41	50	43	41	40
<b>T Score</b>	51	63	63	45	55	46	45	51
<b>Rating</b>	A	A	A	A	A	A	A	A
<b>Nurturing</b>	69	69	49	68	55	49	69	71
<b>T Score</b>	61	63	37	60	43	37	61	64
<b>Rating</b>	A	A	A	A	A	A	A	A

\*this is a researcher made chart; ratings can be found in Table 3

Based on the clinical research utility of the PBC (Fox, 1994a), Administration and Scoring, Converting Raw Scores to Normalized *T* Scores, the *T* Score for each of the eight participants was computed. “Each subscale raw score distribution was statistically normalized with the subscale raw scores converted to normalized *T* scores. Normalization of the three subscales was accomplished.” (p. 10). The following steps were taken, as addressed by the PBC:

1. A cumulative proportional distribution of raw scores was computed for each PBC subscale for the normative sample, which was subdivided into eight separate chronological age groups, based on the reference child’s age (e.g., 1 year, 0 months 0 days to 1 year, 5 months, 29 days; 1 year, 6 months, 0 days to 1 year, 11 months, 29 days). A total of eight separate age groups were used to maximize the developmental

- sensitivity of the PBC. As young children change rapidly during the early childhood period, the PBC should be sensitive to changing parenting patterns as parents adapt to their maturing child. The same tables were used for parents of boys and girls.
2. The cumulative proportional scores were transformed into  $z$  scores that corresponded to the normal distribution.
  3. Finally,  $z$  scores were transformed into  $T$  scores with a Mean of 50, and Standard Deviation of 10, and a Range of 20 to 80.

The Steps outlined below should be followed to convert the PBC subscale raw scores into normalized  $T$  scores.

Step 1 Locate the Total Raw Scores for the PBC Expectations, Discipline, and Nurturing subscales on the Score Grid in the Record Form.

Step 2 Locate the appropriate Table of Normalized  $T$  scores in the Appendix based on the child's chronological age.

Step 3 For each PBC subscale raw score, determine the correct  $T$  score from the Table and record the  $T$  score in the appropriate box on the PBC Score Grid. (Fox, 1994a)

## **Results**

The purpose of this ethnographic study was to understand the issues surrounding the recovery of Hispanic mothers in a therapeutic judicial program in southeastern New Mexico.

The central question of the study was: What are the issues surrounding the recovery of Hispanic mothers in a therapeutic judicial program (FDC) in southeastern New Mexico? As each guiding question was asked, the surveys and the questionnaires were completed with numerous

observations and field notes. This section was organized by the themes and codes identified by the human researcher participant.

The codes/themes were: Education, Family Life, Employment, Housing, Children, Significant Other, Hispanic Culture, and New Self.

### **Codes/Themes**

**Education.** Participant's early memories of their family was one of insecurity, leading to an unstable experience in their grade-school years. Amy says as early as the fourth grade, she "took care of her brother and would get him to sleep and the next morning get him to school." Pam stated she "liked school," but "moved around a lot so I made just average grades." They spoke favorably of education but were not given the chance to succeed or achieve their potential because of their family's life style. The parents' irresponsible lifestyle and the parent's indolent attitude towards education harmed their children. The highest educational achievements by the participants were as follows: one was attending college, two graduated from high school, three participants completed middle school, and two participants would not answer the education question in the interview.

**Family Life.** All participants became nervous and lost eye contact with the researcher during the interview when asked about their family life while they were growing up. The most poignant story came from Kim when she recanted that she was a "good student but her parents were poor and meth addicts and cooks." Kim went to live with her "rich" grandparents through junior high until she became rebellious and was returned to her parents, who were then deeper into their drug addiction. To escape the home, she pressured her mother into signing permission for her to marry at 16, and she dropped out of school. Sue says her dad was an alcoholic and still was, and she remembers how "lonely she was growing up." Pam explicitly explained how their

“big family of six kids was chaotic” and they “had no birthdays or Christmas” as her “dad was strict but my mom didn’t care about anything but her addiction.”

**Employment.** It is sad to say that only 37.5%, (three of the eight), participants were employed and these jobs were low-skill, minimum wage positions, securing these women under the poverty line. They were very unhappy at their jobs and had a job satisfaction rating of 5.1 on a scale of 1-10. Out of the other five participants, only two would answer the interview question regarding employment. Kay lived with her boyfriend, not the father of her three children, because “he is mine and my kids’ meal ticket and provides us a home.” Kay was in the FDC program and recently regained custody of her children because she followed the program and also had a home for her children. Like the others, she was trapped by an addiction, with children, and was unskilled and uneducated. Without an education or training, these women were bound to only be able to attain low-income employment and kept trying to survive under the poverty line.

**Housing.** During the interviews, two clients (Ann and Kay) were outspoken about their housing dilemmas, although seven of the eight mentioned their housing woes. Their immediate housing (or lack thereof) was a spiral beginning from their lack of education, their poor family life, and their inability to gain meaningful employment. Another client, Amy, was currently eight months pregnant with a one-and-a-half year old daughter and the “baby daddy” was incarcerated. She lived with her “tia” (aunt in Spanish) who also had custody of her baby. Tia “stepped in and took my baby away and also gave me a place to live. The house I was living in had drugs, guns and was playing mafia music” all the time. “I could not find a job since being pregnant and if I did, the rent was so high I couldn’t pay it.” As mentioned in the paragraph above on employment, Kay admitted she lives with a boyfriend because he provides her and her



children food and a roof. Similar to Kay was Jan; she lived with her boyfriend and combined her minimum-wage job with “his sketchy employment” in order to have a place to live.

**Child(ren).** Although children brought these women joy, they were also a burden in terms of providing for their needs. Pam had two children, and when her third child was born from a different daddy, the “baby daddy’s mother offered me money for my baby but I wanted to keep her. It made me snap and I wanted to fight her.”

The PBC (Fox, 1994b) provided surprising results. The checklist provided insight into three categories of parenting: Expectations, Discipline, and Nurturing. All the participants were rated “average” within the categories of discipline and nurturing. Six of the eight participants were rated “average” in the expectations category. The remaining two, Pam and Pat, were rated “well below average in the expectations category. These results were surprisingly positive and seem to be the influence of the FDC and its group sessions on family and parenting.

**Significant other.** Only four of the eight participants would answer the questions or speak of their significant other during the interviews. Amy’s significant other is incarcerated. Ann and Kay lived with their boyfriends mainly because “he is my meal ticket,” and Kim was happily married with the father of two of her five children who graduated from the FDC program with her. Pam said it was her (then) husband that “scared me into shooting up. I would shoot him up and then he would want me to.” Significant others played an important role in these women’s lives, not only financially, but also emotionally. As children emulate their parents, these women had poor family role models, therefore making poor decisions in choosing their significant others.

**Hispanic culture.** Half of the participants disregarded the Hispanic culture affecting their lives. It was interesting that although five of the eight were bilingual (English and

Spanish), none of them needed any of the study documentations in Spanish or a translator for the interviews or focus groups. On the contrary, Sue says that while in her addiction, “Spanish speakers have everything and they are pushy on it.”

Even though the population in the area and county in which this FDC serves is over 52% Hispanic, English is spoken (with no interpreter) during the FDC proceedings, the interviews, and the weekly counseling sessions. It would be interesting to see material for a further study to see if the change of language would help with the recidivism rate and successful completion of the FDC program.

**New self.** A common thread throughout the participants was hope. The two FDC graduates, Kim and Jan, had been out of the supervision of the FDC and were totally accountable to themselves, their children, and society. Kim was in her fourth semester of college and her and her husband (both graduates of the FDC program) had been chosen to be a PSA (participant support advocate) for FDC. “We are going to help the return rate of people returning to using,” stated Kim.

Pam said “I’s struggles with parenting and I need help but I know I can make it as long as their daddy stays in prison.” She worked hard, kept her kids in school, lived and took care of her biological father, and planned to get her GED.

Amy saw the importance of education, like Pam, and was planning to get her GED after the birth of her second child, yet seemed satisfied to be living on welfare.

Sue wanted to stay sober and saw the value in staying sober, but like Ann, sobriety was a daily struggle. Sue wanted “a GED, a good job, and a stable home; not having to live in his trailer.” Kay and Pat had a goal of living in their own homes; however, they were not as enthusiastic in verbalizing how they would attain this.

### **Central Research Question**

What are the issues surrounding the recovery of Hispanic mothers in a therapeutic judicial program (FDC) in southeastern New Mexico? The issues surrounding the recovery of Hispanic mothers in a therapeutic judicial program (FDC) in southeastern New Mexico are a tangled web beginning with their family background and their lack of education. Due to their lack of education, these mothers could not secure gainful employment in order to provide the basic needs for themselves and/or their children, living below the poverty line. Their poor decisions in regards to getting pregnant and choosing a significant other increased their dependency on others and welfare in order to survive. The Hispanic culture seems to have no effect on their situations as these basic needs seem to cut racial and cultural barriers. FDC has provided these Hispanic mothers a road to recovery and a vision of a “new self.” They need help to achieve these visions.

### **Summary**

Cardona et al., (2000) found the importance of the “role of parenting style in children’s present and future socialization” (p. 358) would affect the children and how they would parent their children. This creates a generational cycle in which attitudes and actions that affect child raising patterns within the same group can differ from different cultures and from different socioeconomic levels (Kohn, 1969). However, research on Hispanic families showed there was a variety of characteristics present in parenting styles except when low socioeconomic levels (below poverty line) were present (Kohn, 1969). When Hispanic families, especially mothers, are living below the poverty line, the issues of education, family life, employment, housing, children, significant others, their culture, and their visions are intertwined and make substance abuse an escape and recovery very difficult.

Recovering Hispanic mothers participating in a therapeutic judicial program, Family Drug Court in southeastern New Mexico, all live below the poverty line and are therefore subject to the generational curse of substance abuse. In order to break this cycle of generational transference, these mothers must graduate from the FDC program and continue on the road of recovery. Through interviews, focus groups, surveys, and a parent questionnaire, participants needed to learn how to manage their lives and break this cycle for themselves and their children by: improving their education or training, gain sustaining employment, obtain adequate housing, improve their parenting skills, make better decisions regarding relationships, appreciate their culture, and set goals.

## **CHAPTER FIVE: CONCLUSION**

### **Overview**

The purpose of this ethnographic study was to understand the issues surrounding the recovery of Hispanic mothers in a therapeutic judicial program in southeastern New Mexico. Rather than incarceration, these mothers were given an opportunity, through Family Drug Court (FDC), to restore their domestic structures while also addressing their substance abuse issues. This chapter includes: (a) a brief summary of the findings, (b) a discussion of the study and relevance to the literature and theory present (empirical and theoretical), (c) implications of the study; theoretical, empirical, and practical; with recommendations for stakeholders, (d) delimitations and limitations, and (e) recommendations for future research.

### **Design**

Eight Hispanic mothers qualified and were purposely selected to participate in the study. The critical ethnographic data was collected in accordance with Creswell (2013) in which the researcher collected “descriptions of behavior through observations, interviewing, documents and artifacts” (p. 162). A quantitative survey and a checklist were also parts of the data collection. By remaining in the background, the researcher was able to report the facts associated with the culture-sharing group, advocating for the emancipation, which is marginalized in society (Creswell, 2013).

### **Summary of Findings**

This study broadens the base of current research on the topic of recovering mothers participating in family drug courts (FDC), a therapeutic jurisprudence program, to include Hispanic mothers. According to Brown (2011), these courts are present in every state in the U.S. Multiple studies have been completed with Caucasian and African-American mothers; however,

the literature on Hispanic mothers is limited (Hsr, et al, 2012). This study adds to that body of research. One central question and five sub-questions defined the study.

