THE COMPLEX OFFENDER PROJECT

final report

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INTRODUCTION AND OVERVIEW

On November 1, 1974 the Complex Offender Project (COP) began providing services to a unique group of people. The "complex offender" by definition was a repeat offender who also had a history of psychiatric intervention and who was making a markedly inadequate adjustment to community life. At the outset it was realized that this relatively small group of people was not representative of everyone in the custody of the Division of Corrections, nor were they typical clients of the mental health system; this uniqueness partly explains why neither system offered adequate services to this client group and the need for just such a special research and development program. The purposes of the resulting Complex Offender Project were twofold, first to meet the special needs of complex offenders in Dane County and secondly, in doing so, to document the effectiveness of techniques which could prove useful in other areas and with other client groups. The purpose of this final report is to document in a complete, summary form to the Department of Health and Social Services and the Wisconsin Council on Criminal Justice that which was learned about the complex offender and the burden they place on society, and to review the special organization and treatment techniques which were developed to cope with the complex offender.

This report is organized into three parts. The first part, chapters 1 through 5, describes this special client group and the treatment approach that developed to meet their special needs. The manner in which a multidisciplinary team was able to provide intensive, comprehensive, behavioral treatment is illustrated through a case study, and specific attention is paid to the treatment procedures developed to facilitate employment.

The second part -- chapters 6 through 10 -- summarizes some of the evaluative research conducted by the Project. Comparisons over time between treated clients and a randomly selected control group show a significant impact on the community adjustment of treated clients, and this impact resulted in a downward trend in criminal recidivism. Even more importantly, there is some evidence that this reduced involvement with the criminal justice system persisted after the termination of treatment. Finally these results are supplemented by evaluations of COP by other agencies and by the clients themselves, and these evaluations further attest to the utility of this treatment approach.

Finally in chapters 11 through 13 an attempt is made to put COP into an appropriate context. Although the Project was able to provide more intensive treatment than is usually possible with reluctant clients in community settings, the State of Wisconsin decided to discontinue the program with the end of federal funding. These final chapters then summarize what was learned through the investment of almost $700,000 in a way that will hopefully lead to better programs to assist all "complex offenders."

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TABLE OF CONTENTS

Introduction and overview 1

Acknowledgements 3

Table of Contents 4

List of Tables 5

List of Figures 6

PART I: DESCRIPTION OF THE COMPLEX OFFENDER PROJECT

1. What is a complex offender? 7
   -- description of clients 8
   -- treatment philosophy 12
2. The multidisciplinary team approach 15
3. The nature of comprehensive and intensive community services -- an illustrative case study 24
4. Procedures and operational data 39
5. The COP employment program: Procedures, evaluation, and next steps 51

PART II: EVALUATION OF THE COMPLEX OFFENDER PROJECT

6. Methodology 65
7. Analysis of COP's impact on social adjustment, psychiatric involvement, and criminal recidivism 68
8. Success, failure, and post-treatment social adjustment as outcome criteria for evaluation of the Complex Offender Project 80
9. Consumer Evaluation I: Other agencies' evaluation of the Complex Offender Project 96
10. Consumer Evaluation II: Clients' comparison of COP and probation 106

PART III: DISCUSSION -- COP IN PERSPECTIVE

11. Relationship to the current literature 116
12. Obtaining the participation of the reluctant client 122
13. Systems issues 133

References 139

LIST OF TABLES

TABLE	TITLE	PAGE
1	Most common charges filed against complex offenders (% of all charges)	11
2	Mean level of contact per client over entire course of treatment	46
3	Services offered and utilization by clients	48
4	Percentage of clients holding jobs during interview periods	61
5	Cannonical variates	77
6	Overall termination rates	83
7	Significant differences between groups classified by termination status 20 months after referral	85
8	Mean ratings of satisfaction with COP by Probation & Parole agents	99
9	Mean ratings of satisfaction with COP by staff of other agencies	99
10	Clients' perceptions of service needs	110
11	Clients' reports of receipt of service	111
12	Clients' comparative satisfaction between COP and probation	113

LIST OF FIGURES

FIGURE	TITLE	PAGE
1	Unemployment	59
2	Absenteeism	60
3	Measures of institutionalization	70
4	Measures of legal involvement	72
5	Measures of employment	74
6	Rate of termination from Project	82
7	Post-treatment psychiatric hospitalization	91
8	Post-treatment arrests	92
9	Post-treatment convictions	93
10	Post-treatment contacts with police (unofficial, not leading to arrest)	94

APPENDICES

Appendix A	Demographic data
Appendix B	Voluntary consent procedures
Appendix C	Community Adjustment Interview forms
Appendix D	Analysis of variance summary tables
Appendix E	Agency and client surveys

CHAPTER 1

WHAT IS A "COMPLEX OFFENDER?"

The Complex Offender Project developed out of citizens' concerns about a number of people appearing repeatedly in the Dane County Courts whose criminal behavior seemed related to mental health problems. This situation was probably exacerbated by contemporary trends toward deinstitutionalization of the mentally ill. It was apparent that the existing programs were inadequate--that something more than probation or jail was required, but the exact nature of that alternative was unclear. A search through the literature at that time revealed few precedents for the proposed program, but the success of Mendota Mental Health Institute's PACT (Program for Assertive Community Training) for chronic mental patients suggested that an intensive, comprehensive community treatment program could meet the needs of this clientele. Sponsorship of the Project was assumed by Mendota Mental Health Institute for pragmatic reasons, but this did not imply any assumption that the complex offender's legal involvements were the result of mental illness nor that the mental health professions possessed more expertise than did those in criminal justice. Rather Mendota, through its mandate to improve the social service system through research and education, seemed a most appropriate place to develop (and evaluate) a program which would be created in response to the needs of its clients.

A description of the client group and the clients' presenting problems is thus essential to understanding the Complex Offender Project. The information discussed below is based on interviews conducted at the time of referral as well as observations made during the course of treatment.

A Description of the Complex Offender. A complete demographic analysis of the clients referred to the Complex Offender Project is included in Appendix A, and a detailed description of a prototypical client is presented in Chapter 3 of this report, but several salient features of this client group should be pointed out here.

