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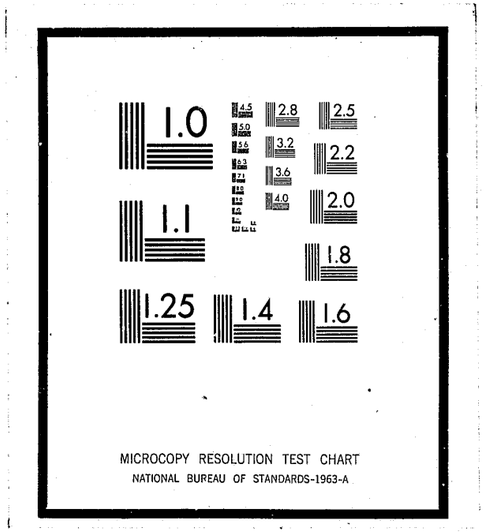

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ANNOTATION:
INSTITUTE PROCEEDINGS FOR IMPROVEMENT OF RELATIONSHIP AND SERVICES OF CORRECTIONAL ADMINISTRATORS AND PSYCHOLOGISTS TO MENTALLY DISORDERED OFFENDERS.

ABSTRACT:
RECOGNIZING THE TRADITIONALLY DIVERGENT VIEWS OF CUSTODY AND TREATMENT, THE INSTITUTE WAS HELD TO IDENTIFY COMMON REFERENCE POINTS AROUND WHICH A MUTUALLY ACCEPTED PHILOSOPHY COULD DEVELOP. THE PRIMARY CONSIDERATION WITH REFERENCE TO THE MENTALLY DISORDERED OFFENDER INVOLVES THE ALLOCATION OF RESOURCES IN VIEW OF THESE OFTEN DIVERGENT TREATMENT STRATEGIES. PRESENTATIONS AND DISCUSSIONS BY CORRECTIONAL AND CLINICAL PERSONNEL WERE DESIGNED TO PROVIDE A SYNTHESIS OF IDEAS AND INTERESTS, AND TO DEVELOP THE CLIMATE FOR INSTITUTIONAL CHANGE. QUESTIONNAIRE USED IN CANVASSING PARTICIPANT OPINION IS ENCLOSED, TOGETHER WITH RESPONSES.

Report of the

INTERSTATE INSTITUTE ON THE MANAGEMENT AND TREATMENT

of

THE MENTALLY DISORDERED OFFENDER

(LEAA Grant 099)

Held

January 11-13, 1967
The Menninger Foundation
Topeka, Kansas

Sponsored by the National Council on Crime and Delinquency
and the Division of Law and Psychiatry of the Menninger Foundation.

INTERSTATE INSTITUTE ON THE MANAGEMENT AND TREATMENT OF THE MENTALLY DISORDERED OFFENDER

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I. GOALS

Preliminary Information

The Interstate Institute on the Management and Treatment of the Mentally Disordered Offender is a follow-up seminar to an initial conference held in January, 1966, in Albuquerque, New Mexico. The initial conference included participation by delegations from New Mexico, Utah, Arizona, Colorado, Kansas, Oklahoma and Nevada, appointed by their respective governors to support possibilities of joint action in improving the handling of prisoners with mental problems. Underlying these states' interest in this problem was recognition of the need for psychiatric services, their relatively high cost, the limited tax base in the states noted, and the competitive shortage of psychiatric and psychological skills for use in this area.

Following the January, 1966 Albuquerque conference, there was agreement on the desirability of a follow-up institute having training and the sharing of program-approval information as a focus. The Interestate Institute, summarized by this report, is the result.

Owing to the similarity of operating problems and geographical proximity of the seven original states noted above, Wyoming and Nebraska were added as invitees, making a total of nine states

for whom participation in the Institute was planned.

Institute Goals and Planning Considerations

Basically, the purpose of the Institute was to improve the handling of prisoners with mental problems in adult institutions. The Institute hoped to approach this goal primarily by improving the level of mutual understanding operating between prison administrators and the profession of psychiatry. Among the nine states initially invited to the Institute, there is far from complete acceptance by prison administrators of the practical value of psychiatry and the psychological method. Conversely, there is frequently a lack of understanding by psychiatry of the working questions of concern to prison administrators for which more pointed psychiatric help would be welcomed.

A further condition which bore on Institute goals is the level of public and legislative understanding operating among participant states. In this regard, the handling of most adult offenders, including those with mental problems, tends to be seen as an "out of sight, out of mind" problem, with few implications beyond prison walls. Such attitudes dictated the feeling in planning that first efforts should be directed toward establishing understanding of psychiatry's value in the setting where the public feels the problem exists. Once this value is established, the advantages of treatment

in settings other than those "hedged about by four walls" could be promoted. Therefore, while institutional treatment programs clearly are not "the answer," the Institute arbitrarily took the position that it would concern itself only with the problems of treatment in such settings for practical reasons of "first things first." Accordingly, the Institute tried primarily to promote clear understanding of basic concepts, given force by illustration of their applicability to settings familiar to those in attendance.

In summary, Institute goals were outlined at the outset as including the following:

1. Improving mutual understanding by psychiatry and corrections . . . each for the problems of the other.

2. Illustrating practical correctional programs which embody use of psychiatric and psychological services.

3. Illustrating administratively feasible and economical methods of providing services in areas having few resources.

4. Providing research and advance practice examples of new programs having significance to conditions in participant states.

5. Reviewing practical considerations concerning release and supervision of the possibly hazardous prisoner with mental problems.

6. Developing a training project to upgrade programs in participant states.

The problems and misunderstandings between prison administrators and psychiatry are long standing, and largely represent basic differences in philosophies of how to best handle people. Accordingly, the Institute's planning was modest in its expectations as to what progress could be attained in promoting greater mutual understanding of treatment and custodial management problems and concepts in three days. At best it was felt that to the extent such understanding occurred, it would be evidenced by the following:

1. By evidence of appreciation for the Institute.

   In this regard it was felt that if the psychological method was felt as practical to certain prison problems . . . and conversely, that if treatment people could see certain management custodial concerns as reasonable, that this would in some degree be reflected in a feeling that the Institute was "practical" and "worthwhile."

2. By evidence of a willingness to look at the practicality of what was taught upon returning to home work settings.

   The strongest endorsement of a concept is its application in practice. If upon returning home delegates attempted to look at their programs from Institute reference points, this was felt to be a reasonable indicator of Institute effectiveness.

3. By participation in projected plans for additional institute-type activities.

   The above included willingness to work as part of an informal organization promoting additional similar training activities as a goal; and willingness to endorse and participate in the "traveling treatment seminar team" project, planned as an agenda item for the Institute's discussions.