### **Central Research Question**

What are the issues surrounding the recovery of Hispanic mothers in a therapeutic judicial program (FDC) in southeastern New Mexico? After completing extensive fieldwork which included interviews, focus groups, observations, a survey and a checklist, several themes emerged from the data. These themes were education, family life, employment, housing, children, relationships, Hispanic culture, and visions for the future, helping to answer the central question. Studies (Allison & Bencomo, 2015; Hsr, et. al, 2012) support these findings and furthermore concur that the needs of Hispanic mothers in FDC are the same as Caucasian and African-American mothers but need to be addressed through a cultural lens.

The goal of this study was to discover the issues surrounding Hispanic mothers participating in a therapeutic jurisprudence program, Family Drug Court (FDC), in order to better understand the phenomenon. According to Cardona et al. (2000), “cultural differences unique to specific Hispanic subgroups could have influenced the Hispanic group’s parenting practices” (p. 363). These practices have had a compounding effect on the children, who might also now be mothers participating in FDC. Furthermore, it is proven that these mothers are affecting their children in regards to their education and family life, hence, affecting their futures regarding employment, housing, children, relationships, culture, and goals. The Hispanic mothers participating in FDC can either pass along their experiences, or through educational measures, can break their individual family curse. Yoshikawa (2011 & 2012) and Yoshikawa, et al. (2012) provided sustenance on Hispanic immigrants and their acclimation into the U.S. society.

**Sub-Question 1**

What are the conditions that led to Hispanic mothers' recovery and involvement in family drug court? The immediate condition leading to these mothers' recovery was the re-establishment of the family structure and the return of their children to their custody. Since FDC is a voluntary program, candidates can participate and follow the requirements of the program rather than incarceration. Clouded by their addiction, FDC participants are allowed to address their addiction issues before bringing their children back into their lives, while at the same time, learn life-long skills to help them be successful in society and to become a better parent.

Agreeing with the research provided by Guerrero et al. (2013) that alcohol and substance abuse tends to be prevalent in Latinas, coupled with the growth of the Hispanic population, (Bureau of Statistics, n.d.), the U.S. provides an environment conducive to substance abuse for this subgroup of the population. Allison & Bencomo (2015) espouse the importance of the family in the Hispanic culture. Using the strong mother-child bond in Hispanic cultures strategically, FDC programs help to dedicate participants in overcoming their addictions in order to re-establish a family unit and regain the custody of their child(ren).

**Sub-Question 2**

What role does being a mother play in Hispanic mothers' choice to participate in family drug court? Being a mother is the strongest motivating factor for a Hispanic mother's choice to participate in FDC, as these mothers wanted to regain custody of their children. According to Gilliard et al., (2007), "in the Hispanic culture, the infants or the children are the jewels of the family" (p. 2). Furthermore, research says there is a critical link between Hispanic mothers and their children, and Hispanic mothers are "respectful to the culture" (Gilliard et al., 2007, p. 2). Being a mother plays a critical role in Hispanic mothers' choice to participate in family drug

court not only because of their natural maternal instinct, but what the Hispanic culture expects from her. Because of her culture, her personality will be shaped by her experiences (Kravtsova, 2010), and according to Vygotsky (1934), people act the way they do in alliance with their societal experiences (Vygotsky & Cole, 1978).

### **Sub-Question 3**

What are the needs of Hispanic mothers in and beyond participation in family drug court? The needs of Hispanic mothers in and beyond participation in FDC are different. While in FDC, Hispanic mothers need support, understanding, and encouragement. Through the intense weekly accountability activities, these mothers begin to focus on living clean and combatting their addiction. While progressing through the program, they learn life skills to thrive, not just survive, in addition to improving their parenting skills. According to TRawson, Obert, McCann and Ling (2005), “patients who are experiencing co-occurring disorders can effectively make use of this program” (p. 3). Literature supported this view with empirical studies showing “drug courts are effective at both reducing offenders’ re-arrest or reconviction rates and providing substantial cost savings to the criminal justice system” (Shomade, 2012, p. 38).

Beyond FDC, Hispanic mothers need continued support, understanding, and encouragement; however, they need to be given direction to further their education, obtain gainful employment, acquire adequate housing, and make better relationship choices. A qualitative study in the literature review, provided by Choi (2012), is an advocate of “motivating parents to engage in and stay in treatment . . . and function as parents” (p. 446). After graduating from the FDC program, Hispanic mothers are scared to leave the program as their accountability safety net is not as intense and relapse haunts them. With the freedom to visit



group sessions and drug court proceedings, help is available beyond FDC, but most graduates must be proactive. The manual, Rawson et al., (2005), also states:

The Social Support group is also beneficial to people with a longer time in recovery: serving as a role model they often strengthen their own recovery and are more mindful of the basic tenets of sobriety. This group often becomes similar to an “alumni group” . . . [where] many clients attend the group off and on for years after completing. (p. 132)

A need of participants, while participating in the FDC program and beyond graduating from the program, is the provision of services in English and Spanish. English is used throughout all FDC activities and court appearances at this time. All individuals participating in the study spoke, understood, read, and could write in English; requesting all materials supplied to them be in English. However, five (Amy, Ann, Sue, Pat, Jan), of the eight participants are bilingual, with Spanish being their first language. FDC programs are bridges to reunite families and as previous research suggests, specific interventions need to be tailored to maximize the success rate (Brook, et al., 2015), which would clearly include providing the program with an English or Spanish choice.

#### **Sub-Question 4**

What are Hispanic mothers’ cultural supports with overcoming substance abuse? The supports surrounding Hispanic mothers overcoming substance abuse and participating in the FDC are formal and informal. The formal supports are not culturally based but available to those who are accepted into the FDC program. The support begins with the professionals working in the FDC program. There are eleven professionals working “for” each participant and their children/families; they are the: judge, court administrative assistant, intensive outpatient service therapist, client therapist, counselor, FDC case manager, in-home services counselor, children

youth and family department (CYFD) counselor, guardian ad litem, court appointed special advocate (CASA) volunteer, and peer support advocate (PSA). Due to the proximity of Mexico and 56.6% of the county's population being of Hispanic origin (City-data.com, n.d.), it is a bonus to the participants that the majority of the court professionals are Hispanic and are also bilingual.

Through this study's extensive literature review it is noted that cultural supports have merit and will affect success rates. The theoretical cultural framework of Boas (1966) and Mead (1928) provide basis that cultural supports are important. These Hispanic mothers share their ethnicity, and also share the experience of FDC and having their child(ren) removed from their custody. In a study provided by Choi (2012), it was found a dramatic decrease in foster care and an improvement in child care for these mothers participating in FDC programs

The informal support comes from within the program itself, a.k.a. the participants. At the time of this study, the demographic cross-section of the females in the program (verified by the court's administrative assistant) was 53.0% Hispanic (eight of 15), 40.0% Caucasian (six of 15), and 7.0% African American (one of 15), (A. Robles, personal communication, October 12, 2017). According to the participants from their interviews, this was the strongest cultural support they receive from the FDC program. It is within these relationships that commonalities of language, culture, and traditions are shared, giving each other strong moral and emotional support. New friendships were kindled, giving participants an avenue to change their environments in order to stay on the road to recovery. However, it can also be an avenue of sabotage if these relationships are not equally focused on recovery.

### **Sub-Question 5**

What are Hispanic mothers' cultural hindrances with overcoming substance abuse? Since "culture is the prime determinant of human behavior" (Angrosino, 1979, p. 193) the culture of

“recovery” must trump the Hispanic culture in order for the FDC participant to be successful in the program. If the participants enter the FDC program saddled with a negative, substance abusing Hispanic culture, it will be extra difficult for the FDC participants to break these ties. The FDC program provides tools for participants to address these difficulties by having weekly meetings specifically targeted towards dealing with their families and their cultural issues. “We discuss how the families are helping or hurting recovery. The guided group discussion provides ways to help the addicts stay in recovery” (W. Raabe, personal communication, September 20, 2017).

## **Discussion**

### **Empirical Literature**

Empirical literature regarding Hispanic mothers in therapeutic jurisprudence programs is limited; however, several studies (Choi, 2012; Harwin et al., 2013; He et al., 2013; Lloyd et al., 2014; Mericle et al., 2014; Vandermause, et al., 2012) provide a basis for this study and to confirm its findings. Literal evidence also shows national demographics regarding Hispanics parallel the demographics of Hispanics in FDC, (Bureau of Justice Statistics, n.d.; Census Bureau, n.d.), furthermore corroborating the conclusions of this study.

By being aware of basic needs of FDC participants, research supporting the meeting of these needs has aided in the improvement of child welfare (Choi, 2012). Since one of the requirements of this study was to be a mother with the child(ren) removed from her custody, child welfare was an issue imbedded in the understanding of this phenomena. Empirical data clearly showed that FDC programs have decreased the amount of children in foster care (Choi, 2012). This study sheds light on this issue as the six participants currently in the FDC program

(two have graduated), have had their child(ren) returned from CYFD custody and have been placed with family members.

According to Lloyd et al., (2014), six themes from FDC programs have emerged: “effective team membership; distinct needs of parent, child, and family, treatment; counseling and case management; interpersonal and structural support; specialized services and use of sanctions; and client/judge relationship” (p. 391). Based on this empirical data, this study expanded Lloyd et al.’s (2014) second theme, the needs of the parent. Six sub-themes emerged: education, family life, employment, housing, children, relationships (significant other), Hispanic culture, and new self (visions/goals) (Lloyd et al., 2014).

### **Theoretical Literature**

According to Creswell (2013), theories provide a lens of trustworthiness and validation of a study. The theoretical framework for this study include: Vygotsky (1934), social development theory; Maslow (1943), hierarchy of needs; Bandura (1986), social cognitive theory; and the ethnographical and anthropological works of Boas (1966) and Mead (1928). Maslow’s (1954) hierarchy of needs is a simple way of looking at the complex needs of individuals on six levels, one building on the other, in the shape of a pyramid. Maslow (1954) believed that if a person is void in any of the deficiency needs (d-levels, or the four lower levels), an individual will not show a physical affliction, but will lean more towards detrimental behavior to fill these voids.

Substance abuse is not a detrimental behavior, but it is the acts to support substance abuse habits and the acts while under the influence of illicit and sometimes legal (alcohol) substances, which usually produce detrimental behavior. This behavior is most likely illegal and if children witness this type of behavior, they are affected in a negative way. This study supports the theories that the damage to children is immediate, having life-long negative repercussions, thus

continuing the cycle of generational transference of substance abuse and the issues surrounding it (Metlay, 2013).

## **Implications**

### **Theoretical**

This study builds on previously stated research with solid footing. Vygotsky's (1934) social development theory stated that "young children have been described as "life theorizers", keenly motivated to make meaning about their worlds during interactions with others" (Hedges, 2012, p. 143). When a child's world is comprised of parents and adults who are substance abusers, a child's actions and motivation become tainted with the problems and burdens of the adults in their lives. Children in this environment act and react in a fight or flight mode and their "normal" behavior is resorted to doing whatever it takes to survive.

Bandura's (1986) social cognitive theory builds on Vygotsky (1934). Bandura (1986) found importance in how individuals learn through observation and imitation and modeling. His theory proposed a continual integration or interaction between one's environment and personal factors, thus leading to one's behaviors. Here, again, if the environment is negative or harmful, the child will be affected and upon becoming an adult, will parent the way they were parented. This leads to the generational transference of poor decision-making and the outcome is detrimental behavior.

By studying the needs of recovering Hispanic mothers in therapeutic jurisprudence programs, like FDC, a better understanding of the phenomena of these women's needs has been gained. In acknowledging their basic needs (physiological, safety, love/belonging, esteem, and self-actualization) (Maslow, 1954) and discovering the gaps in these needs, we can more readily see how the personalities of these women have been shaped (Kravtsova, 2010). The theoretical

implication for these women is, therefore: to provide an understanding of how they have become what and who they are; to identify the gaps in their lives; to get help in filling these gaps; and to provide them education and avenues (hope) to fulfill their God-given potential. Theoretically, the findings of this study are a corollary to what has already been literally presented.