It is clear that the complex offender is a troubled individual who poses a problem for society. The typical complex offender is a young white male who has been involved with the juvenile courts and gone on to be convicted of several adult offenses resulting in sentences of jail or probation. The average client has served 21 months on probation, and 53% of the clients had served jail terms. Those jailed have served a mean of 2.1 terms, each averaging 16 weeks. The complex offender is chronically unemployed (14 of the past 24 months) and has a poor record of vocational adjustment to those jobs he has obtained, usually keeping jobs for less than three months. He typically comes from a broken home and has had an unstable childhood including nine moves in four different towns and living 21 months outside the parental home. If he has been in the military, he was unable to obtain an honorable discharge, and if he has married, that too has failed. This picture of severe social maladjustment is complicated by mental disorders that have led 40% of these clients to be hospitalized, usually more than once, and 58% to have received outpatient counseling. Forty-four percent of the clients report problems with abuse of alcohol, and 53% report using hard drugs at some time.

Even though the "complex offender" was operationally defined by a set of eligibility criteria that was intended to create a homogenous

client group, it became apparent that this was not the case. At least four subgroups of clients were clinically discernable and it may be that the client group actually served was considerably different than the one originally envisioned. Only about 10% of the clients in the treatment group were diagnosed as psychotic and another 10% had basic difficulties with routine aspects of community life due to developmental disabilities or inadequate personalities. It was those two groups which had originally come to the attention of the community and for whom the need of an alternative system seemed most obvious. Another 10% of the clients actually served were characterized by problems relating to drug or alcohol abuse, and the rest, approximately 70% of the total, were less obviously "mentally ill" or in need of special treatment. A number of labels could be attached to this group--character and behavior disorders, sociopathic personalities, culturally maladjusted--but no attempt was made to systematically classify clients since it was felt that special labels often contribute more to clients' problems than to treatment efforts.

It is important to identify this largest element of the client group, however, because these clients share many of the attributes most troubling in any correctional population and are exactly the clients which the mental health system has been unwilling or unable to serve effectively. Indeed society and its representatives in correctional and mental health agencies seem willing to assign moral responsibility and stigma to this group and to overlook the societal costs and responsibilities involved. Because the costs are hidden or, more accurately diffused, it is difficult to document

the need for developing programs such as the Complex Offender Project to properly cost-conscious administrators concerned with only a limited area of responsibility. Complex offenders do not pose the major problems faced by correctional officials, and they are only marginally involved with the mental health system. Their abuses of the welfare system are an insignicant part of that system's problems, and their nuisance value to the police and courts is unlikely to ever become a broad public concern even when it eventually leads to unnecessary imprisonment. It may be easier to exclude these people from employment and training opportunities than it is to develop opportunities at which they can succeed, but it is because their personal problems extend into virtually every social problem faced by society that the complex offenders place such a heavy burden on the community and require special programs.

The contention that complex offenders place burdens on society far greater than their numbers would suggest is most easily shown in their involvement with the criminal justice system. Evidence collected over three years indicate that complex offenders can be expected to be charged with 2.3 new offenses per year and that, in the absence of some intervention, the rate of offense remains virtually unchanged. The crimes committed are not particularly serious, as is illustrated by Table 1, but this high level of deviant behavior ultimately results in serious social sanction, often penal incarceration or psychiatric hospitalization, which only increases the burden on society. Complex offenders represent a segment of our society that is chronically dependent upon society as well as actively disruptive to it; as such they pose a serious social problem calling for the development of new societal responses.

TABLE 1
MOST COMMON CHARGES

	% OF ALL CHARGES
DISORDERLY CONDUCT	10.5%
PROBATION VIOLATION	6.8%
SPEEDING	5.9%
OAAR	5.9%
BURGLARY	5.6%
NO LICENSE	5.2%
TRAFFIC OTHER	4.9%
CRIMINAL DAMAGE	4.0%
THEFT	4.0%
OMVWOC	3.4%
CRIMINAL TRESSPASS	3.4%

Treatment Philosophy

"One tried to treat them (every human being) as the miracles they are, while trying to protect oneself against the disasters they've become." --James Baldwin, No name in the street.

"To a very great degree, human behavior is controlled by the behavior of other humans. For some people, this is a situation to be regretted, and if necessary denied, because they contrast control with freedom. And if given such a simple choice, who among us will not opt for those dear attributes of the latter--joy, creativity, surgency, dignity? We suggest that to make this contrast is to err. Control is not the opposite of freedom. The opposite of human control of humans might be many things. It is certainly, for example, a defining characteristic of schizophrenia. It may be hermithood. If it were possible to exist at all, it would be in some inconceivable form of nightmarish entropy. Freedom can better be viewed as the achievement of a most singular and exquisite pattern of control--one in which joy, creativity, surgency and dignity are fostered." R.G. Tharp and R.J. Wetzel, Behavior Modification in the Natural Environment, p. 205.

Together these two quotations set the parameters for the development of the Complex Offender Project. Unfortunately we did not know, nor did we discover, the alchemy required to help complex offenders become "joyful, creative, surgent and dignified." Instead COP struggled to remain involved with its clients, to remain accessible as a resource during almost daily crises and to help its clients make some small steps toward a "better life." Continued criminal behavior and the always imminent risk of institutionalization were seen as the major hazards that would prevent clients from even beginning the arduous process. Given such an aspiration level, the Project would necessarily fall short of its goals, but such a high aspiration level contributed to the continuing commitment of the staff to work with clients that many agencies found undesirable.