In view of the above, evaluation of Institute goals was attempted by means of questionnaires directed at producing narrative responses related to the above points.

Training Approach

Basically, the method used by the Institute in achieving its purposes was a devotion to getting down to real issues of concern to persons working in prison treatment and management. Faculty were people whose practical field experience brought the force of conviction to theoretical treatment and management considerations. Moreover, the Institute was characterized by an open exchange between corrections and psychiatry wherein each side acknowledged weaknesses as well as strengths. Accordingly, discussions were marked by an unusual freedom from self-justification and merit seeking which in turn engendered an unusually candid atmosphere for getting down to cases.

Attached appendix materials indicated program content and the faculty involved. The planning rationale and flow of logic for these

presentations are as follows:

Initially, the Institute began with a statement by Corrections as to its view of the assets and liabilities of psychiatric services as they frequently operate in correctional settings. In succeeding sessions psychiatry responded to these points with a general explanation of its method and the problems of its application to "real life" correctional settings. Psychiatric theory in this regard was made more specific by presentation and discussion of an actual psychiatric program, operating in a California correctional setting.

Establishing the value of psychiatric services to Corrections raises the question of how to secure such services under the conditions of scarcity existant in Rocky Mountain and adjacent-area states. Accordingly, a special session explored the pro's and con's of a correctional agency's sharing such scarce services with another agency of state government. Similarly, a later related session reviewed new program ideas for use in correctional settings . . . also noting the personnel and administrative problems attending these programs.

A key point considered in Institute planning and presentation is the importance that administrators be personally comfortable with new approaches. This reflects the fact that those directing programs can only "make work" new programs with which they feel personally at ease. This sense of comfort, regardless of a new program's "theoretical" desirability is the key to making new programs effective. Inasmuch as

"what the public things" largely determines the sense of comfort for correctional administrators, Institute content included public relations' approaches important to explaining the two-edged nature of risks which accompany the benefits of any real treatment program.

The point pursued is that personal responsibility can only be taught through giving responsibility . . . and that since real responsibility means acting in some degree on one's own, giving responsibilities also carry some degree of risk. Such risks can be minimized by graduating the assumption of responsibility but cannot be entirely avoided if a treatment program directed at personal responsibility is to exist. When explained from this point of view, experience shows that the public will support "treatment" over "pure custody" . . . if assumption of risk is part of a treatment plan, and risk does not result merely from sloppy custody.

As noted earlier, general agreement had previously been reached in Albuquerque among participant states concerning the major essentials of a training project to be developed further in Topeka. Envisioned was the development of an institutional treatment team which would present training seminars in correctional institutions of participant states by invitation. Teams would be composed of experienced treatment and correctional personnel who would tailor seminar presentations to conditions actually operating in a given institution. Thereby it was felt that such seminars would have an unusually practical flavor. Such a project

was discussed and assigned to a committee for implementation during the closing session of the resent Institute.

Institute Content

Presentations and discussions during the foregoing sessions concerned the following areas of joint concern to both corrections and psychiatry:

1. Psychiatry needs to be considerably more pointed in its contributions to correctional concerns. For example psychiatric diagnosis needs to be reviewed for its usability to a correctional institutional setting. Correctional management would specifically welcome psychiatric help which speaks in terms of what the correctional administrator should "do" differently in handling a given prisoner with reference to the program available. Simply to hang a diagnosis on a man without spelling out its practical implications for handling is seldom useful from the correctional administrator's point of view. Accordingly, psychiatric recommendations should be geared to the "possible" of the institutional framework.

2. "Crisis" management involves psychiatric principles in that it is a problem of human behavior. Recommendations which combine the practical application of psychiatric principles to management

concerns of ameliorating or preventing short-term behavior problems, would be a psychiatric contribution strongly welcomed by institutional administrators.

3. Even where psychiatric recommendations need to be geared to limited alternatives available in a given setting, they can have a strong influence on ultimately bringing more alternatives to an institutional program by making reference to alternatives needed in recommendation wording. Needed are recommendations geared to existing institutional conditions along with comments on what "might" be done if other alternatives were available.

4. Limited understanding by correctional administrators of the requirements needed by a psychiatrist seriously reduces the impact he can make. Too frequently the psychiatrist tends to be hired with little more understanding of his function than that "he should be a part of every treatment program." Accordingly, such administrators sometimes tend to use psychiatric staff primarily for appearances sake . . . e.g., as public relations evidence that the institution has a "treatment" program. "Look! Our psychiatrist is proof." With little more understanding than this, the doctor may be shunted into an isolated corner of the institution . . . and in effect told to start "practicing psychiatry." In fact, however, if psychiatry is to be reasonably

effective, the service must be acquainted with and involved in the main flow of the institution. A complete partnership of responsibility, and awareness of program facilities and problems, must be present if psychiatric help is to be "real" rather than "on paper."

5. Adult correctional institutions, as compared with juvenile institutions, are considered by psychiatrists as relatively undesirable places in which to work. This is primarily because adult prisons typically tend to lack alternative programs which makes individualized psychiatric recommendations useful. Frequently adult prisons tend to view varying degrees of <u>custody</u> as if they were equivalent to alternative programs in a treatment sense. The basic difference from the treatment viewpoint, however, is that so long as the <u>institution</u> assumes responsibility for behavior within different categories of custody, little basic growth can accrue. From the psychiatric point of view, personal responsibility concerns what a person does out of himself, not what he does out of conformity. Accordingly, as noted, psychiatry views movement toward such responsibility as best coming through programs offering varying degrees of responsibility for which the <u>individual</u> is held responsible. How adult institution programs may be changed to help produce more opportunities of this nature, is one of the areas in which psychiatry may be helpful to management.

6. Adult penitentiary programs often seem almost scientifically designed to produce mental degeneration. Accordingly, an unusually effective use of psychiatric staff is to utilize their help in designing institutional program features, which at minimum work against mental degeneration, and at maximum work toward psychological growth. In cases where a decision has to be made as to best use of limited psychiatric resources, the use of such help by management forprogramming around psychiatric principles may have considerably more impact than their use in working with individual cases.

7. During discussions a psychiatrist treatment administrator rendered the opinion that "90%" of the treatment needs of a prison program could be performed by other than psychiatrists. Experienced discussion around this point indicated that other personnel, given training by psychiatric staff, can provide an effective way of extending the influence of limited psychiatric time. Use of psychiatric talent in this training sense was generally supported as important to meeting the problem of too few psychiatrists, and the high cost of one-to-one psychiatric services.

