



THE DYNAMICS AND MODIFICATION OF CRIMINAL BEHAVIOR

-- A CONCEPTUAL FRAMEWORK

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-- A CONCEPTUAL FRAMEWORK

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1. The Dynamics of Criminal Behavior

1. It is not possible to talk about the criminal or the offender without first concerning oneself with the question of law, since the very definition of a criminal is social, referring to someone who has deviated from behavior prescribed by law.
2. It is necessary therefore to consider the problem of the offender and his rehabilitation in context, the context stemming originally from the concept of community.
3. Unlike plants and animals, man must invent for the care and provision of his needs. For this purpose, he fashions such things as houses, tools, social organizations, and the like. Communities are one of the very critical instrumentalities by which humans seek to effect their purposes and objectives. They stem from the recognition that certain human aims and goals can more readily be accomplished by collective, as opposed to individual, action. Communities are organizations of people who have associated with one another in the pursuit of a common set of shared objectives. It is a situation where people have learned to give up something in order to get something. They pay a price by electing to modify and control their behavior to accommodate themselves to the needs of others, in order to effect a gain -- to enjoy the benefits of the cooperative help of others in order to accomplish their goals.
4. The essence of communal living, therefore, is the regulation of behavior of its component members in order to ensure the occurrence of orderly, cooperative, and predictable behavior one with another. Regulation is another word for control. Control, as a word, has many unfortunate connotations in the thinking of many people, suggesting as it does repressive and restrictive regulation (suppression) and also regulation from an external source (police control, thought control, price controls, etc.). The word regulation is to be preferred, since it suggests so much more than this. When one regulates something, one monitors the performance of a person or thing (supervises, oversees); and the word also suggests the possibility of jacking-up and

enhancing certain events or factors, and not merely a dampening-down and an inhibitory process.

5. But, we return to the notion that for effective joint and collaborative living and working, there must be a regulating or controlling influence. These regulations evolve within the development of communities, and become progressively articulated into codes of laws. Now, laws are designed to carry many burdens -- sometimes they represent simple statements of value, as for example with the laws concerning suicide which are essentially unenforceable. Sometimes they represent characterizations as to what people may or may not do -- as for example in our licensing acts. Sometimes they represent enabling legislation, as when laws are written to permit a group to undertake an enterprise, or to award monies for a particular purpose. And sometimes they represent statements of penalties which are to be attached to the deviation or departure from the patterns of behavior specified to be legitimate and appropriate. The proscriptive aspects of law implicitly pre-suppose that it's possible to regulate behavior in such and such a way. It goes without saying that lawyers can sometimes be mistaken as to what can and cannot be done with respect to behavioral control.
6. Thus, the behavior of an offender, or a criminal, represents a failure on the part of that person to regulate his behavior in accordance with community rules and expectations. Since communities are in principle man-made, it is also clear that the definitional identification of the criminal is man-made as well. The criminal's behavior is always relevant to the community context in which he is operating. In another world, in another historical period, in another social context, his behavior might be defined as acceptable and even to be applauded. But, by judgment of his fellows -- whoever they may be -- his peers in a democratic society, experts in a technocratic society, the established gentry in a plutocratic society -- certain behavioral patterns are defined to be offensive (hence they are offenses). When they occur, it means that they have failed to be restrained and withheld, and behaviors considered appropriate have not taken place in their stead.
7. From the standpoint of society in general, these failures represent behavioral deficiencies. The criminal, by definition, is deficient in his capacity to control or to regulate his behavior in accord with societal values. Now, this

is very important for anyone in our society to understand, but it is even more crucial for those who are concerned with law-enforcement (the monitoring of people's behavior) and for the corrections and probation-parole workers who are concerned with the rehabilitation of the person through the reinstatement of regulatory controls. It is important that the offender no longer be viewed as a dirty ruffian, an incorrigible, or a misbegotten wretch, who is to be scorned, punished, or ostracized. He is a person in whom there are various kinds of behavioral lacks or deficits (whether or not he is held to be legally or morally responsible for that state of affairs) and the problem is one of trying to identify the basis for those deficiencies, and to come up with remedies which will fill the gap.

