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Client Dissimulation: A Key Problem in Correctional Treatment

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WORKING with correctional clients in a treatment relationship is difficult and complex. This article concentrates on one troublesome aspect of correctional treatment, that of client dissimulation. Dissimulation is defined as putting on a false appearance or concealing facts, intentions, or feelings under some pretense. In the prison vernacular, such activity has been referred to as "getting over," "conning," "projecting an image," etc.

Research findings as to the results of correctional programs have generally not been encouraging (Adams, 1974; Bailey, 1966; Kassebaum, et al., 1971; Robison and Smith, 1970). Traditional psychotherapy or counseling systems applied to correctional settings have not worked as well as had been hoped or expected. Many have thought that, in the general sense, this has been so because correctional treatment programs have not taken into account the overall prison environment and its effect on the correctional client's behavior (Ohlin, 1956; Sykes and Messinger, 1960; Thomas, 1973). Correctional treatment, for the individual client, is often encumbered by various resistances which are exacerbated by the overall social/psychological systems operative in the correctional setting.

Client resistances must be overcome to the extent that clients are willing at least to participate before treatment can begin. At this point, client dissimulation becomes a problem. It refers to the behavior of the client as if he shared the treatment goals and attitudes of the staff when in reality he does not.

Dissimulation in Correctional Treatment

Many varieties of dissimulation may occur in the correctional setting. Clients or inmates not only put on false appearances in relations with staff, but also with other inmates. Staff, in turn, may sometimes dissemble with inmates. This article, however, is concerned with the client's dissimulating behavior that occurs within the correctional treatment process itself.

In correctional settings, the treatment relationship is usually characterized by the use of some positive incentive or reinforcer (in correctional treatment, the client does not pay the counselor, but the counselor pays the client). Thus, the client who completes some course of prescribed treatment is recommended for parole or early release. The effect of this is not only to reward the individual client, but to provide incentives for others to participate. Although a favorable parole recommendation is a most important incentive, others are used as well, such as work release or even a job or quarters change. Anything within the control of the staff that is desired by clients might be used, either directly or indirectly.

Since correctional staff have considerable power to make decisions which may greatly affect clients' lives, they are prime targets for manipulation. As a result, many clients perceive the behavior desired by staff and proceed to produce that behavior in the treatment setting. Depending on the theoretical persuasion of the staff, inmate clients in psychotherapy may talk about early childhood experiences (or invent ones), may viciously attack another client in group treatment for some minor rule infraction, produce tears in talking about his separation from his wife, etc. All of this may be done with no meaningful commitment on the part of the client to lasting personal or behavioral change; indeed, he may be determined to go through the process without really changing at all.

The client's reaction to this situation in the correctional setting produces dissimulation in correctional treatment. From the client's point of view, dissimulation may be useful, adaptive behavior, designed to obtain what he wants. It may also serve the function of protecting him from experiencing anxiety through the treatment process and avoiding any threatening personal change. In this sense, it is very much a resistance to treatment, while superficially appearing not to be.

Clients may dissemble in treatment with varying degrees of conscious intent. There is the client

who calculates precisely how he shall behave in order to manipulate staff and produce the desired end. On the other extreme, there is the client who is relatively sincere when he verbalizes positive change but who is unable or inadequate to actualize these changes in reality and in concrete behavioral terms. In either case the client may be said to be dissimulating; he is putting on a false appearance not truly reflective of his actual personality and behavior.

Client dissimulation probably most easily occurs in an individual treatment relationship isolated from the mainstream of institutional life. It may be that professionally trained staff are predisposed to believe more fully their clients or are more naive about these matters. They may respond to the verbalizations of their clients with no objective measure if they are truly reflective of the client's behavior. Some clients are quite skilled at "conning" professional staff, while others are sincere for the moment but do not have the strength to carry their changes through. Even if a false appearance is perceived or suspected by the staff member, he is often unable to do anything about it in an individual relationship. The client may merely alter his behavior until he discovers what seems to satisfy the staff.