8. The use of psychiatry in training correctional officers gives promise of improving the breakdown typically found in prisons between viewpoints of the inmate circle and the "official"

treatment orientation of the prison. In the same way that the policeman stands for government to large segments of the public, experience shows that the correctional officer "is" the prison for perhaps most inmates. Inmate view of correctional officers in this regard has been borne out by several studies. Thus, if the burden for treatment rests "officially" only with counselors and other non-guard personnel, this evidence suggests that such treatment is more likely to be of "paper" importance than "real."

9. Treatment disciplines need to set out their goals more clearly in terms that have meaning for persons with non-psychological backgrounds. For example, corrections and law enforcement personnel commonly view treatment interest in early environmental relationships as offering an "excuse" whereby the offender can better explain away irresponsible behavior. Therefore, to the extent that an offender is not aware of how this early imprint determines present behavior, he can only be less responsible for such acts. Rather than provide an excuse for bad behavior treatment use of past relationships, in this sense, offers an avenue which allows the inmate to be more responsible for his behavior. With such awareness he has more conscious control of his life.

10. Related to the above, correctional administrators find that treatment services which are clear to line personnel in their application, tend to create problems. An unclear application of treatment services tends to reduce the effectiveness of correctional staff by diminishing confidence in their present approaches . . . while at the same time offering no new certainties around which a different forceful approach can be made.

    Similarly, enunicating treatment goals in terms of commonly understood realities is also important to improving working relationships between "treatment" and so-called "line" personnel. The opinion was expressed that prison people tend to feel that treatment staff view their profession as above ordinary understanding . . . and to assume a "look down the nose" attitude toward those working around them. To the extent such feelings exist, they produce a great drain on program effectiveness. Interdisciplinary staff meetings which get honest feelings out in the open are the basic remedy for this problem. "Sensitivity" training of staff is a technique directed at producing this openness.

11. A major problem for discussion was that of how to prove that treatment works. To many legislators, and particularly to persons with budget responsibilities, treatment is seen as

the province of the naive do gooder, whose results are more representative of wishful thinking than reality. The Institute produced no disagreement with the idea that treatment has the responsibility to show that its programs work in terms valued by people paying the bill. Regretably, however, just as real versus on-paper treatment tends to lag owing to lack of resources, so also do evaluation efforts in most states.

If treatment personnel are to be successful in getting a larger share of the tax dollar, they must start expending the same degree of energy in looking at questions of "results" as in developing new program ideas. To date, many efforts at showing results have been inconclusive and exasperating. This does not mean that results are not to be had. Rather, it appears to mean that questions put to the problem are unrealistic in some instances, . . . and most obviously, that the problem of moving human nature uphill is considerably more difficult than letting it slide. To be effective, treatment programs cannot work out of reference points naive to the problem at hand. However, treatment programs are no more naive than pure custody and vice versa. It is as naive to assume that no one can change, as it is to assume that everyone can change under presently available conditions of treatment. Logically, therefore, the reasonableness of a given effort is its suitability to the problem represented by the individual at hand.

Persons concerned with improving treatment conditions as they exist in most states, need to understand the implications of three basic facts as they apply to the foregoing:

1. Persons now coming into prison programs normally represent the most hardened attitudes in the range of personal problems corrections is called upon to work with.
2. Most state prison treatment programs are little more than "on paper" programs . . . when considering the amount of treatment time available to the typical inmate, and the time of counter-balancing influences to which he is exposed.
3. Typical prison living conditions take away much of the opportunity for assuming the responsibilities which have to be met in normal living conditions. Accordingly, they tend to be poorly contrived for promoting greater "personal responsibility" in their graduates.

Evaluation

Evaluation has consisted principally in review of a questionnaire asking participants the applicability of Institute discussions to their work settings upon returning home. The simplest test of training value is its applicability and actual use on the job. Accordingly, evaluation in this instance has consisted in review of a questionnaire requesting that viewpoints pertaining to this be furnished. The questionnaire mailed participants is cited on the following page.

QUESTIONNAIRE

Institute on the Management and Treatment of the Mentally Disordered Offender

The questions below are intended to help organize thinking regarding evaluation of the Institute. It is recognized that answers to one question may overlap that of one or several others. Therefore, it is not expected that each question must be answered separately. However, if possible, the points at which questions are directed should be reflected in some way if responses to the questionnaire take a more general form.

1. Did the Institute change your understanding of correctional or psychiatric points of view in a way affecting your working situation or your state's approach to handling mentally disordered offenders? If so, please give an example of an application of Institute materials practical to your situation.

2. Related to the above, did the Institute make the reference points important to good correctional and psychiatric practice more real to you? If possible, provide an example.

3. Did the Institute suggest any new ways of administering or providing psychiatric services that seem of practical significance to your state or working situation? Again, if possible, illustrate.

4. The Institute closing session suggested future development of training efforts in the following ways:

   a. Future institutes similar to that just completed for top-level administrators;

   b. Training seminars for "middle-management" personnel working in correctional or hospital settings with mentally ill persons;

   c. Traveling seminars, composed of corrections-psychiatric teams which would offer training in institutional settings . . . demonstrating application of principle to actual working conditions found in the Institution;

d. Cooperative interchange of key personnel between institutions . . . a-la the interchange proposed between Utah and California.

Would you frankly comment as to whether Institute content shaped your attitude toward these projects . . . or would affect a recommendation you might make to your state or agency concerning them?

* * * *

Questionnaire Replies

The following responses are organized by state. The complete reply for all those responding is on file. All negative comments are included in materials cited below. Responses from participants tended to lump together answers to Questions 1 through 3. This is reflected in the replies by states noted below.

Nebraska

*Prison Psychologist - "Following are reflections concerning the institute with some general ideas concerning points covered in the questionnaire. I don't think an institute of this sort really changes the psychiatric viewpoint concerning correctional needs as I think we realize that our position is viewed, at present, as a corollary one to the field of corrections. I think it is extremely important that more heads of penal institutions be involved in an institute of this sort to gain some firsthand knowledge of the emotional and psychological factors that contribute to criminality. In this way, hopefully, there would be greater understanding of what people in the area of psychiatry and psychology are attempting to do.

"Understanding the personality dynamics of the mentally disordered offender and what can be done from a psychiatric standpoint may facilitate the modification of existing programs to provide more intense care and treatment for this particular type offender. I think it is also important for those of us in treatment to understand the administrative and custodial point of view so that there can be more effective interchange of ideas and programs rather than separate programs that tend to contradict each other."