8. When we talk about behavioral regulation, we are in effect talking about two sets of things. We have on the one hand the person, and the behavioral response patterns of which he is composed, and of which he is capable of emitting. And, we have on the other the situational context in which he can always be found to be operating. Both are important in understanding human behavior and the way it works. We are sometimes inclined to talk about human behavior as if it were entirely divorced from the environmental surround, but if we stop to think about it, this is neither accurate nor particularly helpful. We will, for example, describe someone as "an anxious person," implying that his anxiety, or fear, is entirely a product of himself and his behavior. We tend to forget that people become anxious about, or learn to fear, particular things or people, and it is this interrelationship between situational events on the one hand, and behavioral events on the other which characterize the way we humans behave.
9. Thus, one cannot breathe unless one has air, one cannot drink unless one has a potable fluid, one cannot fight unless one has an opponent, hammer without a tool, and so on and so forth. Behavior never occurs in a vacuum, and it is always partially determined by things external to the human. Now to return to the question of behavioral regulation, one can see that control over the likelihood of behavioral event taking place can be effected either by gaining control over the situational aspects of the interrelationship, or over the responses which are taking place in relation to the situation. Thus, one can control, or regulate, the occurrence of breathing by operating upon the situational input (the air) or upon inspiration-expiration patterns themselves (the

behavior). The one could be, and often is, characterized as a method of stimulus control, or more generally, external control -- the other is referred to as behavioral control, or more generally, self-control. To consider another example -- one can elect to control the probability that a child will strike his sister by external restraint, or one can seek to develop a behavioral capability within the youngster which will serve to forestall the likelihood that he will batter his sister into a state of insensibility.

10. By and large, most societies have articulated the principle that it is preferable for a social group and its component members for these regulatory mechanisms to become built-in and a part of the people themselves, rather than becoming codified and imposed from the outside. It is better for a society to work toward evolving patterns of self-control rather than police-control, voluntary adherence to a code of law rather than enforced submission to a code of law, being forced into a position of having to constantly monitor and govern their behavior through the use of other sets of people. All societies strive consistently in this direction and do so for a series of reasons. (Elaborate.)

Of course, in those instances where internal regulatory mechanisms have broken down or are inoperative for one reason or another, the society typically must introduce external controls. The raging catatonic, for example, is patently incapable of bringing his level of excitement under control -- hence the necessary intervention of camisoles, wet-packs and the like in the hospital setting. But, by and large, it is preferable, and more economical, if the society can operate in such a way as to keep these patterns of external control to an absolute minimum.

11. We are concerned, therefore, with the mechanisms of self-control or self-regulation, that instance where one set of behaviors are devised and operating so as to control other sets of behaviors within the same person. We spoke of the offender as a person in whom these regulating responses are not operating effectively -- representing a behavioral deficiency from the societal standpoint. There are two generic possibilities by which this deficiency can have taken place: Either:
 - a. The necessary behavioral conditions (regulatory response mechanisms) have never been built into the behavioral system in the first place -- they aren't there to start with, and they have never had occasion to have been developed; or

- b. These same regulatory mechanisms were developed at one time, but for some reason or other have become either temporarily, or permanently, rendered inoperative.

It means, therefore, that if we are going to have any luck in intervening and doing anything about the problem of the offender, we are going to have to learn how this business of behavioral control and behavioral regulation works. It is only then that we will begin to have some notion of how to modify its operation, to make it more likely that it will function as we think it should.