### **Empirical**

This critical ethnographical study provides empirical data, which “advocates for a group in a marginalized society” (Creswell, 2013, p. 93). With the extensive fieldwork required of an ethnographical study, both emic and etic perspectives by the researcher were used. These results provided an interpretation of how the culture-sharing group works (Wolcott, 2010) and corresponded with the cultural works of Boas (1966) and Mead (1928). The researcher was able to identify themes common in this culture-sharing group, some of which were different to those of other cultures, and some of which were similar. The data from this study revealed eight themes heavily weighing on the recovery of Hispanic mothers in FDC: education, family life, employment, housing, children, relationships (significant other), the Hispanic culture, and new self (visions/goals).

The strongest motivation for Hispanic mothers to participate in FDC rather than be incarcerated is the re-establishment of their family structure and re-gaining the custody of their children (Brown, 2010). Using this to their advantage, the courts give Hispanic mothers the opportunity to work on their substance abuse issues and once “clean,” provide education and training to help them raise their children and become productive citizens. While in recovery, these women are given the tools to break the generational curse of substance abuse.

The data implies that there is a need for improvement in meeting the needs of Hispanic mothers participating in Family Drug Court. By using the average of 2.6 children in state’s

custody per Hispanic mother from this study, if one women participating in FDC were to successfully graduate from the program and become a productive citizen, it would have the trickle-up effect. Those 2.6 children (three for mathematical purposes), would turn into nine lives (if each child had three children), and if those children had three children, there would be 27 children, three generations removed. The trickle-up effect (exponential growth) would go in a positive pattern and break the cycle of generational transference of substance abuse. The subgroup with the largest percentage of children in protective custody and utilizing federally-supported foster care programs would see a decrease (Choi, 2012; Gonzales-Guarda, et. al., 2013; He, et. al., 2013; Hsr, et. al., (2012).

### **Practical**

Carrying out the practical implications of this study is dependent upon money. The FDC located in southeastern New Mexico is funded with county, state, and federal monies and is a member of the fifth judicial district of New Mexico. The FDC “works with families (in the county) who are involved in the child welfare system to address the drug or alcohol addiction of the parents” (New Mexico Courts: The Judicial Branch of New Mexico, n.d.). There are over 120 children currently in the county’s CYFD system, which serves five cities, (A. Murdock, personal communication, December 12, 2017). The FDC program is currently able to only serve 18 clients (A. Robles, personal communication, October 12, 2017), which translates into approximately 43 children (data from this study revealed 2.6 children per client). The need of parental intervention is only being met at the rate of 36.0%. Professional resources to work with families on the behalf of child welfare need to be increased by 200% to 300%.

Of the 16 persons currently in the FDC program, eight are Hispanic mothers, constituting 50.0% of the participants. This parallels to the demographics for Hispanics (56.6%) (City-

data.com, n.d.) in the county. By applying these statistics to a theoretical model of the need of Hispanic mothers and their children, there would be 25 Hispanic mothers and 60 of their children needing help. While the county's FDC is currently serving the most participants their funds will allow (eight Hispanic mothers), this is only 32% of what is needed. Here, again, proof to meet the recovering issues of Hispanic mothers also affecting child welfare needs to be dramatically increased. Seemingly expensive on the front end, it would be an investment that would pay off in the long run. As previously discussed, theoretically, the exponential growth of the trickle-up effect would greatly impact the child welfare system and the associated government programs related to child welfare and services provided to recovering Hispanic mothers in FDC programs. These findings are also supported by the review of literature in previously documented studies.

### **Recommendations for Stakeholders**

There are multiple stakeholders that would benefit from understanding the phenomena of the issues surrounding Hispanic mothers in a therapeutic jurisprudence program like FDC. Having the highest interest, common concern, and working in the "trenches" with these Hispanic mothers, is the professional participants in the FDC program. This section will be directed towards these stakeholders with three specific recommendations.

Currently being implemented from the bench, the judge is organizing a PSA (Peer Support Advocate) program where successful graduates of FDC will be and act as peer mentors to currently active FDC members (Kim, personal communication, December 6, 2017). This is a pilot project. PSA individuals are chosen by the judge but voted on acceptance by the entire professional staff, and are asked to serve on a volunteer basis. The PSA program will also act as a safety net, helping FDC graduates to remain loyal to their sobriety



It is recommended mentors be compensated, as these individuals are most usually stretched on time and finances and will most likely not be able to freely give of their time without putting undue stress on themselves and their already struggling family. This program needs to be funded and could possibly be funded from within the community by private individuals or companies. It will be interesting to see if this additional support to FDC participants will improve the FDC graduation rate, decrease the relapse instances while in the program, and reduce the rate of recidivism – all goals of the current judge (A. Robles, personal communication, October 12, 2017).

We know through research that children emulate their parents (Yoshikawa, 2012). By applying the transitive property ( $a=b$ ,  $b=c$ ; therefore  $a=c$ ), FDC participants will emulate the individuals (and environments) involved in their recovery. FDC professionals and participants spend copious amounts of time together in interviews, focus groups, family drug court, and counseling sessions. FDC professionals need to set a good example for participants by dressing, grooming, talking, and behaving professionally. According to Amin (2014) “self-confidence is like a mental muscle”, only to get stronger with exercise. By training FDC professionals in professional role modeling, it would benefit both parties without adding any fiscal burdens, except professional training monies.

The third recommendation derived from the study addresses language. Through previously stated research, we are told that one of the main issues for Hispanic families is the lack of understanding the English language (Allison & Bencomo, 2012). Since the study involved Hispanic women, all study-participating documents were prepared in English and Spanish, in addition, translators were hired for use during interviews and focus groups. No participant requested any information in Spanish, nor the use of a translator. Observations of all

the field work, including court proceedings, were conducted in English. It is recommended that there be services for Spanish-speakers only. It is the researcher's speculation there is a part of the community with these same substance abuse issues whose needs are not being met simply because of the language barrier.

### **Delimitations and Limitations**

The delimitations, which define the boundaries of a study, begin with the theoretical framework (Swezey, 2014) and “serves to focus or narrow the scope of the study” (p. 168). These theories enable the researcher to keep focused on the research questions and operate within a framework rather than bouncing from one theory to another. According to Swezey, theories help the researcher to explain the research questions and “serves as the lens in which the literature is reviewed and discussed . . . [also describing] . . . the results of the study” (p. 168), and limiting the theories to four for this study, allowed the study to be concentrated on the research questions.

In planning this study, an ethnographical design was chosen because the researcher was interested in investigating shared patterns among recovering Hispanic mothers in a therapeutic jurisprudence program (like FDC) and the phenomena surrounding these issues. Since a gap in the literature clearly existed regarding Hispanic mothers (as opposed to Caucasian and African-American mothers), in these programs, the researcher required the participants to be: Hispanic, mothers, having their child(ren) not in their custody, and be participants or recent graduates (within one year) of family drug court. Furthermore, another delimitation was to plan the study as a critical ethnography because the researcher would be advocating for a group that has been marginalized in society (Creswell, 2013).

Limitations of the study include the design, ethnicity, gender, and geographic location. The design limits the study to a culture-sharing group that has been thought of as insignificant; however, research reveals the number of Hispanic mothers in therapeutic jurisprudence programs is on the rise (Bureau of Justice Assistance on Drug Court Clearinghouse Project, 2009). This literature also supported the study to focus on Hispanic mothers, rather than mothers from other ethnicities. The researcher's location defined the geographic location of the study.

### **Recommendations for Future Research**

This study scratches the surface of research needed to help understand the phenomena surrounding issues with Hispanic mothers in FDC, or therapeutic jurisprudence programs. As the Hispanic populous grows, research projects the growth in FDC to also be with Hispanics, (especially Hispanic mothers), because they are trying to regain custody of their children. Future research would pay societal dividends on studying “how a structure[d] environment influences . . . [the] cognitive activities to achieve given purposes” (Bandura, 1989, p. 11). Future research could involve rates involving: graduation, relapse, and recidivism. Studies involving these issues would be beneficial in meeting needs of the clients, thus increasing graduation rates and lowering relapse and recidivism rates.

Future research could address the gender and ethnicity factor in drug court laws or regulations, especially in this region of the country. Policy analysis compared to outcomes might give way to re-alignment of drug court policies to aid social workers, legislators and judges on how to work with specific cultural groups within the FDC system. Quality treatment with evidence-based programs within a framework specifically designed for Hispanic mothers could increase graduation rates, lower recidivism rates and make the overall program more effective.

## Summary

Family drug courts (FDC) were developed to give parents an opportunity to address their substance abuse issues rather than incarceration (Brown, 2010). In reviewing national demographics it is apparent the Hispanic population is experiencing exponential growth (Census Bureau, n.d.), which is also reflected in therapeutic jurisprudence programs such as FDC. Because mothers are most apt to participate in a FDC program in order to regain their family structure, Hispanic mothers participating in a FDC program, are a marginalized group. By studying this group, we are better able to understand the phenomena surrounding recovering Hispanic mothers in family drug court and hopefully develop initiatives to better meet their needs.

“The parent interview represents one of the most widely used clinical tools for assessing family functioning” (PBC, 1994, p. 2) in relationship to parent/child expectations, discipline, and nurturing. This tool helped to ascertain that work needs to be done in the area of parent expectations with this marginal group. Nurturing and discipline were average, within the group, as compared to societal norms. The researcher spent extensive time doing fieldwork, as advocated by Wolcott (2008). The data (surveys, interviews, focus groups, and observations) was triangulated, as suggested by Fetterman (2010). The researcher used both emic and etic perspectives to gain a better understanding of the needs of recovering Hispanic mothers participating in FDC.

The generational transference of substance abuse among Hispanic mothers is cyclical and relates back to their family life. Spider-webbing into the other areas of their lives, these women have poor educations, employment and employment opportunities, housing, abilities and resources to take care of their children, decisions in regards to relationships, cultural support, and

self-esteem. These women are victims of circumstance and are being smothered by a generational curse beyond their control; however, they can break the cycle. If we were to juxtapose the clinical issues and the finances to run the FDC efficiently to meet the needs of Hispanic mothers (appropriate for this area of the country), the upfront cost would increase approximately 200%, but the society benefits related to child welfare and government programs would be immeasurable.

I cannot imagine being raised by parent(s) where substance use was accepted, protected, and projected on to me. I cannot imagine an environment where education was disregarded, as was my well-being, and the expectation was for me to take care of myself at a young age and possibly my siblings. I cannot imagine waking up as a six year old, one morning, on the back porch of a stranger's house (hungry, cold, and dirty) from having had to wait on my mother the night before while she told me to "wait right here while I see my friends", or to having to steal food for me and my siblings. I cannot imagine sharing a meth pipe with my mom, only being able to get a job for minimum wage, not having money for diapers for my baby, living with an abusive man in exchange for a roof over my head and food on the table for me and my children, not being able to speak and understand the language, and the list goes on. These situations are common among recovering Hispanic mothers participating in FDC in a southeastern county in New Mexico. Family Drug Court programs should embrace this marginalized group and work to better understand the phenomena surrounding their needs in order to develop initiatives to help these mothers to break the cycle of generational or family substance abuse.

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## APPENDICES

### APPENDIX A: Request for Information Related to Potential Participant

Rhonda S. Tyler

Mrs. Brenda Pierce, Intensive Outpatient Services Therapist  
Guidance Center of Lea County  
920 West Broadway  
Hobbs, New Mexico 88240

May 31, 2017

Dear Brenda,

My name is Rhonda Tyler and I am conducting a study for a doctoral dissertation at Liberty University. The title of this ethnographical study is: Breaking the Cycle: An Ethnographical Study of Hispanic Mothers Recovering in Family Drug Court. The purpose of my study is to understand the phenomena of generational substance abuse of Hispanic mothers. I am requesting your help in identifying potential participants for the study. Please find a letter to forward to your clients explaining the study in order to identify them as a potential participant. This letter is to inform them about the study and to request their participation or information to see if they or someone they might know meet the requirements for the study.

In order to participate in the study, participants must be a female mother, of Hispanic origin, and participating or have participated in Family Drug Court of Lea County. Their child or children must have been removed from their home at some point during their participation in Family Drug Court of Lea County.