Colorado

*Mental Hospital Superintendent - "I was struck by the difference in the tone of the meeting. It was, if you will, much more academic and reflective than was the first held in Albuquerque, which produced much more heat and more sparks. Both have served important needs for exchange of information, opinions, and philosophies. I believe the Topeka meeting had more of the approach of a planning session and a survey of what had been accomplished nationally and with respect to specific projects and approaches.

The first institute rather than the Topeka institute held more impact for me with respect to changing my understanding of correctional viewpoints. We hope, in Colorado, to be making further efforts with respect to the treatment of mentally disordered offenders. In the spring we plan on fielding a psychiatric consultation team to work with the institutions of the Department of Corrections.

*Mental Hospital Superintendent (second letter) - "Mr. Tinsley, Warden Tanksley, and myself, were very much impressed by our recent participation in the Interstate Institute on the Management and Treatment of the Mentally Disordered Offender held in Topeka. We would like very much to offer the facilities of the Colorado State Hospital with its Security Division as a possible site for the next institute of this kind. I think we might think in terms of a tentative date of sometime in January 1968. I feel that our program for the social offender is a good one and has some rather unique features in that our program for the social offender includes making a very maximum use of the other divisions and facilities of the total hospital.

I would be interested in hearing your reaction to this proposal. I assure you that you might count on the full participation of all Department of Institutions' personnel in Colorado."

*Warden - "I gained new insights with regard for the psychiatrist's role in corrections. Probably the greatest benefit which I derived from the institute was a better understanding of the frustrations experienced by psychiatrists who do work in the correctional setting. I shall be more tolerant of the consultant when he simply (or complexly) concludes that he does not know what medical or other therapeutic steps should be taken to bring about the "cure" for which we seek.

Dr. Herbert Modlin did much to break down the barriers which so often beset a psychiatrist when he is faced with the penal administrator who demands immediate and conclusive results after one diagnostic session with the troublesome inmate.

Dr. Joseph Satten is to be credited with his effective presentation of ways and means by which psychiatry and corrections can work effectively as a team to gain common goals. He, too, defined some of the common pitfalls which confront the psychiatrist and the correctional staff when they combine efforts to accomplish a common goal.

The Colorado State Reformatory is looking forward to the passing of legislation which would provide a team from the Colorado State Hospital to work with 'mentally disordered' inmates at the Reformatory.

It is my opinion that the greatest current need in corrections, with regard to psychiatry, is some provision by which psychiatrists can be trained and/or recruited to enter the field of corrections on a career basis. To this point I have noted that correctional work is either a sideline or a stop-gap work for most psychiatrists into the correctional field which is 'ripe for the harvest.'"

*Corrections Division Chief - "The Institute merely re-confirmed my viewpoints on the need for psychiatric treatment of the mentally disordered offenders who are in our correctional agencies. It pointed up that reasonably successful procedures had been found in other states that we hope to follow here in Colorado, namely, the traveling psychiatric team from the Colorado State Hospital servicing our correctional institutions on a weekly basis and giving psychiatric evaluation and treatment if necessary to these mentally disordered offenders. We are planning to start this in July of 1967 if the psychiatric traveling treatment team is funded in the Colorado State Hospital budget request which is now before our State Legislature."

Oklahoma

*Prison Medical Officer - "Certainly, our general understanding of better approaches to handling the mentally disordered offender has been appreciably improved. It seems apparent that significan inroads can be made relative to the psychiatric offender. For example, California's experience was very enlightening. Many of the points brought out at the Institute were already known, of course, but there were some new points which deserve careful consideration. However, we

see little benefit as far as practical application at present for our institution. This statement is a candid reflection of a poorly funded budget for institutional operation. We still feel though, that these Institutes are gigantic steps in the right general direction."

*Public Affairs Board Member - "One of the things discussed at the Institute that was very beneficial from my point of view was that psychiatrists could be used more efficiently in consulting with the institution's staff than just doing psychologicals on inmates only. This is due to the fact that there is a critical shortage of psychiatrists in every field and especially in the correctional field.

When psychiatrists are used primarily in staff training setting up treatment programs and counseling the staff on problems that may arise, they are more able to help the whole inmate body than when they do psychologicals only. Of course, it was pointed out that in some of the extreme cases it was necessary for the psychiatrist to do psychologicals where the problem was too great for the staff to deal with.

As I have stated, I thought it was a very beneficial conference. One of the real values I felt from the conference was that it enabled the correctional people and the psychiatrists to exchange with each other their individual problems in each of the fields and I think another conference of this nature would be very beneficial to all."

*Mental Hospital Superintendent - "I enjoyed this last conference and feel that much excellent information was exchanged among the group. I sincerely hope that we can continue to get this group together for I am sure that they now work well with each other and can really begin to work out some vital issues."

Utah

*Mental Hospital Superintendent - "The Institute did change my understanding of the correctional point of view in a personal manner, but as yet has not effected the working situation in the state and its approach in handling mentally disordered offenders. At this particular time we do have a closer relationship with our correctional people and do expect in the near future to discuss some of the state's problems from the psychiatric and correctional point of view."

*Treatment Warden - "In my answer to your questionnaire, yes, it has changed my approach, particularly in working with our psychiatric consultants. I feel that I have a better understanding of our problems in communication. We have attempted to make the consultant's time more meaningful and have, in fact, relayed information to the Board of Pardons of Utah that they should not expect the psychiatric evaluations to be an accurate, predictive device for future criminal behavior on the part of the inmate. We plan to use our psychiatric consultants in more of a training and advice giving to administration and much of this came as a direct result of the institute."

New Mexico

*Mental Hospital Psychiatrist - "I feel that the Institute for the management and treatment of the mentally disordered offenders is performing a very important task in the approach to handling them. One of the problems that have been discussed and that I consider crucial in the goals that the institute pursue, is to secure a better understanding between psychiatrists and administrators of correctional institutes.

Related to the above I think that the psychiatrist needs to understand the limitation of the treatment to provide in the correctional institution and at the same time the administrators should not have unrealistic expectations of the psychiatric treatment under the special circumstances that the individual is placed in custodial care and should not be frustrated by its results in many cases.

The institute suggested new ways of administering or providing psychiatric services that seem of practical significance to our state. I feel that taking into consideration the future population of the State of New Mexico and especially of some of its cities the creation of a special institution for criminal insance will be the best solution."

Kansas

*Correctional Administrator - "'Mentally Disordered Offenders' within the jurisdiction of our agency are handled in a manner which is not limited by any of the Statutes in this area. The Institute generally confirmed our understanding of the current correctional and psychiatric points of view.

Here again, the Institute confirmed our current understanding of the reference points important to good correctional and psychiatric practice and I suppose in the confirmation reafirmed the reality of these points."