It is more difficult to dissemble in group treatment if the group as a whole responds to the dissimulation. If the group does not, the treatment process will be undermined to the extent that little of real therapeutic value will be accomplished. Clients in groups are often better able to perceive dissimulation than the staff is, as they know the individuals involved, they know the realities of the institutional situation, and they know the "games" that inmates can play. The key, of course, is whether the group as a whole effectively responds to this or whether they accept or encourage it. This is not to say that group members are always right when they perceive dissimulation or that they always do so with the purest motives. Indeed, a negative group might scapegoat a weak member about his various shortcomings in order to impress the staff with their sincerity and commitment to therapy. In actuality they may be the ones who are faking. Group treatment is a potentially more effective method of coping with client dissimulation in correctional treatment because of the greater interpersonal reinforcing properties of a group and the greater potential for accurately perceiving or inferring dissimulating behavior.

Traditional therapeutic systems assume that the client is relatively honest in his desire to change, despite resistance and defensiveness. The added and complicating dimension in the correctional treatment process is the client's false pretense, often conscious, to be positively motivated and allied with the counselor's or staff's value system.

For the individual, if surface behavior change is not truly reflective of actual personality change, treatment has failed. If the behavior of the client in one situation (the treatment setting) is not generalized to all behavioral situations, treatment has failed. Client dissimulation or behavioral inconsistency indicates that real personal changes have not occurred and that the desired behavior has not generalized. For the individual, a decrease in dissimulating behavior signals not only the ability to proceed with positive treatment, but it indicates that the treatment process is proceeding positively.

When a treatment program is not responsive to dissimulating behavior, it will be undermined considerably. This is especially true if the program uses peer influence or interaction as a behavior modifying method. This will occur whether the method is group counseling or a therapeutic community. If peer interaction appears to staff to be positive, but in reality it is not, it is particularly destructive to the treatment program as a whole and the individuals in it. If some inmate clients are successful in manipulating or conning staff in order to obtain positive incentives, it will obviously influence others to do so. Clients who may be genuinely interested in positive change (and there are some) will tend to become demoralized, cynical, and unlikely to participate in treatment.

Client inconsistency and manipulation will negatively affect staff morale and intrastaff relations. Many treatment failures occur because clients "conned" their way through the process or appeared to have progressed personally when in fact they had not. When this happens, treatment staff may understandably become frustrated. Often it seems that those clients who looked best in treatment end up adjusting most poorly after release—this is directly due to the failure of the treatment process (and the staff) to perceive dissimulation and effectively deal with it. It can also interfere with intrastaff relations. Professional and line staff are often at odds about inmate clients because they behave one way in the presence of pro-

professionals or treatment staff and another way in the presence of line or custody staff. When the client who looks good in treatment gets into trouble in the institution, treatment staff often assume it is a result of environmental factors in the prison or because of mishandling by line staff, rather than client factors. On the other hand, line staff tend to become alienated from treatment staff when they have to cope with irresponsible clients who are in treatment and not seeming to change. Often they may feel that the treatment staff are unable or unwilling to help them with their problems.

Client dissimulation is an inherent characteristic of correctional treatment. It arises out of the client's reaction to the correctional environment and the use of various positive incentives to influence inmate behavior and participation in treatment. It may be supported and encouraged by the "inmate code." It is a normal phenomenon and to be expected. It cannot be ignored and must be dealt with directly so as to reduce it. Its resolution is a key to successful treatment. Generally, for the client successfully participating in treatment, it is expected that dissimulation would occur more at the beginning of treatment and much less at the end. At that time the client's behavior should be consistently mature and responsible. His deeds should match his words.

Coping With Dissimulation

In order to cope with this problem, two basic suggestions are offered. First, staff must be able to accurately infer dissimulation when it occurs. Also, it is just as important for staff to be able to discover the opposite of dissimulation—honest, straightforward behavior (and of course all shades in between). Secondly, when dissimulation is inferred, it must be dealt with directly. It should be discouraged, confronted, attacked—whatever can be realistically done to decrease it.