Thank you for your help in this matter. If you have questions, please contact me at [rt Tyler9@liberty.edu](mailto:rt Tyler9@liberty.edu) or 575-602-3820.

Sincerely,

Rhonda S. Tyler  
Doctoral Candidate  
Liberty University

**APPENDIX B: Letter of Recruitment for Potential Participant**

August 9, 2017

Dear Potential Participant  
Hobbs, New Mexico 88240

My name is Rhonda Tyler and I am a student at Liberty University, seeking a doctoral degree. As part of my degree completion program I must conduct an original study. My sister passed away in 2003 and prior to her death, she was in-and-out of court due to her involvement in substance abuse, ultimately losing custody of her four children and her life. Her situation has sparked my interest in how we can help mothers in this situation to remain sober, regain custody of their children, break the generational curse of substance abuse, and restore their lives. After much research I discovered there are studies of this nature on Caucasian women and African-American women. Due to our geographic area and population statistics, a study needs to be conducted on how to address these issues specifically for Hispanic women.

I am writing to you to request your help in this study. I am seeking to speak to Hispanic mothers who are currently involved or have been involved in Family Drug Court. If English is the second language and Spanish is the language of preference, a translator will be provided. The participation in this study is completely voluntary and participants can withdraw at any time. Your participation will take very little of your time and poses minimal risks to you. In order to be a potential participant in this study the following must be true:

- (1) The participant must be female, of Hispanic origin
- (2) The participant must be a mother
- (3) The participant must have at least one (living) child
- (4) The participant must be a current participant or graduate of Family Drug Court of Lea County

If you or someone you know satisfies these criteria and you would like to participate or need more information about the study, please contact me at [rtyler9@liberty.edu](mailto:rtyler9@liberty.edu) or 575-602-3820.

Sincerely,

Rhonda S. Tyler  
Doctoral Candidate  
Liberty University

**APÉNDICE B: Carta de contratación del participante potencial**

24 de abril de 2017

Sra. Nombre del Destinatario  
Hobbs, NM 88240

Querida Sra. Destinatario

Como estudiante de posgrado en la Escuela de Educación de la Universidad Liberty, estoy llevando a cabo una investigación para entender mejor los fenómenos de abuso generacional. El propósito de mi investigación es comprender mejor las experiencias de las madres hispanas en o que se han graduado recientemente de la Corte de Drogas de Familia en el Condado de Lea, y le escribo para invitarle a participar en mi estudio.

Si usted tiene 18 años de edad o más, es hispana, es madre, está participando o se ha graduado de la Corte de Drogas de Familia en el condado de Lea y está dispuesta a participar, se le pedirá completar una encuesta y un cuestionario, ser entrevistada, participar en un grupo de enfoque, completar una Lista de Control de Comportamientos de los Padres de 100 artículos y escribir una carta a su hijo o hijos. Deben tomar aproximadamente cuatro horas, en dos momentos diferentes, completar los procedimientos. Su participación será completamente confidencial, y ninguna información de identificación personal será necesaria por lo que no podrá estar vinculada a su información e identificada.

Para participar, deberá completar y devolver los documentos adjuntos, el formulario de consentimiento y el cuestionario demográfico a la investigadora en el sobre adjunto con dirección del remitente o por correo electrónico a: [rstyler4@windstream.net](mailto:rstyler4@windstream.net). Una vez examinadas estas formas por la investigadora, usted será contactada si califica para el estudio.

Tras la calificación para el estudio, entonces se le pedirá participar en una entrevista, y la investigadora se comunicará con usted con respecto a un día y hora para la entrevista. Las entrevistas se llevarán a cabo en el Guidance Center del condado Lea, oficina #12.

Atentamente,

Rhonda S. Tyler  
Estudiante de Doctorado

**APPENDIX C: Confidentiality Statement**

This form is intended to ensure confidentiality of the information obtained during the course of the study Breaking the Cycle. All participants involved in the focus groups sessions will be asked to read and sign their names expressing their intentions of abiding by this agreement.

I certify that I will not communicate in any manner or reveal information discussed during the focus group sessions. I acknowledge that I will not talk to anyone, including other participants outside of the current focus group session about the content of these sessions.

Initials: \_\_\_\_\_

Researcher's Signature: \_\_\_\_\_

**APÉNDICE C: Declaración de confidencialidad**

Esta forma tiene la intención de asegurar la confidencialidad sobre la información obtenida durante el curso del estudio Rompiendo el Ciclo. Todos los participantes involucrados en las sesiones de los grupos de enfoque se les pedirá leer y firmar así expresando sus intenciones de acatar este convenio.

Yo declaro que no comunicare o revelare información comentada durante las sesiones del grupo de enfoque. Yo declaro que no comentare con nadie, incluyendo otros participantes fuera de la presente sesión del grupo de enfoque sobre el contenido de estas sesiones.

Iniciales: \_\_\_\_\_

Firma del Investigador: \_\_\_\_\_

## APPENDIX D: Focus Group Invitation

Dear Participant,

I am (writing, or e-mailing, or calling) you to request your participation in a one-hour focus group with fellow participants in the Breaking the Cycle study. Our focus group will be four to five participants, me, the researcher, and a translator.

We will be discussing findings in the study, thus far, to identify emerging themes. Also at this time, you can review the findings for accuracy and make any suggestions or modification to the data collected.

This session will be recorded and a transcription of the dialogue will be made within twenty-four hours so the video can be destroyed.

The group will be conducted by the researcher, in English, with a Spanish interpreter present.

Since I want to keep the focus group small, there are two focus group meeting days and times. Please select the one that best fits your schedule and you are most likely to attend. Both focus groups will be held at 109 E. Broadway, Hobbs, New Mexico, Suite F.

\_\_\_\_\_ Month, Day, Year: time

\_\_\_\_\_ Month, Day, Year: time

Please let me, the researcher, know which focus group you plan to attend by calling me at 575-602-3820, or texting me your name and preference, or e-mailing me at [rtyler@liberty.edu](mailto:rtyler@liberty.edu). You can also complete this form and return it in the mail in the enclosed, self-addressed stamped envelope. A few days prior to your selected time, you will receive a reminder in the communication preference you documented.

If you have questions or concern, you may also use the above contact information to contact me. I look forward to hearing from you.

Sincerely,

Rhonda S. Tyler  
Doctoral Candidate  
Liberty University



## APÉNDICE D: Invitación al Grupo de Enfoque

Estimado Participante,

Le escribo para pedir de su participación con un grupo de enfoque de una-hora unidos a compañeros participantes en el estudio de Rompiendo el Ciclo. Estaremos discutiendo los hallazgos del estudio, hasta ahora, para identificar temas surgentes. También durante este momento, usted puede repasar los hallazgos para exactitud y podrá hacer sugerencias o modificaciones a los datos coleccionados.

Esta sesión será grabada y una transcripción del dialogo será creada en el transcurso de veintecuatro horas así el video podrá ser destruido.

El grupo será conducido por el investigador, en inglés, con la presencia de un intérprete de español.

Como quiero mantener el grupo de enfoque pequeño, he establecido dos días y horarios para la junta de los dos grupos de enfoque. Por favor seleccione el que mejor se acomode a su horario y al que tenga más seguridad de asistir. Ambos grupos de enfoque se llevarán a cabo en el domicilio 109 E. Broadway, Hobbs, New Mexico, Suite F.

\_\_\_\_\_ Mes, Día, año: tiempo

\_\_\_\_\_ Mes, Día, año: tiempo

Por favor de avisarme a mí, el investigador, cual grupo de enfoque tiene plan de asistir comunicándose al 575-605-3820, o mándeme un mensaje texto con su nombre y preferencia, o mándeme un mensaje electrónico a [rtyler@libery.edu](mailto:rtyler@libery.edu). También puede llenar esta forma y regresarla por correo en el sobre auto dirigido e sellado que se encuentra incluido. Algunos días antes de su tiempo seleccionado, usted recibirá un recordatorio a su preferencia de comunicación que usted documento.

Si usted tiene preguntas o preocupaciones, tambien puede utilizar la información de contacto prevista en este documento para comunicarse conmigo.  
Espero escuchar de parte de usted.

Sinceramente,

Rhonda S. Tyler  
Candidata a Doctorado  
Liberty University (Universidad Libertad)

**APPENDIX E: Parent Behavior Checklist, Robert A. Fox, Ph.D.**

Record Form – Parent and Child Information (this form must be completed for each child)

1. Today's date:                    \_\_\_\_\_ Month    \_\_\_\_\_ Day    \_\_\_\_\_ Year
2. Completed by:                \_\_\_\_\_ Mom    \_\_\_\_\_ Dad    \_\_\_\_\_ Other
3. Your Age:                      \_\_\_\_\_ Years
4. Child's Initials:                \_\_\_\_\_
  - a. Birth Date:                    \_\_\_\_\_ Month    \_\_\_\_\_ Day    \_\_\_\_\_ Year
  - b. Age:                            \_\_\_\_\_ Years
  - c. Sex:                            \_\_\_\_\_ Girl    \_\_\_\_\_ Boy
  - d. Race/Ethnic Group            \_\_\_\_\_ American Indian/Alaska/Native  
    \_\_\_\_\_ Asian/Pacific Islander  
    \_\_\_\_\_ Black    \_\_\_\_\_ Hispanic    \_\_\_\_\_ White    \_\_\_\_\_ Other
5. Total Number of Children Living at Home: \_\_\_\_\_
6. Marital Status:                \_\_\_\_\_ Married    \_\_\_\_\_ Divorced    \_\_\_\_\_ Separated  
    \_\_\_\_\_ Single    \_\_\_\_\_ Widowed
7. Parent Employment – Please indicate job title for both parents, if known. (Examples:  
   homemaker, grade school teacher, lawyer, truck driver, computer technician, etc.)  
   Mom's employment: \_\_\_\_\_  
   Dad's employment: \_\_\_\_\_

### Instructions

The *Parent Behavior Checklist* includes statements about how parents raise young children. For each statement, circle the letter A if the statement is ALMOST ALWAYS OR ALWAYS applies how you raise your child. Circle the letter F if the statement FREQUENTLY applies. Circle the letter S if the statement SOMETIMES applies. Circle the letter N if the statement ALMOST NEVER OR NEVER applies. Circle the NA response if it is NOT AGE APPROPRIATE. A sample item is shown below.

I rock my child to sleep.      A      F      S      N      NA

Mark only one letter for each statement. Do not skip any item. Please turn the page now and begin with the first item.