*Mental Hospital Superintendent - "We feel that the major contribution of the Institute to our understanding for Correctional and Psychiatric Institutions inter-relationship was that:

A. That the role of the Mental Hospital was to treat that degree of psychiatric illness which might be discovered in any inmate of a correctional institution.

B. That the Mental Hospital should not attempt the total rehabilitation of prisoners but should rather help prisoners with their psychiatric problems so that the prisoners might return to the Correctional Institution for more total rehabilitation services.

C. Public Education should be embarked upon by both the Psychiatric and Correctional Institutions as a team to impress upon the public that the Psychiatric Institution does not hold all of the answers to the social and educational problems of society in general and for prisoners in particular. It should be stressed in this education that the psychiatric team should treat the psychiatric aberrations of the patient and that the prisoner should be totally equiped and prepared to handle the social and educational rehabilitation of the prisoners.

2. It is our feeling that questions 1 and 2 overlap each other and therefore the comments made for question 1 relate closely to this question. In addition we feel most strongly that a great deal more communication is needed between the professions of psychiatric and correction so that the kind of program outlined in question 1 and the kind of education outlined in question 1 might be effectively carried on.

3. We feel that in general the psychiatric services to correctional Institutions should be that the psychiatric teams should function as outlined in question 1 and that in addition there should be a corresponding effort between psychiatric and correctional staffs to work toward staff development and understanding of the psychiatric needs of the prisoners versus his more general rehabilitation needs. The generation of effective consultation services for the use of correctional staffs would demand that the psychiatric consultants be utilized to help develop correctionsl staff develop toward early recognition of psychiatric illness, the improvement of staff relationships, and in general that the psychiatric consultant be used to assist the correctional staff and that he not be used to treat patients on a one to one basis. In general both the psychiatric and correctional staffs should work toward a clear understanding of the limitations of psychiatry and the great potential of the correctional system."

Arizona

*Report to the Governor - "The National Council on Crime and Delinquency held a meeting of representatives from nine midwestern states in Topeka, Kansas on January 11-13, 1967. These representatives were from the mental health and correctional fields, convened to discuss psychiatric treatment of the mentally disordered offender. Much of the discussions, however, had to do with much broader concerns, having to do with general improvement of correctional programs through more effective use of the methods and insights of the mental health professions.

Since a great deal was said and discussed in the course of three days, we will not attempt to present in detail all that transpired. However, a selective synthesis of the material that we found of interest in the light of Arizona's correctional problems should serve to introduce a discussion of possible courses of action.

There was, first a tendency by many psychiatrists present to cling to the assumption that an offender, by virtue of his anti-social behavior alone, is sick. Several on the seminar faculty went to some length to explain why this was so. However, the general attitude of the participant group seemed to be that this assumption was not useful. The psychiatrists themselves distinquished anti-social behavior as such from diagnosable psychosis, or mental illness which usually results in transfer to a state hospital for definitive treatment. This distinction was furthered by the experience of many that such illness was usually subject to successful treatment; whereas it was generally known and sometimes acknowledged that conventional psychiatric treatment of anti-social behavior patterns has been uniformly unsuccessful.

Secondly, there was much criticism of the mental health professions both by their own members and by correctional people. These criticisms were manifold, but in our view centered on two basic issues. One was the lack of interest by mental health professions in this major social problem, as a result of which their fund of knowledge is not being applied. The other difficulty was the lack of creativity of these professions, which prefer to blame their failures on the patient, or in theis case the offender, rather than to seek new and effective ways of applying their knowledge.

Third, there was also criticism of the correctional people and institutions. The problem here is that an institution or its administrator will recognize certain needs, such as pre-parole evaluations, which he believes could be served by a psychiatrist. The latter is hired and put to work, but given no freedom to become acquainted with the institution and determine for himself what are the ways in which he could render really effective service. This restriction to a narrow and rigidly defined job contributes to a lack of interest in correctional work.

Finally, having exposed, if not resolved, the various professional differences, there was a presentation of a number of specific programs. Doctor Stanley S. Kanter, of the Division of Legal Medicine, Massachusetts Department of Mental Health, described how the Division has established treatment teams in each of the major penal institutions of the state. Doctor Thomas L. Clannon, of the Vacaville, California, State Prison, described his program. This particular facility is primarily a hospital to which offenders from other state penitentiaries may be transferred when in need of, or judged potentially responsive to, psychiatric treatment. Doctor Charles Meredith, of the Colorado State Hospital, described his treatment program in the Maximum Security Division of the Hospital, stressing their very inventive system of using well-trained nonprofessional personnel in carrying out the program. They are planning to use teams of hospital personnel to visit the state penitentiary periodically for on-site diagnosis and treatment.

Throughout the seminar there was a heavy and continuing emphasis on the theme of program development. There were calls for increased and more careful research, upgrading personnel skills, innovation in programming, development of the team method, and integration of broader categories of personnel into the system.

Several general impressions of the group may be worth reporting. We felt there was little or no "bleeding-heart" sentimentality, or tendency to view the offender as a poor unfortuniate who is not accountable. The general attitude which we considered progressive and health, was to hold each person responsible for his own acts, mentally ill or not. Conversely, the genuine humanitariansim of these people was clearly in evidence, and we heard no expressions of a simply punitive view of corrections. The discussions were usually pragmatic, directed toward finding out what might be useful, rather than toward philosophizing or winning ideaological battles.

In our discussions of these matters we were able to approach some synthesis of useful ideas, while finding it necessary to discard much of what was presented as being inapplicable to Arizona. The Vacaville experiment, for example, might well privide some ideas on organization and programming, while in itself being far too venturesome for our much smaller population. The Massachusetts and Colorado plans seemed to us to provide less comprehensive service, and therefore possibly be of limited value, and certainly much more difficult to evaluate. We felt, further, that both the Massachusetts and Vacaville programs had a heavy accent on professionalism; whereas the scope of the problem and the shortage of professional personnel seemed to require new departures in deployment of man power. As noted, Colorado has made steps in this direction. We were interested in the occasionally-heard stress on community-based services. We noticed only one reference to the possibility of enlisting the help of offenders themselves, as is done with patients in the "therapeutic community" type of attack on mental illness. We were

greatly impressed with the need for continuity of supervision and concrete help in breaking old habits of living and association in order to change behavior. We also were struck by the concern we observed over drug habituation, homosexuality, and other factors of prison life that seemed opposed to rehabilitative goals. Particularly as illustrated by the three programs presented, we recognized the need for administrative unity and coordination, with various agencies and departments having to work together in a total program.