12. What then are we talking about when we refer to these behaviors which serve to control other behaviors, these regulatory mechanisms which seem to be so crucial in governing and maintaining control over everything that each of us says, does and thinks -- i.e. the way we behave. We are still learning about all of these, and we have discovered that there are many. Many, many processes involved. We know, for example, that attention plays a large part in the control of our behavior -- ordinarily self-control requires that we be aware of and attending to what we are doing -- things that we do automatically, when we are unaware, are things over which we have little intentional control. We know that the capacity to think ahead, to engage in foresight and planning, is another critical component. How often has a person come to regret an impulsive action, recognizing later than if he had stopped to anticipate the consequences which were likely to follow, he would never have initiated that course of action. How often have people refrained from doing something, because of the guilt and intense remorse which they can anticipate would take place were they to go ahead and do it. We know that a commitment to a series of values, emotionally charged beliefs as to what is right and what is wrong, is another ingredient; the capacity to think clearly, logically, rationally; the capacity to exercise effective judgments in practical and social situations; or the knowledge of approved and effective courses of action to follow in particular situations, as opposed to forbidden and ineffective things to do.

All of these that I have listed fall into the general category of the higher mental processes -- what psychologists would refer to as knowledge of cognitions -- what the man in the street would refer to as effective thinking and awareness. These are not the only sets of events by which our behavior is regulated and controlled -- there are many other. But, in the opinion of many, these represent some very crucial, and in many situations, the determining sets of mechanisms which govern the behavior of the law-abiding citizens and the criminal alike.

13. How, what kinds of things can go wrong with regulatory mechanisms such as these? It will be obvious, of course that all of these require the effective operation of neurological mechanisms upon which all of these behaviors depend. One cannot think without a brain, one cannot exercise foresight without a pair of frontal lobes in the cerebrum. Moreover, if there is anything which serves to impair the functioning of these neurological systems, it can be expected to correspondingly interfere with and render inefficient, if not ineffective, the mental processes to which we have been referring. Criminal behavior, then, can emerge within an individual whose capacity to control his behavior stems from defects in the neurological mechanisms by which such control is ordinarily effected.

Some of these are developmental. Genetic defects can result in retarded development, and the mental retardate is often an unwitting criminal or juvenile offender. Some of these are nutritional; we are just beginning to learn of the pervasive and permanently damaging effects upon brain development of deficient dietary inputs -- the ineffective, indeed criminal, behavior of many, many persons can now be traced to deficiencies in neurological development which in turn is the result of deficiencies in nutrition during the critical developmental years. We have known for some time of various neurological syndromes which frequently lead to criminal actions. A good illustration of this latter type of problem was the case of Jack Ruby, who slew President Kennedy's assassin, and in whom there was considerable presumptive evidence of the existence of psychomotor epileptic seizures which, if documented, could have rendered intelligible much of his behavioral difficulties. We are discovering new patterns of neurological difficulty with advances in diagnostic technique. One of these is the syndrome recently identified with the label Minimal Brain Damage. Here we have a pattern characterized by restlessness, hyper-irritability, difficulties in capacity to attend and concentrate, and general difficulties in controlling and regulating behavior. This seems to be a type of impairment which is diffusely distributed throughout the brain system, with an absence of any focal lesion which can be identified. There are many persons, adults as well as children, who have been labeled as irritable, nasty, uncooperative, and incompetent -- people who have been derogated and punished -- when it turns out that they are more than just "stinkers" or offensive, but are neurologically impaired instead.

The role that the neurological mechanisms play in the regulation of behavior cannot be overemphasized. Temporary impairment of these mechanisms, as well as permanent destruction of them, can and readily does produce behavior which runs the person afoul of the law. These mechanisms, for example, are often disrupted as a consequence of prolonged commitment to substances with toxic effects. We have long since passed the era where it is legitimate to treat a confirmed alcoholic as just another bum, and toss him in the "tank" to dry him out whenever we encounter him in the town's alleys and gin-mills. Advanced alcoholism resulted in neurological impairment, and this in turn results in behavioral impairment and an erosion of the regulatory mechanisms which he had acquired earlier in life. The same is true of various kinds of drug dependencies, and it is descriptive of the process which earlier was referred to as "moral deterioration" or "degeneration". Along this same line, we have yet to see the long-term effects of many of these chemicals which people seem to be pouring into their systems with such profusion these days -- marijuana, "Speed", LSD, and the like. These biochemical processes are subtle, their neuropathic effects are often delayed, and offensive behavior may not only be an episodic consequence of their use, but a permanent impairment as well.

