

EDITOR'S COMMENTARY

Let's get back to basics: the process of change has been looked at from a variety of perspectives over the years. Yet there is a great deal we still need to learn about change in the Self Help and related people-intensive area. One article in this issue (Jason et al.) cites propositions proposed more than three decades ago (Watzlawick et al.) on *Change: Principles of Problem Formation and Problem Resolution* to the effect that there are (at least) two types of change—"change within a system" and "change that changes the system itself." This issue of *IJSHSC* is permeated with concerns about change paradigms . . . and from a literary viewpoint the very repetition of the word "change" (note these last couple of sentences) is ubiquitous. Making change happen, as by the self help process, is a compelling theme. A number of articles explore concepts and results that may enhance our understanding in this context.

Leonard A. Jason., Bradley D. Olson, Joseph R. Ferrari, and Margaret I. Davis at De Paul University contribute in this regard in their article "Substance Abuse: The Need for Second Order Change." Here the authors consider a number of non-medical approaches including self help groups as well as therapeutic communities, communal recovery homes, and preventive community-based and harm-reduction interventions. They note the issue of high recidivism rates and conclude that "for overall recovery rates to improve, both researchers and social service providers should attend more to existing programs that are likely to enact change that changes the systems itself." This of course takes some doing noting the traditional propensity of complex systems to become increasingly rigid with time or imponderable in their complexity, especially as human beings at varied levels of psychosocial functioning interact.

Kaskutas and her colleagues observe that in spite of the turbulence in the field of healthcare and public treatment of dysfunctional conditions (as has been the case in California and elsewhere), "there has been minimal research on program outcomes." Addressing this lack, their contribution makes use of follow-up interviews with a sample of 722 respondents in public and private programs (publicly-funded social model detoxification and residential programs) and in clinical model

programs in hospitals and HMO clinics. In this article "A Naturalistic Comparison of Outcomes at Social and Clinical Model Substance Abuse Treatment Programs," Lee Ann Kaskutas, Lyndsay Ammon, and Constance Weisner, all in the San Francisco/Berkeley/Oakland area, conclude that "higher severity of drug problems at baseline among social model clients did not significantly affect the presence of drug problems at follow-up whereas it did for the clinical clients." They find that "these results support the hypothesis that social model programs represent a vital alternative to traditional substance abuse treatment programs for both drug and alcohol problems, and for clients with few economic and social resources." These conclusions are particularly noteworthy in light of their empirical basis, focusing on the kind of respondent sample not readily accessible in most instances, reflecting substantive thought and careful outcome measurement.

Further addressing the issue of posttreatment, Richard N. Cloud at the Kent School of Social Work (University of Louisville, Louisville, KY 40292) notes that systematic inquiry consistently shows a high rate of posttreatment attrition in AA groups and under-utilization of the available resources. By means of focused research including binary logistic regression, he points to seven variables to explain a large proportion of the variance differentiating those with less than weekly or no AA attendance at one year follow-up, and others. He adduces notions of social support and fit within the AA culture as explanatory frameworks, and derives a four-variable prediction model to underpin conclusions and action: "follow-ups performed at three or six months would" (Cloud holds) "facilitate faster implementation than waiting for results of one-year attendance." Knowing sooner establishes a platform for timely action to the benefit of the program participant and one hopes to the benefit of their families and community.

While based on a relatively small sample, Bruce Jacobs and Liza Nagel, respectively at New Mexico State University and at the University of New Mexico, examine the impact of a five-week mindfulness-based stress reduction program (MBSR) on quality of life, by means of a quasi-experimental non-equivalent control group model. The authors conclude that this study indicates "that the MBSR program has positive influence on perceived quality of life in physical, psychological, social and spiritual domains." Jacobs and Nagel provide a contribution pointing to what some might consider "non-mainstream" interventions, and their potentially positive and promising outcomes.

Concerned as well with the issue of outcomes, Frederic Fredersdorf and Nanda Beck address "outpatient self help for drug dependent individuals in Germany. . . ." Here "outpatient self help" for drug dependent individuals refers to self help groups that exist independently, outside the frame of therapeutic or institutional settings. On the basis of extensive conceptual and empirical procedures they conclude "that self help groups are relevant to the social, psychic and substance-specific reintegration of their members," regarding effects for both acceptance-oriented and abstinence-oriented groups in the milieu in which this study was conducted.

Considering the various contributions represented by articles appearing in this issue we observe a continuing emphasis on the systematic study of change in the self help field, under varying conditions of demographic pattern, nature of malfunctioning, culture settings, and intervention strategies, ranging from well-established to experimental. In all of this, the authors demonstrate (at least in the editor's opinion) a sensitivity both for the human condition and for the rigors of inquiry. Finally, we need to recall that ultimately it is the individual human being and her/his families, friends, work associates, and others who matter, who are the essential subject of what this is all about. Beyond the relevant and broad palette, it is direct experience that matters the most. We hope that various strands of thought will converge and that contributions in these pages will be helpful in this sense, advancing our knowledge of self help and self care.

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