We have compiled alist of suggestions and recommendations for action. In submitting these, we wish to add certain cautions and qualifications. The three people who attended the seminar from Arizona are all primarily in the mental health field, though one serves a correctional institution, and we recognize therefore, the possible one-sidedness of our views. It also needs to be stated that the ideas here expressed are out own, derived from our own knowledge, experience, and notions gained at the seminar. They do not necesearily represent the official position of either the State Department of Health or the State Prison. And finally, we do not intend a thoroughgoing revision of penal practices; we are concerned primarily with testing of new ways and doing so gradually as interest, personnel, and moneys may become available. Out concern is for the conservation of human resources, not change for its own sake.

In brief outline, the following possibilities have occurred to us as ways in which research and constructive reform may be approached.

A. Institutional Programs

1. A small pilot unit of the State Prison could be organized as a "Therapeutic Community" to study the impact of group living and the use of group resources on the induction of change in inmates. A small but constructive step in this direction, at the community level, has been taken by the Juvenile Probation Office in Maricopa County. It is too early to assess results, but staff enthusiasm is at least a suggestion that correctional personnel can become highly invested in such new ideas. State Hospital and Health Department professional persons, as well as private practitioners, could be called upon to provide the mental health training skills that this program would require.

2. The Maximum Security Unit, or a similar unit at the Arizona State Hospital, could be utilized for well-designed experimental treatment efforts with selected types of offenders.

3. There should be measures to combat homosexuality among inmates; for example, arrangements for overnight visitation by wives.

B. Personnel Development

1. In-service training for correctional personnel, in interpersonal techniques, recognition of mental illness, counselling, etc.

2. In-service training for State Hospital Maximum Security Unit personnel in correctional goals and methods as well as other specialized knowledge applicable to their work.

3. Personnel policy changes, to allow adequate income and satisfactory careers for mental health and correctional workers. This would require coordination with colleges and universitites so that in time a worker could acquire at least an associate degree (two year) in these fields.

C. Community Facilities

1. Use of the new Community Mental Health Centers to work with Parole, Welfare, and other agencies in follow-up planning and assistance. This should also be coordinated with the activities of such community programs as LEAP.

2. Increased use of environmental change for juveniles, including such units as residential unites or halfway houses, boys' ranches, and work camps.

3. Halfway house in the offender's own community, to be used in lieu of the prison. This would be a small and strictly experimental program at first, to be used for carefully selected groups, such as trusties from the prison, parolees from the "Therapeutic Community" program (A.L), or nonviolent first offenders. (It may be noted that halfway house programs already are available to Federal prisoners.)

D. Organizational Change

1. It is apparent from much of the foregoing discussion that the programming called for would involve interagency cooperation. It is our opinion that the present system of fragmented services performed under independent and unrelated boards, is cumbersome, expensive, and ineffective. This is already true in mental health, and would be more so were the State Hospital and Health Department to initiate cooperative services with a number of other boards and institutions related to the correctional field. Therefore, it is considered necessary that the State Hospital and the Health Department's Mental Health Division be combined under one administration.

2. For the same reasons, all correctional facilities should be combined under a single Board of Corrections.

D. Legal Reform

1. The plea of "not guilty by reason of insanity" should be abolished. All suspected offenders should be considered responsible for their acts and have the right to trial, and be sentenced, if found guilty. The question of physical or mental illness has no intrinsic bearing on the act; diagnosis and treatment can go on prior to during, or subsequent to trial and sentence, as may be indicated by the condition of the offender or the accused.

2. The death penalty is purely retributory and punitive, and despite may rationalizations about it, it stands in stark contrast to the genuine concern for rehabilitation in evidence at the meeting. For this and other compelling reasons, it should be abolished.

3. The sex offender and narcotics codes should be re-studied, and both legal and therapeutic resources coordinated toward a rational attack on these problems.

E. Implementation

We request that the Governor appoint an Advisory Committee on Corrections to consist primarily of experts from the legal, judicial, university, correctional, and mental health fields, with representation from consumer or other groups as it may please the Governor. Incidentally, some of the real experts are the offenders themselves, and we would welcome participation by parolees. We recommend that this be an ad hoc committee, to be automatically dissolved following its report to the Governor.

The mission of this Committee would be to study these and other possible courses of action, secure agreement on priority and feasibility, consult with pertinent agencies on implementation, and report to the Governor on recommendations for reform. In our opinion, no fiscal appropriation would be necessary for this Committee, since it would consist primarily of people in public agencies for whom travel, per diem, secretarial, and other maintenance expenses are already provided."

*Prison Psychologist - "In reply to your letter of 6 March 1967, the National Council on Crime and Delinquency held a meeting of nine midwestern states in Kansas on 11-13 January 1967. The institute did not change my views as to correctional psychiatry nor did it tend to provide any real practical significance as to any real success with curing the personality disorder.

It did bring to attention the possible success of half-way houses with continued counseling."

Question 4

Question 4, as cited previously, refers to participant reaction toward participating in various training activities proposed at the Institute closing session.

Nebraska

*Prison Psychologist - "The presentation of greatest significance to our state is the 'traveling team' approach. Due to the recent revamping of the Department of Institutions, in which a separate Department of Corrections was formed, all juvenile and adult institutions are now under one separate governing agency. Due to the lack of professional manpower, this would seem to be a valuable tool in meeting the professional needs of other institutions that are currently functioning without psychiatric or psychological service.

The importance of future institutes in this area goes without saying. I feel that it is vitally important that more top level administrators in correctional institutions be invited to future meetings. If possible, I think some formal presentation could be made by the head of a correctional institution, offering his viewpoint on the relative merits and weaknesses of psychiatry as it applies to his particular institution. The possibility of training and traveling seminars would have to be explored at great lengths. There are merits in an in-service training program for a corrections-psychiatric consulting team which I'm sure would not be a threat to administrators if explained properly. This, incidently, might be an area that could be worked up for presentation at a subsequent institute.

I have no special feelings concerning the co-operative interchange of key personnel between institutions although I do know from personal experience that observation of programs in sister institutions can reinforce or modify your philosophy concerning existing programs in your own institution.

My personal feelings are that the institute was a very stimulating experience affording opportunity for exchange of ideas with other people in the area of treatment as well as management. If any real changes are to be made in the philos phy that currently permeates most penal institutions, there must be a closer working relationship between the two disciplines that institutes such as the one at Menninger's can provide."