Adventitious intrusions into these brain mechanisms can and do take place later in life. Head injuries with resultant brain lesions are unfortunately not infrequent, sometimes gross and easy to identify, sometimes subtle and such as to escape the attention of the offender and those who live around him. Arteriosclerosis, coming as it does in the later years of life, typically results in behavioral impairments, leading to legal prosecution unless the condition becomes identified. Sometimes these intrusions are doctor-produced: We had a patient at a hospital where I worked who had undergone a bilateral lobotomy. (Explain.) Subsequently, she picked up a hammer and smashed a glass panel in a door. When questioned about this, it was discovered that she had not seen the connection between swinging a hammer and the smashing of the glass. She could recognize after the fact the significance of the interaction (hammer and glass); but interestingly she could not tell in advance that that was going to be the outcome. The mechanisms of foresight, the capacity to anticipate the consequences of her behavior, had been cut by the surgeon's knife in his efforts to bring other aspects of her behavior under control.

14. We have learned that impairments of judgment and deficiencies in behavioral control can also stem from states of protracted, sustained and intense emotional turmoil. Scientists have yet to explore all of the intricacies of this type of factor, but we know enough to suspect that this mechanism is one of the factors involved in the operation of the schizophrenic syndrome. And, of course, some crimes are committed by schizophrenic patients, aren't they?

The behavior of the genuine kleptomaniac or the pyromaniac is of this order. So are the crimes of passion, of which there are all too many, judging by the frequency with which they are reported in the various news media. One thinks of husbands who slaughter their families, or assault and kill the lovers of their wives, or of a young man who sloshed gasoline on the floor of a restaurant, setting it afire and killing and maiming many persons -- all because of his rage following a dispute with a waitress.

People under intense emotional pressure lapse into patterns of action which are atypical for them, and which they would ordinarily never even consider. The person who gets to feeling desperate, futile, frustrated beyond endurance, unrelentingly aggravated by his family, badgered and ridiculed by his peers, is a person who becomes vulnerable to desperate moods, futile actions, and self-defeating and rash performances.

Let us not suppose that such happenings are purely psychological. We are familiar with the phenomenon of people, who, by birth, are more temperamental, high-strung, and emotionally volatile, and whose emotionality places a premium upon whatever behavioral controls they can develop. We are also learning more and more of what happens to the physiology of persons who are subjected to sustained stress, emotional and otherwise. There is evidence that protracted stress seems to erode the person's adaptational capability, biological as well as psychological, rendering him less and less able to cope with subsequent problems as they come down the pike.

15. Some behavioral deficiencies are part and parcel of a situation of behavioral inadequacy across the board. Picture, if you will, a person from the inner city, a member of the hard-core employed. He is likely to have been reared by semi-illiterate parents (if he is fortunate enough to have two) whose own lives provide little for him to emulate in learning how to make one's way effectively in a modern technological society. For a variety of reasons his social, moral, and recreational development has been delegated to his age-equals and other teachers

of dubious capacity, and his learning takes place primarily "in the street." He is of moderate intellectual capacity because he has been reared in meagre surroundings without cultural advantages and the cultural stimulation necessary for promoting intellectual development; because he has been subjected to a poor diet and the nutritional deficiencies in turn compromise the neurological development which can take place. His school experience is discouraging, he manages to learn to read at about the fifth grade level, and he winds up a school dropout to avoid the despair of repeated failure and the recurrent sense of inadequacy. He enters the job market with rotten teeth, shabby clothes, no job skills, and unable to make a good impression during a job interview or even to fill out the necessary personnel forms. He is unattractive as a job prospect, and he experiences recurrent rejection because he has no behavioral capabilities to recommend him. It requires no leap of intellect to see how he can turn to crime as a way of gaining the benefits of life which he cannot attain through his own accomplishments -- especially when there has been no systematic infusion of regulatory habits in his behavioral repertoire as he has been growing up.