On a more prosaic level, the Complex Offender Project operated on the assumption that deviant behavior, whether criminal or psychiatric, was part of an individual's learned adjustment to his physical and social environment (Ehrlich, 1973; Smith & Pollack, 1976; Shaw, 1976). Because of personal inadequacies or deficiencies in constructive coping skills, it may have been the only adjustment possible, but it was assumed that if the individual learns that he is responsible for his own behavior and is given the opportunities and support needed to learn new ways of coping, then other more constructive adjustments are possible. If a client meets his or her financial needs by relying on local welfare for example, treatment planning must address these needs by providing opportunities and training experiences that make other coping strategies (such as employment) more feasible and more desirable for the client. Institutional treatments on the other hand, necessarily remove the client from the problematic environment. To use the same example, institutions remove the financial needs rather than teaching job related skills. Even though the individual may learn very successful adaptations to the institutional environment (including work behaviors in some cases), it is unlikely that these adaptations will transfer to the outside world (Stokes & Baer, 1977). When the individual again faces the problems of community life, the old behavior patterns reappear. Project operations centered on restructuring the problematic environment, the community itself, so that new patterns of behavior could be learned. A radical position would maintain that COP imposed middle class values on its clients or that only sweeping social reform would appreciably alter the circumstances producing complex offenders, but COP more moderately assumed that if natural contingencies maintaining nondeviant behavior could be supplemented, if assistance were available to propose

new ways of meeting needs, if the structure of the environment could be simplified or clarified for the client, then change could slowly and gradually occur within a range of options chosen by the clients themselves.

Implementation of this approach required that the authoritarianism of traditional correctional and medical-psychiatric programs be avoided, and that clients be as fully involved in their treatment as possible. For this reason, participation was voluntary and a contractual model of service delivery was emphasized.

Such an approach might appear foolhardy with a client group that had failed to respond to traditional programs despite many opportunities. This proved not to be the case, but the Project was forced to develop techniques to first involve its clients in the treatment process and then to assure their continued participation. The position that "people can only be helped if they want to be" can provide an excuse for avoiding some of the most difficult problems, and COP avoided this position as much as possible. The Project assumed the maintenance of contact and involvement as one of its responsibilities and so was remarkably successful in serving clients who had previously only "bounced" from agency to agency.

The organizational and clinical procedures necessary to operationalize this philosophy needed to be developed as the staff encountered challenges and difficulties. To a large extent the growing field of behavioral psychology provided much of the basis for COP's activities, including an emphasis on observable behavior, staff accountability, and the gradual, problem-solving, skill-building approach to improving clients social adjustment. The following sections describe program activities and treatment procedures in detail.

CHAPTER 2

THE MULTIDISCIPLINARY TEAM APPROACH*

Because there were few precedents of proven effectiveness for the intensive, non-residential treatment of complex offenders, the Project's organizational structure developed out of its treatment philosophy and the demanding nature of its target population.

The complex offender is a chronically inadequate individual whose offenses are not so much dangerous as repetitive and costly to society. Unmotivated or unable to strive towards traditional societal goals, he is skilled enough at street survival to get by. Social agency involvement is typically cyclical and unproductive, and agency personnel tend to give up on the complex offender--or to give in to him. He is, in short, a "burn-out" artist. The complex offender is involved with both the corrections and mental health system, but because they are both separate and complex systems, intervention is often fragmented, and the client is left without effective programming. He often escapes full legal consequences for his actions because of his "mental problem," but mental health professionals find him asocial, generally unresponsive to traditional interventions and more responsible for his actions than he admits. COP was designed to develop ways to bridge the gap between the two systems and to ensure comprehensive, coordinated treatment by providing any service or linkage to any service which would help each individual client build towards responsible independent community living. By integrating services from corrections,

*This chapter is based on a paper by Susan Connors and Linda Tracey entitled "The Complex Offender Project: New methods for old goals," presented at the 5th NASW Biennial Professional Symposium, San Diego, California, 1977

mental health and social service agencies, COP became a focal point for communication, minimizing client manipulation and maximizing available resources.

It became apparent that a flexible team organization most effectively provided the fluidity essential for dealing with the problems of the complex offender and fulfilling these objectives. It allowed the staff to respond to the constant ambiguities and high level of unanticipated and nonuniform tasks which required specialized skills and knowledge. Litwak and Meyer (1970) detail four components of a "human relations" administrative style, and those components will be used to more clearly describe COP's fluid team organization.

A collegial authority structure assumes that the collective wisdom of the members is the most competent for decision-making and has advantages over a hierarchical structure when tasks are varied and ambiguous or unanticipated. Generalization rather than specialization in the division of labor encourages adaptability to changing tasks and new skills and knowledge. Personalized rather than impersonalized formal staff relations provide support in the evaluation of decisions and in coping with frustration. Ad hoc versus a priori determination of duties leaves to the best judgment of staff members what should be done when a situation arises, and is useful when rules and policies cannot be established due to nonuniformity of tasks but when goals and values are well understood.

Even though decision-making efficiency and continuity of contact for the client were ensured by breakdown into flexible sub-teams, the entire staff functioned as a single team in a daily meeting for treatment planning

and policy-making purposes. This meeting was routinely held at 1:00 p.m. when staff members from all shifts were present. Agenda items were discussed and a brief report was made on client status since the previous meeting. This daily staffing provided opportunities for collective brainstorming, which served as a problem-solving mechanism for difficult and nonroutine treatment and program issues. Team consensus generally determined decisions, but special regard was to given individual staff competence in specific matters rather than to formal roles or positions. The staffing also served as a general information exchange to ensure continuity of service for a client, to minimize opportunities for client manipulation, and to review performance of client contracts on a daily basis. This performance review provided a basis for frequent change in treatment programming and monitored staff performance as well. The comprehensive team meeting also offered an opportunity to express the personal support essential between staff for continued constructive use of interpersonal skills with clients and other agency personnel, and for the feedback and open exchange so vital to a healthy collegial organization. Still another function served by the daily meeting was a review of tasks to be completed and a determination of services to be provided.