	<b>A-Almost Always/Always</b>	<b>F-Frequently</b>	<b>S-Sometimes</b>	<b>N-Almost Never/Never</b>	<b>NA-Not Age Appropriate</b>
1. I read to my child at bedtime	A	F	S	N	NA
2. My child should be able to use the toilet without help.	A	F	S	N	NA
3. I spank my child at least once a week.	A	F	S	N	NA
4. My child should be old enough to drink from a cup without help.	A	F	S	N	NA
5. My child and I play together on the floor.	A	F	S	N	NA
6. If my child would hit, kick, bite, or scratch someone, I would spank him/her.	A	F	S	N	NA
7. My child should know three colors.	A	F	S	N	NA
8. My child should be able to feed him/herself.	A	F	S	N	NA
9. If my child hit me in anger, I would hit or spank my child.	A	F	S	N	NA
10. I get books for child (rom the library or store) at least once a month.	A	F	S	N	NA
11. My child takes naps.	A	F	S	N	NA
12. When my child doesn't do what I tell him/her to do I spank him/her.	A	F	S	N	NA
13. My child should be old enough to take a bath without being watched.	A	F	S	N	NA
14. My child should be old enough to walk up stairs using a railing.	A	F	S	N	NA
15. If my child is overactive I involve him/her in quiet activities.	A	F	S	N	NA
16. My child should be able to catch a bounced ball.	A	F	S	N	NA
17. Before we go anywhere, I take my child to the bathroom.	A	F	S	N	NA
18. I tell my child that his/her bad behavior will make God sad.	A	F	S	N	NA
19. My child would just scribble if given a crayon and piece of paper.	A	F	S	N	NA

	<b>A-Almost Always/Always</b>	<b>F-Frequently</b>	<b>S-Sometimes</b>	<b>N-Almost Never/Never</b>	<b>NA-Not Age Appropriate</b>
20. I yell at my child for whining.	A	F	S	N	NA
21. I play make believe with my child.	A	F	S	N	NA
22. My child should be old enough to walk down stairs.	A	F	S	N	NA
23. I tell my child he/she should be ashamed of him/herself for soiled pants (bowel movement).	A	F	S	N	NA
24. My child should tell me if her/his diapers or pants are wet.	A	F	S	N	NA
25. I let my boy play with dolls or my girl play with trucks.	A	F	S	N	NA
26. If my child is overactive, I yell at him/her.	A	F	S	N	NA
27. My child should tell me when he/she has to go to the bathroom.	A	F	S	N	NA
28. My child should be able to understand taking turns during games.	A	F	S	N	NA
29. If my child cries after being put to bed, I spank him/her.	A	F	S	N	NA
30. I plan surprises for my child (birthday parties, gifts).	A	F	S	N	NA
31. I send my child to a room or corner in the house as punishment.	A	F	S	N	NA
32. To toilet train my child, I make him/her sit on the toilet for over 15 minutes.	A	F	S	N	NA
33. My child should be able to ride a tricycle.	A	F	S	N	NA
34. My child should be quiet when I'm on the phone.	A	F	S	N	NA
35. I find it useful to talk to other parents about raising children.	A	F	S	N	NA
36. My child uses a bottle for drinking.	A	F	S	N	NA
37. My child should know that matches are dangerous.	A	F	S	N	NA
38. I spank my child for refusing to eat.	A	F	S	N	NA
39. My child should be quiet when I'm talking to another adult.	A	F	S	N	NA
40. I would spank my child in public for bad behavior.	A	F	S	N	NA

**A-Almost Always/Always F-Frequently S-Sometimes N-Almost Never/Never NA-Not Age Appropriate**

41. I spend at least one hour a day playing with or reading to my child.	A	F	S	N	NA
42. I pick up my child's toys.	A	F	S	N	NA
43. I yell at my child for being too noisy at home.	A	F	S	N	NA
44. I expect to have to do most things for my child.	A	F	S	N	NA
45. I read to my child at least once a week.	A	F	S	N	NA
46. I scold my child for soiling in his/her pants.	A	F	S	N	NA
47. My child should be old enough to share toys.	A	F	S	N	NA
48. My child should be able to follow three-part directions ("pick up your toys, wash your hands, and come to supper").	A	F	S	N	NA
49. I threaten to tell my spouse/partner about my child's bad behavior.	A	F	S	N	NA
50. When I need help or advice about my child. I talk to my friends.	A	F	S	N	NA
51. My child should be able to solve problems he/she has with other children.	A	F	S	N	NA
52. I tell my child that he/she is bad.	A	F	S	N	NA
53. My child should be able to draw a circle.	A	F	S	N	NA
54. My child should be able to play well with other children.	A	F	S	N	NA
55. I allow messy play (finger painting, play dough).	A	F	S	N	NA
56. My child should be able to say his/her first name when asked.	A	F	S	N	NA
57. My child should be able to use a spoon without making a mess.	A	F	S	N	NA
58. I scold my child for playing with his/her private parts.	A	F	S	N	NA
59. My child should be able to understand what I tell him/her to do.	A	F	S	N	NA

**A-Almost Always/Always F-Frequently S-Sometimes N-Almost Never/Never NA-Not Age Appropriate**

60. I tell my child to behave so that my spouse/partner won't get mad.	A	F	S	N	NA
61. I take walks with my child once a week.	A	F	S	N	NA
62. My child should be able to stay within the lines when coloring.	A	F	S	N	NA
63. If my child cries after being put to bed, I yell at him/her.	A	F	S	N	NA
64. My child should have good table manners.	A	F	S	N	NA
65. I talk to or hold my child when he/she is scared.	A	F	S	N	NA
66. I yell at my child for spilling food.	A	F	S	N	NA
67. I expect my child to do what I say, right away.	A	F	S	N	NA
68. My child should be able to play alone for 30 minutes.	A	F	S	N	NA
69. I get so angry with my child I spank him/her on the bottom.	A	F	S	N	NA
70. I arrange activities for my child to play such as coloring, painting or toy play.	A	F	S	N	NA
71. My child should be able to use a fork and spoon.	A	F	S	N	NA
72. I punish my child for wetting the bed.	A	F	S	N	NA
73. My child should be able to name at least one body part (mouth, nose, etc.).	A	F	S	N	NA
74. My child should be able to draw a square.	A	F	S	N	NA
75. I praise my child for learning new things.	A	F	S	N	NA
76. My child is sent to his/her room for not obeying me.	A	F	S	N	NA
77. My child should know to stay away from hot things (oven, iron).	A	F	S	N	NA
78. I make my child stay at the table until all of his/her food is gone.	A	F	S	N	NA
79. My child should be old enough to understand the rules in simple games (Candyland, Tag, Old Maid).	A	F	S	N	NA
80. I would spank my child for wetting his/her pants.	A	F	S	N	NA

**A-Almost Always/Always F-Frequently S-Sometimes N-Almost Never/Never NA-Not Age Appropriate**

81. I encourage my child to spend time with my spouse/partner or other relatives.	A	F	S	N	NA
82. I answer my child's questions about sex (such as how babies are born).	A	F	S	N	NA
83. I would slap my child for being sassy or backtalking.	A	F	S	N	NA
84. I expect my child to help with some household chores (doing dishes).	A	F	S	N	NA
85. When I need help or advice about my child, I read books or magazines about parenting.					
86. I threaten to punish my child but then I don't.	A	F	S	N	NA
87. My child should put away his/her toys.	A	F	S	N	NA
88. My child should be old enough to speak in clear sentences.	A	F	S	N	NA
89. I hit my child with an object (such as a spoon or belt).	A	F	S	N	NA
90. My child has a regular bedtime routine (such as wash up, put on pajamas, read a story, say a prayer).	A	F	S	N	NA
91. My child should be able to name a penny, nickel, and a dime.	A	F	S	N	NA
92. I tell my child God doesn't like children who lie.	A	F	S	N	NA
93. My child wears diapers at bedtime.	A	F	S	N	NA
94. My child should be able to select his/her own clothes to wear.	A	F	S	N	NA
95. I take my child to the park, playground, movies, library or ballgames.	A	F	S	N	NA
96. My child should be able to wash and dry his/her own hands.	A	F	S	N	NA
97. My child should be able to stay dry during the day.	A	F	S	N	NA
98. When my child has a temper tantrum, I spank him/her.	A	F	S	N	NA
99. My child should be able to stay dry during the night.	A	F	S	N	NA
100. I send my child to bed as a punishment.	A	F	S	N	NA



**SCORE GRID**

A	Almost Always/Always	4
F	Frequently	3
S	Sometimes	2
N	Never	1
NA	Not age appropriate	0

**APÉNDICE E: Lista de Control de Comportamientos de los Padres, Robert A. Fox, PhD**

Formulario de Registro – Información de padres e hijos (este formulario debe ser completado para cada niño)

1. La Fecha de Hoy:            \_\_\_\_\_ Mes    \_\_\_\_\_ Día    \_\_\_\_\_ Año
2. Completado Por:            \_\_\_\_\_ Madre    \_\_\_\_\_ Padre    \_\_\_\_\_ Otro
3. Su Edad:                      \_\_\_\_\_ Años
4. Iniciales del niño/a:        \_\_\_\_\_
  - a. Fecha de Nacimiento:    \_\_\_\_\_ Mes    \_\_\_\_\_ Día    \_\_\_\_\_ Año
  - b. Edad:                        \_\_\_\_\_ Años
  - c. Sexo:                        \_\_\_\_\_ Niña    \_\_\_\_\_ Niño
  - d. Raza/ Grupo Étnico        \_\_\_\_\_ Indio Americano / Nativo de Alaska  
    \_\_\_\_\_ Asiático / Isleño del Pacífico  
    \_\_\_\_\_ Negro    \_\_\_\_\_ Hispano    \_\_\_\_\_ Blanco    \_\_\_\_\_ Otro
5. Número Total de Niños que *Viven en Casa*: \_\_\_\_\_
6. Estado Civil:                \_\_\_\_\_ Casado    \_\_\_\_\_ Divorciado    \_\_\_\_\_ Separado  
    \_\_\_\_\_ Soltero    \_\_\_\_\_ Viudo
7. Empleo de los Padres – Por favor, indique el título del trabajo para ambos padres, si se conoce (Ejemplos: ama de casa, profesor de escuela primaria, abogado, conductor de camión, técnico de informática, etc.)  
  
 Empleo de la Madre: \_\_\_\_\_  
  
 Empleo del Padre:            \_\_\_\_\_

### Instrucciones

La *Lista de Control de Comportamientos de los Padres* incluye declaraciones sobre como los padres educan a los niños pequeños. Para cada declaración, circule la letra S si la declaración CASI SIEMPRE O SIEMPRE se aplica a como usted cría a su hijo/a.

Circule la letra F si la declaración se aplica FRECUENTEMENTE. Circule la letra A si se aplica la declaración A VECES. Encierre en un círculo la letra N si la respuesta es CASI NUNCA/NUNCA. Circule la respuesta NA si NO ES APROPIADO PARA SU EDAD. A continuación, se muestra un ejemplo.

Mezo a mi bebe a dormir.    S      F      A      N      NA

Marque sólo una letra para cada declaración. No salte ningún artículo. Por favor, gire la página ahora y comience con el primer elemento.

**S-Casi Siempre/Siempre F-Frecuentemente A-A veces N-Casi Nunca/Nunca NA-No Es Apropiado Para Su Edad**

1. Le leo a mi hijo/a a la hora de acostarse.	S	F	A	N	NA
2. Mi hijo/a debe poder usar el inodoro sin ayuda.	S	F	A	N	NA
3. Le pego a mi hijo/a por lo menos una vez por semana.	S	F	A	N	NA
4. Mi hijo/a debe tener edad suficiente para beber de una taza sin ayuda.	S	F	A	N	NA
5. Mi hijo/a y yo jugamos juntos en el piso.	S	F	A	N	NA
6. Si mi hijo/a golpeará, pateará, mordiera o rasguñara a alguien, le daría una nalgada.	S	F	A	N	NA
7. Mi hijo/a debe saber tres colores.	S	F	A	N	NA
8. Mi hijo/a debe poder alimentarse a sí mismo.	S	F	A	N	NA
9. Si mi hijo/a me golpeará con enojo, yo le pegaría o le daría una nalgada.	S	F	A	N	NA
10. Consigo libros para mi niño/a (de la biblioteca o de la tienda) por lo menos una vez al mes.	S	F	A	N	NA
11. Mi hijo/a toma siestas.	S	F	A	N	NA
12. Cuando mi hijo/a no hace lo que le digo que haga le pego.	S	F	A	N	NA
13. Mi hijo/a debe tener la edad suficiente para bañarse sin supervisión.	S	F	A	N	NA
14. Mi hijo/a debe tener la edad suficiente para subir las escaleras usando una barandilla.	S	F	A	N	NA
15. Si mi hijo/a es hiperactivo, lo involucro en actividades tranquilas.	S	F	A	N	NA
16. Mi hijo/a debe de poder atrapar una pelota rebotada.	S	F	A	N	NA
17. Antes de ir a cualquier parte, llevo a mi hijo/a al baño.	S	F	A	N	NA
18. Le digo a mi hijo/a que su mal comportamiento hará que Dios se sienta triste.	S	F	A	N	NA
19. Mi hijo/a solo haría garabatos si se le diera un papel y un lápiz.	S	F	A	N	NA