Colorado

*Mental Hospital Administrator - "4. a. I believe future institutes for top-level administrators and planners are much needed in the future. I believe we are just beginning to scratch the surface of what might be done.

b. I hold that it is extremely important that 'middle-management' personnel, administrative, clinical, and custodial, come together to explore their particular points of view and arrive at some common meeting ground, I predict the fireworks will be seen from afar, but that it would be 'therapeutic,' for all concerned.

c. Such traveling seminars should be offered only upon specific request by a state or a group of states, much as the consulting teams sent by NIMH.

d. I'm not sure just how this would work. I don't believe we are ready for this in Colorado at the present time. I would prefer continuing to send our people to institutes and seminars at this time.

A fringe benefit--I have been having vigorous correspondence with Dr. Ralph Slovenko concerning a study we have completed. This would not have been possible had we not met in Topeka."

*Warden - "The Colorado State Reformatory is looking forward to the passing of legislation which would provide a team from the Colorado State Hospital to work with 'mentally disordered' inmates at the Reformatory.

It is my opinion that the greatest current need in corrections, with regard to psychiatry, is some provision by which psychiatrists can be trained and/or recruited to enter the field of corrections on a career basis. To this point I have noted that correctional work is either a sideline or a stop-gap work for most psychiatrists who enter the field. Perhaps something could be done to attract psychiatrists into the correctional field which is 'ripe for the harvest.'"

*Corrections Division Chief - "For future institutes I would like to see a training seminar for the middle management personnel working in correctional and hospital settings with the mentally disordered offenders. I believe that Dr. Charles F. Meredith has made a suggestion for such a seminar at the Colorado State Hospital next year. Instead of having top administrators I would suggest that the middle management personnel in both

the correctional institutions and in the hospital setting be invited to participate in this institute so that they can get first hand demonstrations of what can and is being done. I feel by that time that if we do get our traveling treatment team that we will have had time for a few results, if the meeting is some time after the first of the year in 1968.

I do feel that there is some potential to the suggestion of giving personnel in the institute, such as middle management people from correctional institutions in the state of Colorado exchanging places with the same type of personnel in another state, such as possibly California, Washington or some of the other states that have developed good treatment training for the mentally disordered offender."

Oklahoma

*Prison Medical Officer - "Answering Question 4, we heartily endorse all suggestions put forward and believe the Institute was singularly responsible for our thoughts along these lines. Without doubt these four suggestions will affect future thinking and recommendations for the penal system in Oklahoma."

*Public Affairs Board Member - "A Training Seminar for Middle Management would give the people dealing more directly with the inmate a chance to exchange ideas and possibly get a solution to some of the problems that arise. A Training Seminar composed of correction and psychiatric teams that would train personnel at the institution would be of great value. This would enable the institution to train institutional staff at every level with the minimum loss of work time and also enable the institution to have their programs evaluated by experts and suggest possible changes that might be very beneficial to the institution."

Utah

*Mental Hospital Superintendent - "I feel that a training seminar for 'middle-management' personnel working in hospital or correctional settings for the mentally ill persons would perhaps be the number one seminar or project in my mind. Next would feel that the cooperative interchange of key personnel between institutions would be valuable. Traveling seminars would appear to be quite valuable; however, in order to institute or to demonstrate actual applications of principals this would be time-consuming in that such a team would have to become pretty familiar with the correctional community. I do, at the same time, feel that there is some need for future institutes for the top level administrators, for without their complete understanding and cooperation none of these other training efforts could in any way be implemented."

*Treatment Warden - "I feel that the institute did shape my attitude particularly toward traveling seminars and cooperation of key personnel between institutions. I feel that these two particular recommendations have real significance to the future of corrections and more particularly significant to the smaller states.

Institutes of this type always have value when they are well organized and have knowledgeable people presenting. I felt that this institute, in particular, was extremely successful and I would hope that similar institutes of this type coulc be conducted on a regular basis."

New Mexico

*Mental Hospital Psychiatrist - "I think that the four proposals in question number 4 integrates a full program for the future development and training of the personnel concerned, however, I think that its application should be gradual. The first and easiest to be put in action in a short time could be the training seminars for 'middle management' personnel working in correctional or hospital settings with mentally disordered individuals."

Kansas

*Correctional Administrator - "We are inclined to feel that future institutes similar to that just completed for top level administrators have potential value, presuming that there is a continuation of the policy of careful planning of agenda which precludes repetitive preoccupation with problems and ideas already well outlined.

We are inclined to view training seminars for 'middle management' personnel working in a correctional or hospital setting with mentally ill persons as a logical and productive extension of the meetings, institutes, and seminars we have participated in to date."

Arizona

*Director State Division of Mental Health - "Any or all of the proposals might be o.k. For out situation, they might be premature. What we need at this point - and is the reason for requesting the Governor to appoint a study committee - is an overall philosophy and plan which would provide some guidelines as to what direction we will take. Services here are badly

fragmented, each agency completely independent and given to initiating projects or services according to its own philosophy or needs, but with no regard for long-range planning, the suggested activities might be in order."

Questionnaire Summary

In brief, review of the foregoing materials makes reasonable the following conclusions concerning the Institute's effectiveness:

First, it appears evident that progress was made on the Institute's primary goal of trying to narrow th gap between Corrections Management and so-called Treatment points of view. The tone of questionnaire responses plus their actual content carries with it a strong flavor of "good will." This suggests implicitly that progress has been made in understanding, or at minimum that a new readiness has been established to attempt such understanding, in many instances.

Secondly, it seems evident that the Institute itself was "liked" as a training experience. The reasonable assumption that one likes best what is practical and usable to work problems, also suggests that the goal of presenting information practical to participants was at least in part achieved. This further suggested in responses which cite a largely uncontested desire for a variety of similar and related training activities.

Thirdly, it is clear that the intent to motivate participants to "act differently" upon returning to home work settings was partially achieved in several instances. In Arizona, participants were motivated to ask the Governor to appoint a Committee to "review" the whole spectrum of

corrections from reference points raised by the Institute. The Governor has appointed such a committee. In Kansas, the Mental Hospital Superintendent indicates thathis opinion concerning the value of outside training for his institutional staff was entirely changed following participation in the Institute. In Utah, a new prison use of psychiatric staff appears contemplated, along with a changed view of the Mental Hospital of its responsibilities for working with the prison. Oklahoma cites the importance of ideas raised by the Institute to potential developments in its programming. Colorado made an unsolicited request that a similar institute be hosted by that state in 1968 . . . and indicates the value of proceedings to its mental hospital and prison programs.

At the closing session a decision was made to continue the nine-state organization which sponsored the Institute and state delegations designated a steering committee to guide development of further projects and activities. Membership of this Committee is noted among appendix materials. Also on the last day participants asked that the steering committee specifically pursue development of the "Instituttionl Treatment Seminar" concept noted earlier. Both of these developments are seen as further evidence of support for the Institute.