16. Some offenses against society rules and regulations seem to stem from well-learned and established belief-systems -- ideas, values, attitudes -- which become developed with the passage of time, and whose acquisition is directly incompatible with the behavioral patterns specified by society as being appropriate.

Some youngsters are schooled by their parents and friends to remain at war with the community at large, to regard it as legitimate prey, and to derive their sustenance by taking advantage of the accomplishments of others. Still others, for example, the paranoid, develop deviant patterns of thought concerning themselves and their fellow man, which become progressively elaborated and often erupting in mid-life -- as in the field case in Lock Haven, the Mad Bomber of New York, or the college student who situated himself in a University tower in Texas a matter of a few years ago.

In these instances behavior is being regulated all right, but not in accord with the demands of reality, which in turn, we suppose, have some relationship to the rules of society.

17. And finally, let us note that these various factors do not need to occur singly, but can unfold in multiple and interactive fashion, representing a confluence of factors and thereby heightening the probability of uncontrolled behavior. A

juvenile, whose world is falling apart around him: he's flunking school, his parents are bickering their way to a divorce, the stress has resulted in a low-grand pre-ulcerous stomach, he's not making the grade with girls. Such a youth may well turn to some form of delinquent activity, or he may turn to drugs as part of the recent drop-out pattern of our youngsters in the face of anticipated failures.

13. One can see that a detailed analysis of the things that can go wrong in the person's capacity to develop and regulate his behavior constitutes an impressive list of many different kinds of conditions. Another way of saying this, is to make it patently clear that people who commit crimes do not represent an homogenous group -- they are not the same, one with another. The only thing that they have in common is the fact that they have run afoul of the law. And of course, an arresting officer, when he encounters a crime in process, does not know all of this. It is only later, when one has an opportunity to conduct a retrospective analysis of the problem, that it may come to light.

II. Dealing with Individual Treatment Needs

1. Since a wide variety of antecedent conditions can terminate in the violation of social rules and customs, it becomes obvious that no one treatment approach is going to serve. Given the occurrence of a violation of the law, one cannot proceed to correct the problem unless one succeeds in identifying precisely what it is that went wrong in the first place.

If for example, it can be established that defects in behavioral control are related to a condition of idiopathic epilepsy, then the point of intervention must necessarily become focussed upon the control of the cerebral dysrhythmia which culminates in seizure states. Unless this is recognized and properly diagnosed, unless prosecuting officers, magistrates and others in the area of the Administration of Justice give due credence to this type of problem, then neurologically impaired persons are going to continue to be punished without positive effect, and such conditions as they have are free to continue unchecked.

If, to cite another case, the crime is taking place in a behaviorally impoverished person -- someone who is semi-illiterate, undernourished, occupationally limited -- there will be no substitute in principle to the undertaking of a comprehensive program in human renewal.