COP attempted to provide for each client any service which would build towards the goal of responsible independent community living, including some which would not ordinarily be within the scope of a community corrections program. At one point in time, COP provided twenty-six different services to thirty-three active clients, and a representative range of services included crisis intervention, daily living skills instruction, educational and vocational funding,

job seeking skills training, family counseling, housing assistance, medical/ psychiatric consultation, recreation, social skills training and even wake-up service! While programming was completely individualized, there were some features common to most treatment plans. COP clients usually were deficient in basic independent living skills. The first step was often times assisting the client in agreeing to a constructive family separation, finding him a place to live (with possible financial subsidy from COP) and teaching him those skills, such as budgeting, shopping, cooking and cleaning, necessary to maintain independent living. A major portion of client service was in the area of teaching job-seeking skills, which included showing the client how to use the classified ads, video interview training, possible subsidized tool purchases, rides to job interviews and actual on-the-job supervision. In order to maintain independent living, it was also essential for the client to learn appropriate recreation and leisure time activities. Services in this area ranged from teaching the client skills in such social situations as dating, eating out and bus-riding to accompanying him in various sports and community activities. A majority of these activities were geared toward teaching the client recreational pursuits other than drug and alcohol use.

Making services available, however, was not adequate assurance that they would be utilized by the complex offender. Even though the client might have signed the voluntary consent with good intentions, follow-through on specific commitments was poor, and missed appointments, disappearance, manipulation and sabotage by clients were common events. Negative sanctions, such as revocation of probation, were not available to COP, and

the approach to provision of services was "seduction." Seduction meant making movement towards appropriate responses too attractive to resist while attempting to cut off opportunities for conflicting responses to take place. This was generally done on the basis of contingency contracts, with the client earning rewards of his choice. "Whatever works" was the motto and rewards were as varied as creativity would allow: money, food, piano lessons, beer, movies, clothes, springing a dog from the pound, etc. were all used. Initially clients might have been hostile and uncooperative in making formal commitments based on previous experience with establishment agencies. Staff members often spent a great deal of time and energy building trust. When a contingency agreement was reached an informal handshake or a note scribbled on a napkin-corner decreased the threat perceived by the client. As he learned to trust COP, contracting became more formalized, and clients often developed negotiation skills to replace former inadequate interaction patterns. As enough clients made similar contractual agreements, policies developed: for example, two dollars per hour became the standard financial incentive for attending night school. Somewhat paradoxically, reliance on formal contracts declined near the end of the treatment program; this reflected both the development of interpersonal trust as well as a conscious staff effort to reduce client dependence on an "artificial" support system.

In order to provide services most effectively, breaking up into flexible sub-teams appeared to be the best means of implementing the policy of "seduction." The primary core of the sub-team was usually composed of two or three staff members who were responsible for actual contacts and delivery

of service. Sub-team composition was to a great extent voluntary, based upon equity in shared responsibility and the principle that the person who could most effectively accomplish the necessary task did what had to be done. Staff had the flexibility to pursue areas of interest or competence: some of COP's best family interventions were made by client services assistants, who, as former hospital aides, would have been excluded from such activities. Factors influencing effectiveness included the individual staff member's rapport with the client, the staff member's relationships with involved agencies or significant others, the particular services needed by the client, and the degree of "burn-out" being experienced by the sub-team members. Thus, if a staff member clearly alienated or was easily "conned" by a client, he worked with other clients. If a particular staff member had a knack for negotiating successfully with a probation agent who had some reservations about COP, then he would become part of the sub-team. If the client needed to learn job-seeking skills, then a staff member who could administer that training package became involved. When "burn-out" or frustration caused effectiveness to drop, a common procedure was to invite another staff member to share in the responsibility for implementing the treatment program. For example, a sub-team member might complain in staffing that he cannot make any progress in dealing with an overprotective mother. A staff member skilled in family interventions who had only been marginally involved with the client might agree to accompany him regularly to visit the mother. If the mother was responsive to the new person, the original sub-team member might slowly decrease contacts with her and focus on other problem areas. Movement in and out of the sub-team might occur every few

weeks to every few months and the number of members might vary, but the primary consideration was to assure that someone who was aware of the client's needs and prepared to be persistent in helping him meet them was always available.

COP's fluid organization enabled it to provide more intensive services than are usually available in nonresidential programs. Whereas typical probation and parole agents have monthly contact wih their clients and outpatient mental health programs may schedule weekly counseling sessions, COP staff saw each client an average of three times a week, and it was not uncommon to have five or six contacts with a particular client each week for an extended period of time. Services were available for up to twenty months, depending on the client's term of probation. The flexible team structure thus allowed COP the patience and persistence which are perhaps the only two tactics that will work with unmotivated, severely maladjusted clients.

The capacity to work effectively with difficult client groups may be the greatest benefit of COP's organization, while difficulties with internal and external communication problems are its greatest handicap. Internal communication problems were minimized by the daily staff meeting and the flexible sub-team organization, and feedback from other agencies indicates that external communication and coordination problems were resolved. In a survey of other agencies, 86% of the respondents indicated that they were satisfied or very satisfied with interagency cooperation, and 90% were satisfied or very satisfied with interagency communication. The following quotes from the Neighborhood Youth Corps and from Dane County

Department of Social Services certainly indicate that the communication problems associated with a team structure are not insurmountable:

> "The great assistance COP gives the clients in personal problems and their assistance in helping the client deal with and communicate with the numerous aspects and agencies in this community are the best features of COP."
>
> "At the present time, no other agency exists to provide the unique programming available to clients who worked with the COP staff."

The Project's evaluation by the personnel of other agencies is described in more detail in Chapter 9 of this report.

The fluid "human relations" team method of organization was largely responsible for the Project's success in meeting its goal of providing intensive, comprehensive service, and the following eight recommendations can be made to others interested in developing successful community treatment programs:

1) *multidisciplinary team treatment of offenders requiring intensive interventions;*
2) *provision of treatment in the actual community setting where problems occur;*
3) *active outreach to involve the generally unmotivated clients in the process of behavior change;*
4) *reliance on positive incentives for change rather than a punitive, coercive approach;*
5) *comprehensive consideration of clients' total social adjustment;*
6) *treatment involvement with family members and significant others;*
7) *liaison and coordination of existing community agencies and resources;*
8) *crisis intervention and 24-hour availability of service.*

These programming concepts need not be limited to treatment of the complex offender but may be applicable to any population requiring intensive service whose offenses are not so much dangerous as repetitive and costly to society.