**S-Casi Siempre/Siempre F-Frecuentemente A-A veces N-Casi Nunca/Nunca NA-No Es Apropiado Para Su Edad**

20. Le grito a mi hijo/a por quejarse.	S	F	A	N	NA
21. Juego con mi hijo/a a juegos de imaginación/fantasia.	S	F	A	N	NA
22. Mi hijo/a debe tener la edad suficiente para bajar las escaleras.	S	F	A	N	NA
23. Le digo a mi hijo/a que debería avergonzarse de sí mismo por ensuciarse los pantalones (defecación).	S	F	A	N	NA
24. Mi hijo/a debe poder decirme si sus pañales o pantalones están mojados.	S	F	A	N	NA
25. Dejo que mi hijo juegue con muñecas o que mi hija juegue con camiones.	S	F	A	N	NA
26. Si mi hijo/a es hiperactivo, le grito.	S	F	A	N	NA
27. Mi hijo/a debe poder decirme cuando tiene que ir al baño.	S	F	A	N	NA
28. Mi hijo/a debe ser capaz de entender el tomar turnos durante juegos.	S	F	A	N	NA
29. Si mi hijo/a llora después de haber sido acostado, yo le pego.	S	F	A	N	NA
30. Planeo sorpresas para mi hijo/a (fiestas de cumpleaños, regalos).	S	F	A	N	NA
31. Mando a mi hijo/a a su cuarto o a una esquina de la casa como castigo.	S	F	A	N	NA
32. Para entrenar a mi hijo/a a usar el baño, yo hago que siente en el inodoro más de 15 minutos.	S	F	A	N	NA
33. Mi hijo/a debe ser capaz de montar en un triciclo.	S	F	A	N	NA
34. Mi hijo/a debe estar callado cuando estoy en el teléfono.	S	F	A	N	NA
35. Me parece útil hablar con otros padres sobre la crianza de los hijos.	S	F	A	N	NA
36. Mi hijo/a usa un biberón para beber.	S	F	A	N	NA
37. Mi hijo/a debe saber que los cerillos son peligrosos.	S	F	A	N	NA
38. Le pego a mi hijo/a por negarse a comer.	S	F	A	N	NA

**S-Casi Siempre/Siempre F-Frecuentemente A-A veces N-Casi Nunca/Nunca NA-No Es Apropiado Para Su Edad**

39. Mi hijo/a debe estar callado cuando estoy hablando con otro adulto.	S	F	A	N	NA
40. Yo le pegaría a mi hijo/a en público por mal comportamiento.	S	F	A	N	NA
41. Paso al menos una hora al día jugando con o leyéndole a mi hijo/a.	S	F	A	N	NA
42. Recojo los juguetes de mi hijo/a.	S	F	A	N	NA
43. Le grito a mi hijo/a por ser demasiado ruidoso en casa.	S	F	A	N	NA
44. Espero tener que hacer la mayoría de las cosas por mi hijo/a.	S	F	A	N	NA
45. Le leo a mi hijo/a por lo menos una vez por semana.	S	F	A	N	NA
46. Yo regaño a mi hijo/a por ensuciarse en sus pantalones.	S	F	A	N	NA
47. Mi hijo/a debe tener edad suficiente para compartir juguetes.	S	F	A	N	NA
48. Mi hijo/a debe ser capaz de seguir instrucciones de tres partes ("Recoge tus juguetes, lávate las manos y ven a cenar").	S	F	A	N	NA
49. Yo amenazo decirle a mi esposo(a)/pareja sobre el mal comportamiento de mi hijo/a.	S	F	A	N	NA
50. Cuando necesito ayuda o consejos sobre mi hijo/a, hablo con mis amigos.	S	F	A	N	NA
51. Mi hijo/a debe ser capaz de resolver problemas que él/ella tiene con otros niños.	S	F	A	N	NA
52. Le digo a mi hijo/a que él/ella es malo.	S	F	A	N	NA
53. Mi hijo/a debe ser capaz de dibujar un círculo.	S	F	A	N	NA
54. Mi hijo/a debe ser capaz de jugar bien con otros niños.	S	F	A	N	NA
55. Permito juegos sucios (pinturas de mano y plastilina).	S	F	A	N	NA
56. Mi hijo/a debe ser capaz de decir su nombre cuando se le pregunte.	S	F	A	N	NA
57. Mi hijo/a debe poder usar una cuchara sin hacer un tiradero.	S	F	A	N	NA
58. Yo regaño a mi hijo/a por jugar con sus partes privadas.	S	F	A	N	NA

**S-Casi Siempre/Siempre F-Frecuentemente A-A veces N-Casi Nunca/Nunca NA-No Es Apropiado Para Su Edad**

59. Mi hijo/a debe ser capaz de entender lo que le digo que haga.	S	F	A	N	NA
60. Le digo a mi hijo/a que se comporte para que mi cónyuge/pareja no se enoje.	S	F	A	N	NA
61. Tomo paseos con mi hijo/a una vez por semana.	S	F	A	N	NA
62. Mi hijo/a debe ser capaz de permanecer dentro de las líneas al colorear.	S	F	A	N	NA
63. Si mi niño/a llora después de ser acostado, le grito.	S	F	A	N	NA
64. Mi hijo/a debe tener buenos modales en la mesa.	S	F	A	N	NA
65. Yo le hablo o sostengo a mi hijo/a cuando tiene miedo.	S	F	A	N	NA
66. Le grito a mi hijo/a por derramar comida.	S	F	A	N	NA
67. Espero que mi hijo/a haga lo que yo diga, de inmediato.	S	F	A	N	NA
68. Mi hijo/a debe ser capaz de jugar solo durante 30 minutos.	S	F	A	N	NA
69. Me enojo tanto con mi hijo/a que le doy nalgadas.	S	F	A	N	NA
70. Organizo actividades para que mi hijo/a juegue como colorear, pintar o juegos con juguetes.	S	F	A	N	NA
71. Mi hijo/a debe ser capaz de usar un tenedor y una cuchara.	S	F	A	N	NA
72. Castigo a mi hijo/a por mojar la cama.	S	F	A	N	NA
73. Mi hijo/a debe ser capaz de nombrar al menos una parte del cuerpo (boca, nariz, etc.).	S	F	A	N	NA
74. Mi hijo/a debe ser capaz de dibujar un cuadrado.	S	F	A	N	NA
75. Elogio a mi hijo/a por aprender cosas nuevas.	S	F	A	N	NA
76. Mi hijo/a es enviado a su habitación por no obedecerme.	S	F	A	N	NA
77. Mi hijo/a debe saber mantenerse alejado de las cosas calientes (horno, plancha).	S	F	A	N	NA
78. Hago que mi hijo/a permanezca en la mesa hasta que se haiga acabado toda su comida.	S	F	A	N	NA

**S-Casi Siempre/Siempre F-Frecuentemente A-A veces N-Casi Nunca/Nunca NA-No Es Apropiado Para Su Edad**

79. Mi hijo/a debe tener la edad suficiente para comprender las reglas en juegos simples (la trae o juegos de mesa).	S	F	A	N	NA
80. Le daría una nalgada a mi hijo/a por mojarse los pantalones.	S	F	A	N	NA
81. Animo a mi hijo/a a que pase tiempo con mi cónyuge/pareja u otros parientes.	S	F	A	N	NA
82. Respondo las preguntas de mi hijo/a sobre el sexo (por ejemplo, cómo nacen los bebés).	S	F	A	N	NA
83. Yo abofetearía a mi hijo/a por ser descarado o por replicar con insolencia.	S	F	A	N	NA
84. Espero que mi hijo/a ayude con algunas tareas domésticas (lavar platos).	S	F	A	N	NA
85. Cuando necesito ayuda o consejos sobre mi hijo/a, leo libros o revistas sobre la crianza de los hijos.	S	F	A	N	NA
86. Yo amenazo con castigar a mi hijo/a, pero luego no lo hago.	S	F	A	N	NA
87. Mi hijo/a debe guardar sus juguetes.	S	F	A	N	NA
88. Mi hijo/a debe tener la edad suficiente para hablar en frases claras.	S	F	A	N	NA
89. Golpeo a mi hijo/a con un objeto (como una cuchara o un cinturón).	S	F	A	N	NA
90. Mi hijo/a tiene una rutina regular para acostarse (como lavarse, ponerse un pijama, leer una historia, decir una oración).	S	F	A	N	NA
91. Mi hijo/a debe ser capaz de nombrar monedas de un centavo, cinco y diez centavos.	S	F	A	N	NA
92. Le digo a mi hijo/a que a Dios no le gustan los niños que mienten.	S	F	A	N	NA
93. Mi hijo/a usa pañales a la hora de acostarse.	S	F	A	N	NA



**S-Casi Siempre/Siempre F-Frecuentemente A-A veces N-Casi Nunca/Nunca NA-No Es Apropiado Para Su Edad**

94. Mi hijo/a debe ser capaz de seleccionar su propia ropa para vestir.	S	F	A	N	NA
95. Llevo a mi hijo/a al parque, patio de recreo, cine, biblioteca o a juegos de deportes.	S	F	A	N	NA
96. Mi hijo/a debe poder lavarse y secarse las manos.	S	F	A	N	NA
97. Mi hijo/a debe poder permanecer seco durante el día.	S	F	A	N	NA
98. Cuando mi hijo/a hace berrinches le pego.	S	F	A	N	NA
99. Mi hijo/a debe poder permanecer seco durante la noche.	S	F	A	N	NA
100. Envío a mi hijo/a a la cama como un castigo.	S	F	A	N	NA

**SCORE GRID**

S Casi Siempre/Siempre	4
F Frecuentemente	3
A A Veces	2
N Nunca	1
NA No Apropriado Para su Edad	0

### APPENDIX F: Demographic Questionnaire

Today's Date: \_\_\_\_\_

Initials \_\_\_\_\_

County of Residence: \_\_\_\_\_

How long have you lived in this county? \_\_\_\_\_

Are you: (check one)

Married       Single       Divorced

Separated       Widowed       Other (please explain)

Are you female?       Yes       No

What is your ethnicity?       Hispanic/Latino       African American

Caucasian (not of any Hispanic origin)

Other

How many children do you have? \_\_\_\_\_

Answer these questions about your child or children: (if you have more than four children, please use reverse side and answer these questions)

Child's age	Child's initials	Child's father's initials	Is the child currently living with you – Yes or No	If a child is not living with you, where are they currently residing

If the child or children were removed from the home, who removed them? (check all that apply)

Law Enforcement       Children Youth and Families (CYFD)  
 Court Order       Family or relatives       Spouse/Estranged spouse  
 Other (please explain) \_\_\_\_\_

What is your source of financial income? (check all that apply)

Job       Disability       Welfare       Family support

Other (please explain)

How much is your annual income? \_\_\_\_\_

What is your highest level of education? (check one, please)

Junior High School     High School     some college

Bachelors degree     Graduate work     Technical school

Vocational school

What is your current job situation?

employed full-time

employed part-time

Please rate your overall job satisfaction on a scale of 1-10; 1 being low, 10 being high (place a check mark on the line where your job satisfaction lies).