Institute Implications

Speaking generally, the process which apparently gave rise to the Institute's strongest points of satisfaction is worthy of examination for further implications. Basically, the Institute was a deliberate attempt

to pull together two-time honored opposing viewpoints. Therefore, at the outset, Institute proceedings were directed at securing a frank review of the reference points around which treatment and custodial management viewpoints operate. This in turn allowed the strengths and weaknesses of each such viewpoint to be discussed with unusual candor and clarity. Accordingly, in this climate each opposing point of view tended to be more prone to acknowledge its own weaknesses . . . and to vouchsafe the "good points" of the other side. The result was movement toward a mutually acceptable working philosophy which gave promise of recognizing elements of each. This is an unusually significant development.

The relative success of this approach for pulling together opposing philosophies seems particularly applicable and timely to current problems faced by the OKEA and those of the President's Crime Commission. Presently Corrections seems on the brink of a crash federal program which will bring large amounts of new funds into the field. If this effort is to produce the results which are hoped for, the real question at issue becomes the reference points which new funds will serve.

Typically, providing new resources to programs working from old reference points has meant that what has been done previously has continued to be done only more "strongly" rather than "differently." Applied to the present situation, this means that unless efforts are made to modify traditional treatment and custodial viewpoints, that giving each "more to do with" will probably only serve to enhance the division and unrealities present in the position of each.

During the present interchange of opinion, the positions of the best of treatment and custodial management viewpoints have seemed reasonably close. However, like the "best" of anything, these more unified viewpoints appear in the minority as compared with field practice. In the field, the extremes of both viewpoints continue to be represented by widely-divided "always or never" positions, which apply their viewpoints rigidly, rather than in consideration of applicability to individual circumstances. Accordingly, a series of "Treatment Philosophy Seminars" . . . devoted to the realities of both "change" and "public safety" . . . seem worthy of consideration as a means of rendering pending federal subsidy programs more effective.

Certainly in the present instance, the prestige, neutral ground, balance and organizational abilities offered by the Menninger Foundation staff and facilities have been of major importance to creating the climate under which the previously cited gains were attained. Therefore, consideration of expanding future training activities in the direction indicated, should also consider the leadership available from the Foundation. The support of the National Council on Crime and Delinquency to such expanded activities goes without saying.

A special note of appreciation is due the Office of Law Enforcement Assistance for its help with the present project. This appreciation is extended not only for help in funding, but more particularly for the nature of staff assistance rendered to the project. The "getting down to cases" climate, to which the Institute's success is at least partially

attributable, could not have been attained without honest examination of hallowed viewpoints sacred to traditional treatment and custodial management approaches to offender handling. A new look at heavily defended points of view often entails some risks . . . just as it frequently produces unusually worthwhile results. Those planning the Institute are indebted to OLEA staff for support in taking these risks when rejecting this approach in the name of agency "safety" would have been a more comfortable expediency.

Respectfully submitted,

Howard Leach
for the Institute Planning Committee

A P P E N D I X

Roster of Participants

INTERSTATE INSTITUTE ON THE MANAGEMENT AND TREATMENT
OF
THE MENTALLY DISORDERED OFFENDER

January 11 - 13, 1967

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INTERSTATE INSTITUTE ON THE MANAGEMENT AND TREATMENT
of
THE MENTALLY DISORDERED OFFENDER

LOCATION: The Menninger Foundation, West Campus
5600 West Sixth Street
Topeka, Kansas

DATES: January 11, 12, and 13, 1967

SPONSORSHIP: The National Council on Crime and Delinquency and the Division of Law and Psychiatry of the Menninger Foundation, supported by the Office of Law Enforcement Assistance

PARTICIPANT STATES: Arizona, Colorado, Kansas, Nebraska, Nevada, New Mexico, Oklahoma, Utah, and Wyoming

PROJECT DIRECTOR: Russell O. Settle, Sr., M.D.

PROGRAM

Wednesday, January 11

9:00 a.m. Opening Session - Tower Building Auditorium

Welcoming Remarks

9:30 a.m. "Corrections Views the Mentally Disordered Offender"

Mr. J. Robert Weber, NCCD, Institutional Consultant, New York

11:45 a.m. Lunch - Bus to C. F. Menninger Memorial Hospital Cafeteria

* * * *

1:15 p.m. Reconvene - Tower Building Auditorium

"The Problem of the Mentally Disordered Offender as Seen from the National Viewpoint"
Saleem Shah, Ph.D., The Center for Studies on Crime and Delinquency of the National Institute of Mental Health, and Consultant to the President's Crime Commission's Subcommittee on the Mentally Disordered Offender

3:15 p.m. "New Vistas in Corrections and Their Relation to Mental Health" Mr. John P. Conrad, Chief of Research, California Department of Corrections, and Consultant to the President's Crime Commission

Thursday, January 12

8:30 a.m. Reconvene - Third Floor Conference Room, Neiswanger Building

"The Psychiatrist Views Criminal Behavior"
Dr. Herbert Modlin, Director of Training
Department of Preventive Psychiatry
The Menninger Foundation

10:15 a.m. "The Role of Psychiatry in the Treatment of the Offender"
Dr. Joseph Satten, Director
Division of Law and Psychiatry
The Menninger Foundation

11:45 a.m. Lunch - C. F. Menninger Memorial Hospital Cafeteria

* * * *

1:15 p.m. Tower Building Auditorium

"A Program for the Treatment of Mentally Disordered Offenders"
Dr. Thomas L. Clannon, Assistant Superintendent
The California Medical Facility
Vacaville, California

3:15 p.m. "The Correctional Programs of the Division of Legal Medicine of Massachusetts Department of Mental Health"
Dr. Stanley S. Kanter, Boston

Friday, January 13

8:15 a.m. Bus leaves Ramada Inn for Tower Building

8:30 a.m. Reconvene - Tower Building Auditorium

"Treatment Philosophy and the Public"
Mr. Howard Leach, NCCD, Albuquerque, New Mexico

10:00 a.m. Break

10:15 a.m. "The Traveling Team as a Training Technique"
Discussion of this concept as introduced at the Albuquerque Meeting in January '66.
Discussion Leader: Howard Leach

11:45 a.m. Lunch - Bus to C. F. Menninger Memorial Hospital Cafeteria

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1:00 p.m. Bus returns to Tower Building

1:15 p.m. Guided Tour of the Menninger Foundation Museum

2:15 p.m. Reconvene - Tower Building Auditorium

Business Meeting and Discussion of the Institute

3:15 p.m. Adjourn - Bus to Ramada Inn

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* Elected Chairman of the Steering Committee on January 13, 1967