"COP has provided an intense service for difficult cases that no other agency in the criminal justice system or mental health system has been able to match." This statement by a member of the district attorney's staff emphasizes that COP provides comprehensive service in the community which answers many of the needs posed by its demanding target population. It is COP's unique organizational response which enables it to meet these needs. The fluid team approach appears most effective in dealing with the offenders who fall into the gap between mental health and corrections systems. COP hopes that others will recognize the benefits of this fluid team approach based on the "human relations" style of administration and incorporate them into other innovative program developments with similar difficult client populations.

CHAPTER 3

THE NATURE OF COMPREHENSIVE AND INTENSTIVE COMMUNITY SERVICES

-- AN ILLUSTRATIVE CASE STUDY*

In order to best illustrate the variety of representative client problems and treatment procedures used by the Complex Offender Project, this case study follows a composite client, Rick, from his entrance into the program through the entire twenty months of his involvement with the COP.

Meeting the Client

COP's first meeting with Rick took place at a coffeeshop at 10:00 a.m. on a Monday. Rick showed up in torn jeans, a T-shirt, a vest, boots, shoulder length hair, and generally looked younger than his 21 years. He was carrying a motorcycle helmet, although it became clear in conversation later that his motorcycle was in the repair shop. At this initial meeting the nurse, Barbara, and one of the client services assistants, Julie, began learning something about Rick that would be useful for starting a treatment program. Rick spent a good deal of time talking about his motorcycle buddies, bragging about how much beer he could consume and giving a lengthy description of how he did not really need any help from COP, explaining that he had just gotten into a little trouble and that as long as he kept out of trouble he would be fine.

In as casual a conversation as possible, the staff members made an attempt to see what was most important to Rick, and touched on such topics as his recreational activities, his friends and family and possible goals he might have. While it was impossible to get very much information at a

*This section is based on a paper by Joan Karan and Susan Thompson.

first meeting such as this, the two staff members did gather some bits of information, learning that Rick had a girlfriend with whom he spent a lot of time, that he seemed not to have a large range of activities but he liked such things as bowling and playing pool, that he had no high school diploma, and that he claimed he wanted a job. After talking for a few hours, the two staff members then made an appointment with him for Wednesday of that same week.

Developing a Plan

At this second meeting, Julie and the social worker, George, met Rick for breakfast to discuss ways COP could help him in the areas of education and employment. The entire staff, at their 1:00 p.m. meeting the day before, had been filled in on their new client and had all agreed that since Rick had expressed interest in finding a job, emphasis should be placed upon employment and education. Because Rick had not finished high school, it seemed a good idea to encourage him to begin attending Omega, an agency providing one-to-one and group tutoring for the GED tests. The two staff informed Rick about COP's general policy of giving clients the opportunity to earn money for taking and passing GED tests (five dollars for taking each test and fifteen dollars for passing a test) and Rick agreed to find out more about it soon.

Since Rick had mentioned that he wanted to find employment, some time was also spent that day explaining the job seeking skills training package developed by COP to help clients learn how to find a job (Twentyman, Jensen & Kloss, 1978). This package taught the skills necessary to find a job using a structured audiovisual format and the individual attention of a

staff member. The sessions were held in the office and a client would progress through the training program at his/her own pace, working with a COP staff member on those skills needing extra practice. The clients were also paid three dollars per session in order to encourage them to go through the whole program. For example, after Rick viewed slides on writing a job resume the staff member assisted him with writing a resume describing his previous work experience. For the next two weeks, Rick spent approximately an hour per day in these practice sessions.

Looking for a Job

Along with this training, it was important to start the actual practice of looking for a job. This was deliberately done informally, and another client services assistant, Carl, arranged to meet Rick three mornings a week at a neighborhood restaurant at 8:30 a.m. for breakfast and to look through the want ads for available jobs. These first meetings in the community provided a relaxed setting in which Rick felt more comfortable while also giving COP the opportunity to observe him and assess his ability to make appointments on time. If Rick found a job for which he wanted to apply, Carl or another staff member drove him to the job sites where he either filled out an application or interviewed. In the car, on the way to the interview, the staff member would review the ad for the job with the client, and might even discuss or role play some practice questions which the employer might ask.

Revising the Plan

After three weeks of job seeking including looking through want ads as well as visiting agencies that specialized in job placement, Rick had

not yet found a job. When his progress was reported in the daily meeting, the team decided it was time to revise his treatment plan. It became apparent from members' reports that Rick was having difficulties keeping his appointments with COP, was not dressed appropriately for job seeking, and had had an alcohol hangover at least three times in the previous three weeks. Based on this information the team designed a new treatment plan to specifically focus on these problems. The team also decided to write a contract with Rick, providing him with clear expectations and more of an incentive to improve in these areas.

Because clients often times have no appropriate suggestions for incentives at first, the team discussed just what incentives might interest Rick. It was felt that since he liked bowling, Rick might enjoy doing this with his girlfriend Karen and two staff members. This would also offer COP the opportunity for getting to know both of them and observing their interpersonal relationship.

Negotiating Treatment Contracts

At the next scheduled meeting, the vocational rehabilitation counselor, Bob, negotiated a contract with Rick. Rick chose the bowling date as an incentive, and they both decided that if Rick met COP on time at the neighborhood restaurant on Monday, Wednesday, and Friday as scheduled, COP would treat Rick and Karen to the outing. It was also agreed that Rick would show up for appointments dressed appropriately for job interviewing, and that COP would treat Rick to breakfast before job hunting. Bob pointed out to Rick that wearing torn jeans, a dirty shirt and shoes without socks was not appropriate dress for job interviews. Therefore, for this contract

period, it was decided that if in the opinion of the COP staff he was not dressed appropriately, he would be taken home to change losing the time to have breakfast. Rick responded to this with the excuse of having neither decent looking clothes nor money for laundry. COP offered to pay and take him to do his laundry and suggested expanding the contract so if he were dressed appropriately all three meeting days, COP would buy him a new pair of pants. The contracting session itself often offered the best ideas for incentives of the client's choice. As they were brought up, they could be easily and effectively incorporated into a contract. During the contracting session the staff member once again asked Rick if he had given any thought to attending Omega night school. Rick said he might drop in there a few nights a week, but Bob decided not to include attendance at Omega as part of the contract, choosing not to emphasize too much during the first stages of contracting.