How can one infer or deduce dissimulation? It may only be inferred from what is observed. Certainly there is a limit to interpersonal sensitivity; we cannot depend on practitioners' being psychic. One can rather objectively observe, however, the difference, if any, between what a client verbalizes and what he actually does (usually outside the treatment setting). This is especially important when the client verbalizes positive personal or behavioral changes. The following is an example: In a treatment group a client related he has never been able to work regularly. Subse-

quently, through the treatment process he comes to verbalize that it would be better for him if he worked regularly and avoided the problems of unemployment. This is what the staff wants to hear. It sounds good, but the client may be faking, or he may not have the strength to follow through. If either is the case he may be said to be dissimulating. If staff is aware of the client's current behavior that relates to this issue, that behavior should be brought to the group. If, for example, the client is often late to his institution job, and his supervisor reports he is doing a poor job, it may be inferred that he is putting on a false appearance. This may then be dealt with in the treatment process, and the client's behavioral inconsistency should be focused upon and discouraged. Conversely, if the client is responsible, punctual, and productive on his job, it may be inferred that he currently functions well in this area. His positive adjustment and consistent behavior should be encouraged and positively reinforced.

Dissimulation may be defined operationally as behavioral inconsistency (positive in treatment, negative elsewhere). Therefore, it is suggested that the correctional treatment process, among other things, concentrate on objective, measurable, observable behaviors on the part of the client which relate to his positive change. Verbalizations in therapy are not sufficient, since they generally are abstract representations of the actual problems or feelings being discussed. If a client is discussing his relationship with his family, the staff should be aware if he writes letters to them, if they visit him, etc. It might be necessary to double check what the client reports in this regard. Clients cannot hide or project false fronts when confronted about measurable, observable behaviors. Education test scores, promptness, work production, interpersonal relations with others, etc., are behaviors which can be observed and measured, more or less. Thus, they can be related to the treatment process. The use of contracts with clients in case management and the development of Behavioral Modification programs are indices of the recent trend in some correctional programs to concentrate on the behavior of the client.

Simply put, all aspects of the client's behavior within the correctional setting should be grist for the therapeutic mill. Treatment programs should be comprehensive, inclusive or cognizant of the client as a whole human being acting within his particular environment. All treatment efforts should be coordinated and integrated with one

another. Any staff-client interaction or client-client interaction which can be observed and/or influenced should be done so with treatment goals in mind.

If the treatment program is comprehensive with regard to the client's behavior, it gives the staff the ability to observe the client's consistency or inconsistency in behavior and thus infer more accurately whether the treatment process is proceeding successfully. A recent trend which relates to efforts of this sort are the various "therapeutic community" programs which have been developed in the correctional setting.

The development of the Functional Unit concept by the Federal Bureau of Prisons is a positive step in dealing with the problems mentioned in this article. The functional unit is a small (50-100) group of inmate clients living in the same unit with an interdisciplinary staff assigned to the unit. This structure provides for increased involvement by staff in the client's life, increased staff communication, and the participation of the client in the decisionmaking processes of the institution. The case management, therapeutic, training, and control and disciplinary functions are located within unit staff and can thus be better coordinated. Many Bureau institutions are changing or have changed to the functional unit system; with this the problem of client dissimulation may be better approached.

An astute skeptic might raise the point that it is possible for a client to dissimulate consistently enough to achieve his goals without actual change. While it is acknowledged that this is possible, it is difficult for most correctional clients to maintain a false appearance that constantly for that long a period of time.

The ultimate test of the behavior of the client is, of course, when he returns to the free community. If the correctional treatment program remains involved with the client after his release to the community, any behavioral inconsistency or

dissimulation may be discerned at that time and appropriate action taken. This supports the idea that a more thorough continuum of correctional services needs to be developed. As it is, often only two divergent treatments are available—either incarceration or relatively lax parole or probation supervision. If the continuity of treatment and a continuum of services were further developed, corrections would be better able to cope with the problems mentioned in this article and treatment effectiveness would be improved.

Correctional personnel are interested in their clients' positive change. If they are not so interested, the job is more difficult but not completely impossible. It is possible to facilitate clients' coming to make use of treatment, but only if staff directly address the negative inherent characteristics of the correctional treatment process itself. One of these is client dissimulation. To implement in the ideal form what has been suggested would, of course, require many more resources and staff than are currently available. Nonetheless, it is possible to improve treatment effectiveness with current resources. This will occur if treatment programs concentrate on treatment related behavior, become more comprehensive, and encourage behavioral consistency and discourage behavioral inconsistency or dissimulation.

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