2. What is required, then, is something analogous to the operations performed by an effective automobile mechanic who is faced with a car which is malfunctioning in some respect or has ceased to operate. He must examine the car in detail, identify the locus of the malfunction -- whether it falls within the operation of the ignition system, the fuel system, the braking system, etc. -- and if he succeeds in identifying the source of the difficulty, he can operate on the problem in order to correct the difficulty. Moreover, he will do different things using different kinds of tools depending upon where in the automobile system as a whole he has located the problem.
3. By the same token, in considering the domain of treatment, interventions into the developmental course of individual lives in which a pattern of criminal behavior has developed, there is, in principle, no substitute for accomplishing an initial "diagnosis" and a differential analysis of the nature of the difficulty; and then selecting a different kind of treatment procedure appropriate for the different types of problems encountered. The task becomes one of identifying the nature of the problem (what it is that has resulted in a deficiency in the operation of these essential regulatory patterns of behavior), and applying a treatment tactic (a mode of intervention) which can have some prospect of effecting a change in the problem. Each case is different. The analysis will yield a conclusion particular to the person under scrutiny. It will also lead to an individual prescription for treatment which will vary from case to case. It is important to make this explicit, because it flies in the face of the classic American proposition that everybody should be treated the same. It juxtaposes an individually-oriented as opposed to a group-oriented manner of operation; or to put it another way, it juxtaposes the medical model as opposed to the legal one.
4. The selection of individual patterns of treatment specific to the nature of the presenting difficulty implies that one has a range of alternative treatment procedures to which one can turn. Is that the case?

A moment's reflection will indicate that there exist a tremendous variety of different things that one can do, and indeed that people currently do, to intervene and make a change in the way a person behaves. As technical expertise continually develops and expands, we have acquired a tremendous array of tactics for behavioral modification. We can undertake to intervene with drugs, with the surgeon's knife, with counseling and psychotherapy, with custodial supervision,

with educative methods of all kinds, -- sometimes we can engineer a thorough change in the person's circumstance, and move him to another locale where he will have an entirely new set of situations under which to operate. It is not so much a problem that we are handicapped in the variety of things that can be done. We have innumerable methods which we can employ. Rather, it is more difficult to analyze the offender's personal situation, decide what is going amiss, and select a treatment tactic which is relevant to the problem and which has some likelihood of making a difference. We must not only be concerned with the nature of the problem and the method of intervention, but with the task of effecting a successful match between the two.

5. It is useful, in this context, to think about problem-treatment correspondence in terms of a particular conceptual framework. It is a framework which permits one to recognize that there are a variety of points at which intervention can take place, depending upon a the point at which the person's behavior is conceived to be going awry.

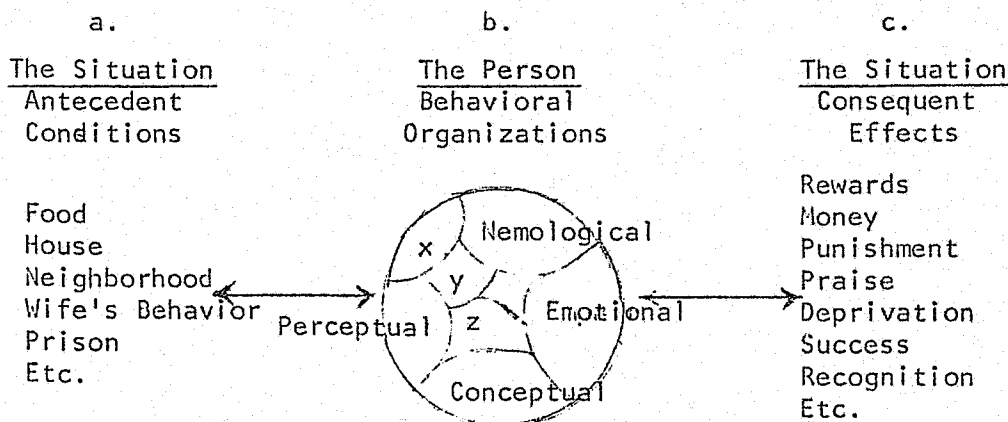


Fig. 1 Simple model of the person in context, showing the contingency relationship between his behavior and the situation (antecedent and consequent), and illustrating three major junctures at which intervention can take place.