For the next week the staff reported Rick's daily progress at the 1:00 p.m. meeting but made no changes in the treatment plan. Instead, at the end of the contract period the team held a planning session and reviewed Rick's behavior. Although he had shown up on time for all three meetings and therefore earned the bowling date with his girlfriend, he had been dressed appropriately only once. The team spent some time discussing this and debated changing the plan so that Rick would be paid for dressing appropriately for appointments. Some staff felt that Rick was purposely sabotaging the job hunting by wearing inappropriate clothes. After much discussion, it was decided to stay with the original plan, i.e., Rick would be taken home to change when he was not dressed appropriately. It

was also agreed that COP would try to contract with Rick again to provide a social activity of his choice with his girlfriend if he was on time for all COP appointments. Rick had seemed to enjoy the bowling date and the staff members had found Karen to be an important person in Rick's life, able to provide another source of information about Rick's behavior as well as being a person who could become involved in Rick's treatment.

At this same meeting, Bob reported that the job seeking skills package had been completed by Rick. Rick had written his resume, was able to successfully fill out job applications, but still needed practice in role playing interview situations, especially in response to questions concerning gaps in his employment record. Bob then suggested that it would be a good idea for some other staff members to role play at least two more interviews scheduled within the upcoming contract period. The team also decided that this was a good time to encourage Rick to attend Omega. It was suggested that COP contract with Rick to pick him up Monday through Thursday night at 6:30 p.m., get a quick dinner, drive him to Omega night school and then provide him with a bus token to get home.

This contract with COP remained the same for the next two weeks. Rick began attending Omega and even though his teachers reported that he was doing well in social studies and would be ready to take the GED in that area within a week, a problem arose at the end of the first week concerning Rick's attendance. Staff verified Rick's attendance with a weekly phone call to Omega and found that he had attended the full two hours for three nights but only one hour the fourth night. When it came time to pay him

nine dollars for the three nights Rick had stayed the full two hours, Rick said the Omega teachers were wrong, and that he had been there for two hours all four nights and demanded that COP give him twelve dollars. Rick was told that COP would only pay for the hours verified by Omega. At this point Rick began shouting that COP did not follow through on its commitments and that he wanted to get out of the Project. The staff member calmly explained that the procedure for getting out of the Project included going to court, and that until the judge removed COP as a condition of his probation, COP still considered him to be a client and would continue working with him. It was suggested that he go and talk to the Omega teachers to ensure that they carefully recorded his attendance in the future. Rick threatened to contact a lawyer and go before the judge, but he never did.

Revising Plans in Response to Changing Situations

The following week, having worked with COP on job seeking for six weeks, Rick got a job as a grocery clerk in a small neighborhood store. The same day that Rick got his job, the team designed a treatment plan in response to his new situation and negotiated a new contract which included driving Rick to work his first day on the job, having lunch with him the next day and meeting him after work one other day that week. These meetings were designed to support Rick during his first week on the job and to provide him with the opportunity to talk about the job and discuss any possible problems. Over the course of the week, Rick reported that everything concerning his job was going well.

Outreach

The following Tuesday, however, COP had scheduled a pool date with Rick

after work, and when he did not show up, George, the social worker, went to Rick's apartment and found out from Karen that he had been fired on Monday and was out drinking with some friends. After checking several bars, George found Rick and asked him to talk for a few minutes. George explained that he had waited at the pool hall, and then had gone to Rick's apartment where he learned from Karen that Rick was out drinking. When the subject of Rick's job came up, Rick claimed that he had been fired because the boss did not like him.

At this point George said he thought Rick should come into the office the next morning to talk about the situation and also asked if Rick would mind COP contacting the employer to get his feedback. Rick agreed to this idea, and when George talked to the employer the following morning, he said Rick had been fired for missing work without notifying him two out of the five days. There had also been some problem concerning Rick's refusal to follow instructions for stacking soda bottles. After this feedback, the team agreed that programming would have to include regular contact with Rick's next employer.

Reviewing Client's Progress

The following day at the 1:00 p.m. meeting, the team reviewed Rick's situation to date. After approximately two months involvement with the Project, Rick had been attending Omega regularly for two weeks, had improved his habits of grooming and making appointments on time, and had obtained and quickly lost a job. COP staff had seen Rick at least three times per week and had observed him in such varied settings as restaurants and bars, social and business situations, and contacts with other community agencies. This

intensive contact allowed the team to begin identifying problem areas which were not perceived by the client as interferring with his social adjustment. Such was the case with the next employment situation.

Rick soon got another job doing janitorial work in a restaurant. When Rick did not show up for a meeting scheduled for his lunch break, George called the employer and found that Rick had not been at work and had not called in and was fired. George finally found Rick recovering from a hangover at his mother's apartment and coaxed Rick from the apartment suggesting he come into the office to use the phone and want ads to look for another job.

FOCUSING ON THE PROBLEMS: Employment and Education

The staff meeting that day was spent discussing involvement with Rick's employers. The team felt that employer contact could not even wait for a few days as it had with his janitorial job, and Rick reluctantly agreed. The next day Rick got a job as a dishwasher in a restaurant and Bob immediately called the employer and told him that COP was an agency working with Rick to provide supportive services. It was explained that if any problems arose, the employer should feel free to contact COP and that COP would like to call him each week. Rick's rapid job turnover suggested that an extra incentive to keep his job was needed, so COP also contracted with Rick to pay him a daily bonus of one dollar per hour for each hour he worked until he received his first paycheck. The fact that Rick now worked rotating shifts, 5:00 p.m.--1:00 a.m. or 7:00 a.m.--3:00 p.m., made it necessary to revise his schedule to include attendance at Omega in the

mornings. Because he was working late, the staff felt that he would have more difficulty getting to Omega, and included in the contract two rock concert tickets as an extra incentive for continuing to attend Omega.