-----  
**1      2            3            4            5            6            7            8            9            10**

### APÉNDICE F: Preguntas Demográficas

Fecha: \_\_\_\_\_

Iniciales: \_\_\_\_\_

Condado de Residencia: \_\_\_\_\_

¿Cuánto tiempo ha residido en este condado? \_\_\_\_\_

Usted es/esta: (verifique uno)

\_\_\_\_\_ Casado/a                      \_\_\_\_\_ Soltero/a                      \_\_\_\_\_ Divorciado/a

\_\_\_\_\_ Separado/a                      \_\_\_\_\_ Viudo/a                      \_\_\_\_\_ Otro (favor de explicar)

¿Es usted femenina? \_\_\_\_\_ Sí                      \_\_\_\_\_ No

¿Cuál es su etnicidad? \_\_\_\_\_ Hispano/Latino                      \_\_\_\_\_ Africano Americano

\_\_\_\_\_ Caucásico (de ningún origen hispano)

\_\_\_\_\_ Otro

¿Cuántos hijos tiene? \_\_\_\_\_

Conteste estas preguntas sobre su hijo/a o sus hijos: (si tiene más de cuatro hijos, favor de utilizar el lado reverso y contestar estas preguntas)

Edad del niño	Iniciales del niño	Iniciales del padre del niño	Este niño actualmente vive con usted – Si o No	Si algún niño no vive con usted, donde reside actualmente

¿Si un niño o niños fue removido del hogar, quien los removió? (verifique todos los que aplican)

\_\_\_\_\_ La Autoridad                      \_\_\_\_\_ Niños Adolescentes y Familias (CYFD)

\_\_\_\_\_ Orden Judicial                      \_\_\_\_\_ Familia y Parientes                      \_\_\_\_\_ Cónyuge/Cónyuge Alienado

\_\_\_\_\_ Otro (favor de explicar) \_\_\_\_\_

¿Cuál es la Fuente de sus ingresos financieros? (verifique todos los que aplican)

\_\_\_\_\_ Trabajo                      \_\_\_\_\_ Discapacidad                      \_\_\_\_\_ Asistencia Social                      \_\_\_\_\_ Apoyo Familiar

\_\_\_\_\_ Otro (favor de explicar)

¿Cuál es la cantidad de sus ingresos anuales? \_\_\_\_\_

¿Cuál es su nivel más alto de educación? (verifique uno, por favor)

\_\_\_\_\_ Escuela Secundaria    \_\_\_\_\_ Escuela Preparatoria    \_\_\_\_\_ algo de Universidad

\_\_\_\_\_ Licenciatura    \_\_\_\_\_ Trabajo Universitario    \_\_\_\_\_ Escuela Técnica

\_\_\_\_\_ Escuela Vocacional

¿Cuál es su situación laboral actual?

\_\_\_\_\_ empleado a tiempo completo

\_\_\_\_\_ empleados a tiempo parcial

Por favor califique su satisfacción en el trabajo general en una escala de 1-10; 1 siendo bajo, 10 siendo alta (lugar de la casilla en la línea donde se encuentra su satisfacción en el trabajo).

-----  
**1      2            3            4            5            6            7            8            9            10**

## APPENDIX G: Standardized Interview Guiding Questions

### Standardized Open-Ended Interview Questions

1. Please introduce yourself to me (a pseudonym is assigned to each participant).
2. Please briefly describe your experiences in school, beginning with elementary school and ending with high school. (What kind of student were you; good or bad grades? Did you have good attendance? Did you go to several schools and/or change residences a lot?)
3. What is the highest level of education you have received?
4. Do you feel education is very important for you?
5. Do you feel education is very important for your children?
6. Describe your family life from as far back as you can remember until now.
7. While you were growing up (birth to eighteen), who provided you the most financial support?
8. While you were growing up (birth to eighteen), who provided you the most emotional support?
9. Did you work and earn money and learn any type of skills or skill while you were growing up?
10. While you were growing up did you have any role models?
11. Briefly describe your employment history.
12. Are you employed now? If so, do you like your job?
13. Are you attending any type of school now?
14. How did you become involved in using illegal substances?

15. As a mother, did you ever fear your actions would result in the removal of your children from your care?
16. Has your culture affected your role in substance abuse?
17. Describe the situation in which your children or child was removed from your care.
18. At the time your children were removed, describe your living situation.
19. How did you cope with set-backs while you were growing up?
20. How do you deal or cope with set-backs now?
21. How were you notified about Family Drug Court?
22. What is your opinion of the Family Drug Court program?
23. Why did you elect to participate in the Family Drug Court program?
24. What is your goal by attending Family Drug Court?
25. What are some of the things you like about Family Drug Court?
26. What are the things you dislike about Family Drug Court?
27. What are some things you think Family Drug Court to do better?
28. Do you have any cultural supports in Family Drug Court?
29. By participating in Family Drug Court have you overcome your substance abuse?
30. What are your current goals pertaining to education, employment, living conditions, and taking care of your children?
31. What measures, if any, will you take to make sure your children do not become substance abusers?
32. Briefly describe the current relationship between you and your children.



## APÉNDICE G: Preguntas de Guía de Entrevista Estandarizada

### Preguntas Abiertas Estandarizadas de la Entrevista

1. Por favor preséntate (un seudónimo será asignado a cada participante).
2. Por favor describa brevemente sus experiencias en la escuela, comenzando con la escuela primaria y terminando con la escuela preparatoria. (¿Qué clase de estudiante eras; buenas o malas calificaciones? ¿Tenías buena asistencia? ¿Fuiste a varias escuelas y / o cambiaste muchas residencias?)
3. ¿Cuál es el nivel más alto de educación que ha recibido?
4. ¿Siente que la educación es muy importante para usted?
5. ¿Siente que la educación es muy importante para sus hijos?
6. Describa su vida familiar tan lejos como pueda recordar hasta ahora.
7. ¿Mientras usted estaba creciendo (de nacimiento a dieciocho), ¿quién le proporcionó el mayor apoyo financiero?
8. ¿Mientras usted estaba creciendo (de nacimiento a dieciocho), ¿quién le proporcionó el mayor apoyo emocional?
9. ¿Trabajó y ganó dinero y aprendió cualquier tipo de habilidad o habilidades mientras crecía?
10. Mientras crecía, ¿tuvo algún modelo a seguir?
11. Describa brevemente su historial de empleo.
12. ¿Está empleado ahora? ¿Le gusta tu trabajo?
13. ¿Asiste a algún tipo de escuela ahora?
14. ¿Cómo se involucró en el uso de sustancias ilegales?
15. Como madre, ¿Alguna vez temió que sus acciones resultaran en que removieran a sus hijos de su cuidado?

16. ¿Su cultura ha afectado su rol en el abuso de sustancias?
17. Describa la situación en la que su hijo o hijos fueron removidos de su cuidado.
18. Describa su situación de vivienda en el momento en que sus hijos fueron removidos.
19. ¿Cómo enfrento contratiempos mientras que crecía?
20. ¿Cómo lidia o enfrenta contratiempos ahora?
21. ¿Cómo se le notificó sobre la Corte de Drogas de Familia?
22. ¿Cuál es su opinión sobre el programa de la Corte de Drogas de Familia?
23. ¿Porque eligió participar en la Corte de Drogas de Familia?
24. ¿Cuál es su objetivo al asistir a la Corte de Drogas de Familia?
25. ¿Cuáles son algunas de las cosas que le gustan de la Corte de Drogas de Familia?
26. ¿Cuáles son las cosas que no le gustan de la Corte de Drogas de Familia?
27. ¿Cuáles son algunas de las cosas que usted cree que la Corte de Drogas de Familia puede hacer mejor?
28. ¿Tiene algún apoyo cultural en la Corte de Drogas de Familia?
29. Al participar en la Corte de Drogas de Familia, ¿ha superado su abuso de sustancias?
30. ¿Cuáles son sus metas actuales relacionadas con la educación, el empleo, las condiciones de vida y el cuidado de sus hijos?
31. ¿Qué medidas tomará para asegurarse de que sus hijos no se conviertan en consumidores de drogas?
32. Describa brevemente la relación actual entre usted y sus hijos.

### APPENDIX H: Initial Survey Questions

Initials: \_\_\_\_\_

Pseudonym: \_\_\_\_\_  
(to be completed by the researcher)

1. What is your ethnicity? \_\_\_\_\_
2. Are you a mother? Yes \_\_\_\_\_ No \_\_\_\_\_
3. Are you currently, or were you ever a participant in the ABC Family Drug Court Program? Yes \_\_\_\_\_ No \_\_\_\_\_
4. If applicable, what phase of the FDC program are you in?  
\_\_\_\_\_
5. If you have completed the FDC program, did you graduate within the last year?  
\_\_\_\_\_
6. If selected for the study, can you meet on \_\_\_\_\_ (date) or \_\_\_\_\_ (date) – please circle one - for a focus group with other participants for the study?  
Yes \_\_\_\_\_ No \_\_\_\_\_
7. After the focus group, can we schedule an interview you in a comfortable setting?  
Yes \_\_\_\_\_ No \_\_\_\_\_
8. Are you aware you can remove yourself from the study at any time with no repercussions? Yes \_\_\_\_\_ No \_\_\_\_\_

### APÉNDICE H: Preguntas Iniciales de la Encuesta

Iniciales: \_\_\_\_\_

Seudónimo: \_\_\_\_\_

(para ser llenado por el investigador)

1. ¿Cuál es su origen étnico? \_\_\_\_\_
2. ¿Es madre? Sí \_\_\_\_\_ No \_\_\_\_\_
3. ¿Actualments, o estabas, un participante, en el Condado de ABC familia drogas corte programa?  
Sí \_\_\_\_\_ No \_\_\_\_\_
4. Caso, ¿Qué fase del programa FDC estas?  
\_\_\_\_\_
5. Si usted ha completado el programa FDC, ¿se graduo usted en el ultimo ano?  
\_\_\_\_\_
6. ¿Si es seleccionada, podemos encontrarnos en \_\_\_\_\_ (fecha) or \_\_\_\_\_ (fecha) – favor de circular una - para un grupo de enfoque con otros participantes del estudio? Sí \_\_\_\_\_  
\_\_\_\_\_ No \_\_\_\_\_
7. ¿Después del grupo de enfoque, puedo programar una visita para entrevistarle en un ajuste co'modo? Sí \_\_\_\_\_ No \_\_\_\_\_
8. ¿Antes de que puede retirarse del estudio en cualquier momento sin repercusiones? Sí \_\_\_\_\_ No \_\_\_\_\_

## **APPENDIX I: Focus Group Questions**

### Standardized Open-Ended Focus Group Questions

1. What are the conditions that led to your substance abuse and involvement in Family Drug Court?
2. What role does you being a mother play in your choice to participating in Family Drug Court?
3. What are your needs beyond your participation in Family Drug Court?
4. What are some cultural supports helping you to overcome substance abuse?
5. What are some cultural hindrances not helping you to overcome substance abuse?

## **APÉNDICE I: Preguntas del Grupo de Enfoque**

### Preguntas Abiertas Estandarizadas del Grupo de Enfoque

1. ¿Cuáles son las condiciones que condujeron a su abuso de sustancias y su participación en la Corte de Drogas de Familia?
2. ¿Cómo le afecta ser madre en su decisión de participar en la Corte de Drogas de Familia?
3. ¿Cuáles son sus necesidades más allá de su participación en la Corte de Drogas de Familia?
4. ¿Cuáles son algunos apoyos culturales que le ayudan a superar el abuso de sustancias?
5. ¿Cuáles son algunos obstáculos culturales que no le ayudan a superar el abuso de sustancias?



### **Appendices K: CONSENT FORM**

Breaking the Cycle: An Ethnographical Study on Hispanic Mothers Participating in Family  
Drug Court  
Rhonda S. Tyler  
Liberty University  
School of Education

You are invited to be in a research study of Hispanic mothers participating in or who have graduated from Family Drug Court. You were selected as a possible participant because you are a Hispanic mother who has had experience or has graduated from Family Drug Court. Please read this form and ask any questions you may have before agreeing to be in the study.

Rhonda S. Tyler, a doctoral candidate in the School of Education at Liberty University, is conducting this study.

**Background Information:** The purpose of this study is to understand the experiences of Hispanic mothers in Family Drug Court in Lea County, New Mexico. The research question I am hoping to answer is: What are the issues surrounding the recovery of Hispanic mothers in a therapeutic judicial program (Family Drug Court) in southeastern New Mexico?

**Procedures:** If you agree to be in this study, I would ask you to do the following things:

- Allow the researcher to use the data obtained from the initial questionnaire.
- Participate in a personal interview. The interview is between the researcher and the participant and will take approximately one hour. The responses will be audio recorded for transcription\*. Interviews will be held at the Guidance Center of Lea County, Room #112.
- Participate in a focus group. The group will consist of no more than five people who are also participating in the study and the purpose is to understand similar and different situations, not to reach a consensus. The session will also be audio recorded for future transcription\* and should take one hour. The Focus Group will convene at the Guidance Center of Lea County conference room.
- Complete a 100-Item Parent Behavior Checklist (Fox, 1994b), with multiple choice answers. This will be distributed at the interview and is to be returned to the researcher at the time of the focus group. The checklist should take approximately 20 minutes to complete and will be given to you after the focus group meeting.