6. One can think of the person on the one hand (Fig. 1b above) as being composed of a variety of organizations or systems of behavior. Analysis of an individual offender and his difficulties may well establish that the basis for his offensive behavior may reside within his behavioral patterns themselves, and suggest that one way of intervening to effect a change is to try to modify the operation of these same behavioral mechanisms. If one can establish, for example, that something has gone amiss within the neurological mechanisms upon

which effective behavior depends, then one can elect to intervene to change that state of affairs. Surgery, radioactive treatments, or chemical intervention may be the treatment of choice. Similarly, if one can establish that the person's behavior is a direct consequence of unduly high and protracted states of emotionality, one can seek to moderate this problem by the introduction of ataractic medications, or tranquilizers of various kinds.

If one finds that something has gone wrong in the way he construes events, the way he thinks about himself, the way he evaluates himself in relationship to other people, one can try to intervene and find ways to modify the way he thinks, and hopefully to change the behavior which follows. In this respect one can intervene with the range of counseling and psychotherapeutic procedures. These operate on the assumption that one of the ways to change the way a person thinks is to get him to produce those thoughts -- to say them out loud. Once they become elicited, they become subject to modification. Thus, the usual avenue by which one seeks to change the way a person thinks is to sit down with him and talk with him about his thoughts. Corrections workers, in their constant verbal interactions with the offender, are often in the business of conceptual modification, just as is the psychotherapist, even though they may not be doing it by appointment and within the confines of a professional office.

7. Another juncture at which intervention can take place resides in the domain of consequences to which the person's behavior characteristically leads. One can affect the likelihood with which behavior will occur by operating on the consequence effects (Fig. 1c). All of us know, of course, that our behavior is extensively influenced by our anticipations of the consequences of our actions -- if we anticipate positive, rewarding, successful and satisfying outcomes of our efforts and labors we are much more apt to perform those behaviors which lead to the consequents which we seek. By the same token, we tend to abandon those behavioral patterns which persistently lead to failure, punishment, rejection by our fellows, and the like. Since our behavior tends to be controlled by these outcomes, we can in turn effect control over another person's behavior by operating on these consequents. By manipulating the system of rewards and punishments, we can often succeed in teaching the person that some behaviors are far more preferable to others, that certain actions are in principle self-defeating and non-productive, whereas others are more productive of the outcomes which the person seeks. Glaser has demonstrated in California that arrangements

of rewards and punishments in an institution can effect remarkable changes in juvenile female offenders as long as they are conducted systematically, consistently, and on an institution-wide basis. Earlier efforts to retrain juvenile offenders along this line have often failed perhaps through failure to ensure that the methods were regularly and systematically employed.

8. Still another avenue of access is represented by the conditions under which people are called upon to behave, what we have referred to as the antecedent conditions of behavior (Fig. 1a). Again, we all know that much of our behavior is influenced by the conditions under which we are operating. The likelihood, for example, of our becoming hostile and angry toward someone depends very much upon who that someone is, and what he has said and done. We are much more likely to restrain our hostility if we are standing before the bar in a court of law, than we might be toward someone else. Whether or not we are likely to do things (specifically to commit offenses against the property or person of our fellow man) depends very much upon where we live, our neighborhood, the sorts of people with whom we associate, the kinds of things people around us are doing, and the like. One way to quickly change the way a person behaves is to change the situation under which he is operating. A clear illustration of this comes from the field of psychosomatic medicine: The best single treatment for asthmatic attacks in children is to pick the child up, and move him to another part of town and place him within a different family context. One needn't trouble to move him to a hot dry climate, such as Arizona; one needn't devote extensive effort to change his relationship with his family by employing play therapy for the child, or parental or family counseling for the other family members. The quickest, simplest, and most effective method is to move the child, and thus change the interrelationship between his behavior and the conditions under which he is called upon to behave. Similarly, although a peptic ulcer results from a confluence of factors (predisposition to hypersecretion, faulty habits of eating, protracted stress and tension) and a variety of interventions are possible (use of antacids, control of diet, use of tranquilizers, etc.) it still remains that the most efficacious approach is to induce the patient to change his job. It is often difficult to persuade him to do so, but if one succeeds, and thereby ensures that he works at different tasks, in a different place, and in relationship to entirely different people, the results will be far more extensive and beneficial than trying to modify the problem on a piece-meal basis.