Sequencing Treatment Goals

Rick had held his job for the next two months, but his social adjustment was far from stable. Rick continued to drink heavily and had returned to living with his alcoholic mother after breaking up with his girlfriend, Karen. Since COP had begun to have an impact on Rick's employment and financial situation, it appeared to be an excellent time to initiate a plan to move him out of his mother's apartment. COP therefore offered to match whatever Rick could save to pay rent for an apartment, providing him with the opportunity for assuming a level of financial responsibility he could handle, while directly intervening in an important area of social adjustment.

Involving Significant Others

COP also included Karen in the decision-making concerning independent living because staff members felt that her personal influence over Rick could contribute to his acceptance of this responsibility. Despite their break up, Karen had remained an important person in Rick's life. She and Julie had developed an excellent relationship and Julie knew Karen felt many of Rick's problems stemmed from living with his mother. As anticipated, with Karen's influence and COP's offer of financial help, Rick became convinced that he should begin looking for an apartment. Very soon after, Rick found a studio apartment. He was even able to solve the problem of money for a security deposit by convincing the landlord to allow him to pay the security deposit in installments since he had a full time job.

Dealing with a Crisis

During the next four months, it became increasingly apparent that Rick's major remaining problem was drinking. COP provided a 24-hour crisis intervention service to handle unscheduled contacts with clients, and both Rick and Karen had been told by staff that they could call at any time in an emergency situation. An occasion such as this arose only once in Rick's case, but it made Rick's drinking problem even more obvious. Rick had been in the Project for a little over a year when Karen called at 1:30 a.m. after Rick had gotten drunk and hit her. After spending time on the phone with Karen, the staff member on call suggested that she stay away from Rick that night and meet with COP in the morning. The next day Julie met Karen while Bob and George found Rick at his mother's apartment and accompanied him to his own apartment where Karen and Julie were waiting. On the spot, the staff conducted a counseling session, where it was suggested to Rick that he might want to work on expressing his anger to Karen in other than physically abusive ways. A contract involving Karen was drawn up which stated that Karen would leave any situation in which she felt Rick was losing control, and that Rick would limit himself to three bottles of beer an evening.

Striving for Responsible Behavior

Although Rick agreed to try limiting his alcohol consumption, he seemed unable to do so. A few weeks after the first incident with Karen, Rick got drunk again and stole a six-pack of beer from a local grocery store. The next day COP got a call from Rick's probation officer who felt that Rick's probation should be revoked. COP set up a meeting with Rick's probation officer to explore alternatives that would hold Rick responsible for his

behavior yet hopefully not interfere with his progress. COP suggested that instead of revocation and a prison term, Rick should spend 30 days in the county jail's work-release program. This would hold him responsible for his behavior, but enable him to continue with his job which by now had evolved from dishwashing to a combination of cooking and dishwashing. After much discussion, Rick's probation agent agreed to recommend 60 days in jail with work release privileges, pointing out to the judge that Rick was involved in a treatment program with COP. Rick's 60 days in jail of course interfered with programming in the areas of independent living and interpersonal relationships, but it did allow him to continue his employment.

COP staff continued meeting with Rick at least once weekly while he was incarcerated. Rick complained about being in jail and made unrealistic promises concerning his future behavior, but he was able to keep his job and after 45 days was released on COP's recommendation.

Revising the Plan Again

Just before his release, the team spent a thorough planning session discussing the priorities in programming for Rick's four remaining months with COP. Staff identified a need for programming for Rick's alcohol problem, his interpersonal relationship with Karen, budgeting and encouraging him to take the remaining three GED tests. The staff also recognized that Rick's immediate problem on release from jail would be to find another apartment. Because COP had already taught Rick the skills needed to locate an apartment, staff decided that they would provide transportation, but that Rick would have to set up appointments, make requests for rides a few hours ahead and actually find the apartment on his own.

In terms of Rick's alcohol problem the staff decided to again refer Rick to the community mental health center and to introduce him to some new recreational activities that were not associated with drinking. George remembered that Rick had expressed an interest in auto mechanics and thought that perhaps he could be encouraged to enroll in an evening course offered at the local technical college if COP provided the funding. Two COP staff members had organized a city league basketball team composed of other COP clients and thought Rick might have some interest in joining. Both offered to be involved in the next contracting session with Rick so they could talk to Rick about the two activities.

Rick agreed to try the auto mechanics course and asked that COP staff have a quick bite to eat with him before giving him a ride to the class. Because of his excitement about basketball uniforms no incentive seemed necessary to encourage him to play on the basketball team. Karen brought up the suggestion of a weekly couple counseling session with COP and Rick readily agreed to it.

The Termination Plan

While COP continued providing programming for Rick for the remaining few months of his treatment in the Project they also began developing a termination plan which attempted to connect him to some other community agencies which could provide him needed services after he was no longer with COP. A review of Rick's recent progress with his probation officer who would now have major responsibility for any future programming with Rick helped in the development of the termination plan. Rick still had his job and was now cooking full-time. It was necessary to gradually fade out

COP's involvement with the employer. Karen and Rick had only shown up for two of the six scheduled counseling sessions, but because COP felt that they could benefit from other such sessions, an effort was made to refer them to the local mental health center. Of course, without COP's intervention there was no way to ensure any follow through on the part of the client, but it was necessary to create the opportunity for him to take advantage of the counseling if he so desired. Rick continued to have some difficulty in dealing with his mother, but seemed to be learning how to help her without necessarily drinking with her. Although she made frequent suggestions that he move back into her apartment, he continued to live independently.

Budgeting and COP's financial support were gradually faded out of programming. For the past three months Rick had been able to deposit five dollars out of each biweekly paycheck into a joint savings account with COP. These funds were transferred to an account soley in Rick's name, and even though there would no longer be any way to ensure Rick's continued effort to save some money, it was hoped that he had learned the habit of keeping extra money in reserve.

COP's attempt at introducing Rick to new recreational activities as a way of dealing with his alcohol problem was not as successful as hoped. Rick did attend the six-week auto mechanics course half the time and did show up at all the COP basketball games and practice sessions, but this did not seem to have an impact on his drinking behavior. Reports from Karen and his employer did indicate that he was sometimes late to work or called in sick due to a hangover.