\*Audio recordings will be destroyed once the activity is transcribed. The transcriptions can be reviewed by the participants for accuracy, if they desire. Modifications can be made.

**Risks and Benefits of Participation:** The risks involved in this study are minimal, which means they are equal to the risks you would encounter in everyday life.

Participants should not expect to receive a direct benefit from taking part in this study.



Benefits to society include: adding information to the body of research; helping to understand the experiences of recovering Hispanic mothers in Family Drug Court; helping to initiate and integrate initiatives to help Hispanic mothers in Family Drug Court; and potentially changing lives by not continuing the cycle of generational substance abuse.

**Compensation:** Participants will not be compensated for participating in this study.

**Confidentiality:** The records of this study will be kept private. In any sort of report I might publish, I will not include any information that will make it possible to identify a subject. Research records will be stored securely, and only the researcher will have access to the records.

- I will conduct the interviews in a location where others will not easily overhear the conversation.
- The data will be stored in a locked filing cabinet in the researcher's home for three years.
- All computer information is password protected.
- The data will be destroyed (paper shredded, flash drives smashed) after three years.
- Recordings will be deleted once the transcription is verified by the participant (if they desire) for accuracy.
- There are limits to confidentiality regarding the focus group, as the researcher cannot ensure there will be no communication outside the group of the activity.

**Voluntary Nature of the Study:** Participation in this study is voluntary. Your decision whether or not to participate will not affect your current or future relations with Liberty University. If you decide to participate, you are free to not answer any question or withdraw at any time without affecting those relationships.

**Contacts and Questions:** The researcher conducting this study is Rhonda S. Tyler. You may ask any questions you have now. If you have questions later, **you are encouraged** to contact her at 575-602-3820 or [rstyler4@windstream.net](mailto:rstyler4@windstream.net). You may also contact the researcher's faculty advisor, Dr. Tamika Hibbert, at [tshibbert@liberty.edu](mailto:tshibbert@liberty.edu).

If you have any questions or concerns regarding this study and would like to talk to someone other than the researcher, **you are encouraged** to contact the Institutional Review Board, 1971 University Blvd., Green Hall Ste. 1887, Lynchburg, VA 24515 or email at [irb@liberty.edu](mailto:irb@liberty.edu).

***Please notify the researcher if you would like a copy of this information for your records.***

**Statement of Consent:** I have read and understood the above information. If I had questions, I had the opportunity to ask them and have received answers. I consent to participate in the study.

(NOTE: DO NOT AGREE TO PARTICIPATE UNLESS IRB APPROVAL INFORMATION WITH CURRENT DATES HAS BEEN ADDED TO THIS DOCUMENT.)

The researcher has my permission to audio-record me as part of my participation in this study.

---

Initials of Participant

Date

---

Signature of Investigator

Date

**PÉNDICE K: Consentimiento Informado**  
**CONSENTIMIENTO INFORMADO**

Rompiendo el Ciclo: Un estudio etnográfico sobre madres hispanas que participan en la Corte de Drogas de Familia  
 Rhonda S. Tyler  
 Universidad Liberty  
 Escuela de Educación

Le invitamos a estar en un estudio de investigación de las madres hispanas que participan en o que se han graduado de la corte de drogas de familia. Fue seleccionada como una posible participante porque es una madre hispana que ha tenido experiencia o se ha graduado de la corte de drogas de familia. Por favor lea este formulario y haga cualquier pregunta que tenga antes de aceptar participar en el estudio.

Rhonda S. Tyler, estudiante de doctorado en la escuela de educación de la Universidad Liberty, está llevando a cabo este estudio.

**Información de Antecedentes:** El propósito de este estudio es conocer las experiencias de las madres hispanas en la Corte de Drogas de Familia en el condado Lea de nuevo México. La pregunta investigativa que espero responder es ¿Cuáles son las cuestiones que rodean la recuperación de las madres hispanas en un programa judicial terapéutico (Corte de Drogas de Familia) en el sureste de Nuevo México?

**Procedimientos:** Si usted acepta participar en este estudio, le pediría que hiciera las cosas siguientes:

- Participar en una entrevista personal. La entrevista es entre la investigadora y la participante y tomara aproximadamente una hora. Las respuestas serán audio grabadas para transcripción. Las entrevistas se llevarán a cabo en el Guidance Center del condado Lea, cuarto #112.
- Participar en un grupo de enfoque. El grupo constará de no más de cinco personas que también están participando en el estudio y el propósito será comprender situaciones similares y diferentes, no llegar a un consenso. La sesión también será audio grabada para futura transcripción \* y debe tomar una hora. El Grupo de Enfoque se reunirá en la sala de conferencias del Guidance Center del condado Lea.
- Completar una Lista de Control de Comportamientos de los Padres de 100 artículos (Fox, 1994b), con respuestas de opción múltiple. Esta será distribuida en la entrevista y debe ser devuelta a la investigadora a la hora del Grupo de Enfoque. La Lista de Control debe tomar aproximadamente 20 minutos para completar y le será dada después de la junta del Grupo de Enfoque.
- Esta información se incluirá en la publicación de la tesis doctoral de la investigadora y usted está de acuerdo en la utilización de esta información.

\* Las grabaciones de audio serán destruidas cuando la actividad sea transcrita. Las transcripciones pueden ser revisadas por las participantes para la exactitud, si lo desean. Pueden hacerse modificaciones.

**Riesgos y beneficios de la participación:** Los riesgos involucrados en este estudio son mínimos, lo que significa que son iguales a los riesgos que usted encontraría en la vida cotidiana.

Las participantes no deben esperar recibir un beneficio directo por participar en este estudio.

Beneficios para la sociedad incluyen agregar información al cuerpo investigativo; ayudar a comprender las experiencias de las madres hispanas en recuperación en la Corte de Drogas de Familia; ayudar a iniciar e integrar iniciativas para ayudar a las madres hispanas en la Corte de Drogas de Familia; y potencialmente cambiar vidas al no continuar el ciclo generacional del abuso de sustancias.

**Compensación:** Las participantes no serán compensadas por participar en este estudio.

**Confidencialidad:** Los registros de este estudio se mantendrá privados. En cualquier tipo de reporte que pueda publicar, no incluiré ninguna información que haga posible identificar a un sujeto. Los registros de la investigación serán almacenados de manera segura, y sólo la investigadora tendrá acceso a los registros.

- Llevaré a cabo las entrevistas en un lugar donde otros no puedan escuchar la conversación fácilmente.
- Los datos se almacenarán en un archivador bajo llave en casa de la investigadora durante tres años.
- Toda la información de computadora está protegida con contraseña.
- Los datos serán destruidos (papeles triturados, dispositivos de memoria flash rotos) después de tres años.
- Las grabaciones serán borradas una vez que la transcripción sea verificada por la participante (si lo desean) para la exactitud.
- Hay límites de la confidencialidad con respecto al grupo de enfoque, ya que la investigadora no puede asegurar que no habrá ninguna comunicación fuera del grupo de la actividad.

**Carácter voluntario del estudio:** La participación en este estudio es voluntaria. Su decisión de participar o no, no afectara sus relaciones actuales o futuras con la universidad Liberty. Si usted decide participar, tiene la libertad de no responder a cualquier pregunta o retirarse en cualquier momento sin afectar a esas relaciones.

**Contactos y Preguntas:** La investigadora de este estudio es Rhonda S. Tyler. Usted puede hacer cualquier pregunta que tenga ahora. Si tiene preguntas después, **le animamos** a contactarla al 575-602-3820 o [rstyler4@windstream.net](mailto:rstyler4@windstream.net). También puede comunicarse con la asesora de la facultad de la investigadora, Dr. Tamika Hibbert, en [tshibbert@liberty.edu](mailto:tshibbert@liberty.edu).

Si usted tiene preguntas o preocupaciones con respecto a este estudio y quisiera hablar con alguien aparte de la investigadora, **le animamos** que contacté a la Junta de Revisión Institucional, 1971 University Blvd., Green Hall Ste 1887, Lynchburg, VA 24515 o envíe un correo electrónico a [irb@liberty.edu](mailto:irb@liberty.edu).

*Por favor notifique a la investigadora si desea una copia de esta información para sus archivos.*

**Declaración de consentimiento:** He leído y entendido la información anterior. He hecho preguntas y he recibido respuestas. Doy mi consentimiento para participar en el estudio.

(NOTA: NO ACEPTE PARTICIPAR A MENOS QUE SE HAYA AÑADIDO INFORMACIÓN SOBRE LA APROBACIÓN DE IRB CON LAS FECHAS ACTUALES A ESTE DOCUMENTO.)

La investigadora tiene mi permiso para grabarme con audio como parte de mi participación en este estudio. Concedo el permiso del investigador con los datos del cuestionario.

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Iniciales de la Participante

Fecha

---

Firma de la Investigadora

Fecha

**APPENDICES L: Observation Form**

Researcher: \_\_\_\_\_

Participant (initials): \_\_\_\_\_

Pseudonym: \_\_\_\_\_

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Activity: \_\_\_\_\_

Place: \_\_\_\_\_

Use criteria that apply to format of activity observed.

<b>Review/Section</b>	<b>Description/Comment</b>
1. Those present/who is participating in activity	
2. Environment (physical environment; description of interpersonal environment)	
3. Rapport (description of rapport between researcher and participants; between participants themselves)	
4. Participation in activity (description of individual participation; group participation)	
5. Presentation during questions (description of participation during activity; eye contacts, body language)	
6. Sensitivity (description of participant's sensitivity to each other's differences)	
7. Personal (description of self-confidences and maintenance of professional composure)	
8. Strengths observed	
9. Weaknesses observed	
10. Overall impression of the activity	

**APPENDIX M: Letter of Study Explanation**

This letter is to explain the study and its purpose.

The purpose of this ethnographic study is to understand the issues surrounding the substance abuse of Hispanic mothers in a therapeutic judicial program in southeastern New Mexico. By participating in a therapeutic judicial program rather than incarceration, these mothers are given a greater opportunity to address their substance abuse issues, which seem to be the root of their problems. Motivated to restore their domestic structures, most often including regaining the custody of their children in state's care, Family Drug Court seems to be a viable alternative to incarceration.

### **APÉNDICE M: Carta de Explicación del Estudio**

Esta carta es para explicar el estudio y su propósito.

El propósito de este estudio etnográfico es entender las cuestiones que rodean el abuso de sustancias de madres hispanas en un programa judicial terapéutico en el sureste de Nuevo México. Al participar en un programa judicial terapéutico en lugar de encarcelamiento, a estas madres se les da una mayor oportunidad de abordar sus problemas de abuso de sustancias, que parecen ser la raíz de sus problemas. Motivadas a restaurar sus estructuras domésticas, incluyendo muy a menudo la recuperación de la custodia de sus hijos en el cuidado estatal, la Corte de Drogas de Familia parece ser una alternativa viable al encarcelamiento.



## APPENDIX N: Letter of IRB Approval

**LIBERTY UNIVERSITY**  
INSTITUTIONAL REVIEW BOARD

May 26, 2017

Rhonda Tyler  
IRB Approval 2829.052617: Breaking the Cycle: An Ethnographical Study on Hispanic Mothers  
Participating in Family Drug Court

Dear Rhonda Tyler,

We are pleased to inform you that your study has been approved by the Liberty University IRB. This approval is extended to you for one year from the date provided above with your protocol number. If data collection proceeds past one year, or if you make changes in the methodology as it pertains to human subjects, you must submit an appropriate update form to the IRB. The forms for these cases were attached to your approval email.

Thank you for your cooperation with the IRB, and we wish you well with your research project.

Sincerely,

**G. Michele Baker, MA, CIP**  
*Administrative Chair of Institutional Research*  
**The Graduate School**

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UNIVERSITY  
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