The reverse effect is equally well-known. It has become painfully apparent that little in the way of lasting change can be anticipated if the person who has been hospitalized for the treatment of a psychotic condition, institutionalized for heroin addiction, or placed in a juvenile correction home, is thereupon discharged to return to the circumstances out of which the problem developed in the first place. Exposed to the drug pusher, the street gang, the faculty familial relationships which led to the earlier development of the problem, the probability of "relapse" (ie. reinstatement of the former unwanted behavior pattern) is discouragingly high. More attention, it has been discovered, is required either to redirect him into a different setting entirely, or to help him to effect a change in the way he interacts with the setting once he has returned.

10. There is thus no treatment panacea - a single treatment procedure that can be expected to succeed in every instance, regardless of the type of problem and independent of the characteristics of the person in whom the problem is taking place. By the same token, there is little profit in going through correctional procedures in a hit-or-miss fashion, abandoning one because it has apparently failed to produce an effect, and picking up another because it has not as yet been tried and reports have been circulated that in some situations it has appeared to help. There is, in principle, no substitute for a thorough, and precise analysis of the nature of the presenting problem, and a selection of a treatment procedure directly relevant to that problem.
11. I am well aware of the burdens that this places upon communities. Pursuit of this strategy calls for a community capability which will permit satisfactory analytic work to be done: a) a physical setting in which behavior specialists of many sorts can apply their best techniques for identifying the components of the difficulty -- genetic, nutritional, neurological, physiological, psychological, sociological -- whatever they may be; and b) a treatment capability which provides the full range of treatment tactics which have developed in the fields of medicine, social work, corrections, education, and the like; and c) a system by which these talents and capabilities can be coordinated and focussed into a treatment program for the individual person in his particular life-situation. Juvenile detention centers exist, for example, in which some of this is attempted. However, the facilities are flooded and overwhelmed, staffing is insufficient, the case-load is allowed to become so excessive that

workers either resign themselves to what they know to be inadequate behavioral appraisals or go further and resign from the jobs altogether. Treatment capabilities reside in some of our large community centers (albeit conspicuously absent in most others) but it is difficult to ensure that offenders have access to the kinds of treatment which are to be preferred. Further, mechanisms by which various treatment efforts focussed upon the same individual can be coordinated and supervised, so as to ensure that the preferred treatment programs are followed in sensible relationship to one another, are often missing. Too often a remedial course of action is laid out in a report which, if followed, might have some change of success, but which never becomes implemented and remains a collection of words on paper filed away in folder amongst a labyrinth of others. There is no assurance of a follow-through. The approach to adult offenders is even more scanty than is true of our efforts with the juvenile.

12. The efforts of personnel in the area of the Administration of Justice coincide with those of social service personnel in general. Parole and probation officers, and corrections workers are concerned with the prevention and rehabilitation of behavioral problems in the development of individuals, and their focus of concern coincides with those of physicians, clinical psychologists, social workers, clergymen, and lawyers, to mention but a few. The antecedents out of which criminal behavior arise are comparable to those which are responsible for the development of other unwanted forms of behavior as well. All professions have a common concern in the elaboration and development of various methods of intervention by which criminal behavior can either be forestalled in the first place, or rendered unlikely to reoccur. A community resource center is an arrangement which could conceivably serve to coalesce both the diagnostic and the treatment capability of a community and provide for the focus of the very best professional talent and skill upon persons and their behavior which represent a problem to themselves and to their families and communities. Until such time as there arises a concerted effort by social service professional workers to develop a community based, interdisciplinary, and integrated approach to the analysis and solution of behavior problems, or efforts to intervene and materially change the incidence of criminal behavior are likely to be fragmentary, haphazard, and inefficient, and we will continue to be faced with the same discouraging results.

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