At the end of the 20 months participation with COP, George and Julie, the two staff that had the most contact with Rick and Karen, took them both out for a termination dinner. During the dinner Rick was told that COP staff could no longer provide services such as crisis intervention, budgeting, counseling or any outreach but would be able to serve as a resource for providing referral to other agencies if requested by Rick. This was the last formal contact COP had with Rick, and he remained under the supervision of his probation officer for the remaining four months of his probation.

Summary

As this composite case study has demonstrated, the Complex Offender Project's programming attempted to be responsive and flexible. Not only did its clients present multiple and complex problems but because the treatment occurs in the natural settings of the community, difficulties usually occurred which compound and complicate matters. Traditional approaches to treatment which remove the client from the community are unable to alter the many interactive components of the clients environment which may be at least partly responsible for client's behavior. Treatment in the community considers the influence that the environment has on the client and as such must be creative, comprehensive and often unorthodox.

CHAPTER 4

PROCEDURES AND OPERATIONAL DATA

Organizationally, the Complex Offender Project operated as an independent research unit of Mendota Mental Health Institute. The Institute provided fiscal and administrative support and, as a state agency, provided an official sanction for both the research and service delivery components of the Project. Operationally, however, COP functioned as an autonomous, community-based program much like a nonprofit corporation. Staff were responsible to the Project Director rather than to department heads at the Institute, and the Director was responsible to a community Advisory Board as well as the Institute.

COP's staffing pattern did reflect the influence of the mental hospital however; and, like the preceding PACT program, the Project was intended to resemble the staffing pattern of an inpatient unit. The staffing pattern varied somewhat over the course of the Project, but the following worked well:

1 Psychologist/Director
1 Social Worker
1 Vocational Rehabilitation Counselor
1 Research Analyst
2 Psychological Services Associates
2 Registered Nurses
5 Client Services Assistants
1 Clerk-Typist
½ Statistical Clerk

In addition, psychiatric consultation was available from the Institute.

Since COP was designed to serve probationers as a more effective alternative to traditional programming, the working relationship with the Bureau of Probation and Parole (now Bureau of Community Corrections) was both vital and problematic. Initial plans called for identification of

potential clients early in the judicial process, prior to arraignment if possible, and for all clients to be assigned to the caseloads of two probation officers who would then work intimately with the Project. These initial plans had to be abandoned for three reasons. First, no agency was willing or able to reliably screen and refer clients that early in the judicial process. Second, a probation caseload consisting of 30 to 60 "complex offenders" was viewed as intolerable by the agents. Third, the inception of a legislatively mandated case classification/workload inventory study required that COP's relationship to P&P be redefined in a more limited way.

By March of 1975, a stable relationship had been established with the Bureau of Probation and Parole, however, and an intake/referral system was developed which remained basically unchanged for the duration of the Project. Several important characteristics of this system should be noted.

1. All clients were referred to COP by their probation officer. Some potential clients were identified by other agencies or by Project staff in periodic screening of records, but the decision to refer was the probation officer's responsibility. The only exceptions were a few clients, no more than 20%, who were directed by the court to participate in COP or similar treatment.

2. Two staff members were assigned the responsibility of maintaining contact with all probation officers, periodically screening records for potential clients and interviewing all referrals. The purpose of the interview was to confirm eligibility and to inform the client of the nature of the Project.

3. Participation in the Project was voluntary, and clients were required to sign an informed, voluntary consent form, preferably with the advice of counsel. A copy of this form is included in Appendix B.

4. After the client volunteered, participation was made a court-ordered condition of probation. The purpose of this was to provide an official sanction for the Project's involvement with a client who was not formally part of the state's mental health system.

5. After the court order was obtained, clients were randomly assigned to receive treatment services or to an untreated comparison group for purposes of program evaluation.

These procedures had several implications. First, because referrals were at the discretion of the probation officer, the clients actually referred may not represent the true body of "complex offenders" in the correctional system. Some probation officers never referred clients, some worked closely with the Project, while still others referred clients only after all else had failed. If COP had been administered by the Division of Corrections rather than Mendota Mental Health Institute, this discretionary element and potential bias could probably have been eliminated.

Second, although participation in COP was voluntary in the sense that the Project did not and could not coerce the decision to enter the program, it is possible that some probation officers may have urged participation in a coercive manner. Also the voluntariness of the program was limited in that once a court-order had been obtained, clients had to petition the court to have the order removed and to drop out of treatment. This limitation on fully voluntary participation seemed necessary considering

the recalcitrance of the client population. In fact although many, if not all, clients threatened to drop out of treatment, only three followed through when the procedure was explained to them. It is noteworthy that there were no punitive consequences for those clients who did petition the court.

Third, the random assignment took place only after the decision had been made to return the offender to the community. Thus the Project did not truly operate as an alternative to incarceration; in fact to do so would have biased evaluation of the Project's effectiveness. If clients had been (randomly) assigned to the comparison group prior to this decision, these clients would almost certainly been incarcerated more. Such an artifact might have superficially enhanced COP's effectiveness but would not have resulted in a true test of the model.

As discussed in Chapters 2 and 3, relationships with other agencies were also important. COP attempted to avoid duplicating the services of other social service or manpower programs; instead COP's services were tailored to complement other agency's and to enhance their effectiveness. COP provided virtually no direct educational services, for example, although treated clients had higher rates of enrollment and graduation then did offenders in the comparison group. This was accomplished by working closely with existing programs, notably the Omega Night School and the Madison Area Technical College. COP encouraged its clients to explore the options available, supported participation by providing transportation assistance, monitoring performance and arranging for payment of tuition and fees, and even offered financial incentives for educational accomplishments. Similarly with employment and training programs, COP would assist its clients through the bureaucratic intake system, arrange for funding

including direct subsidization in some cases, and work as closely as possible with the manpower program to resolve employment hindering problems.

The relationships between COP and other components of the criminal justice system deserve some special comment. Legal service agencies and defense attorneys generally regarded COP as a positive alternative for their clients. COP cultivated this support by seeking input to procedural decisions from these agencies, but by and large, COP did not meet the perceived needs of defense attorneys because the random assignment made it difficult to use participation as part of a plea bargain. The Project more directly met some needs of the District Attorney's office and the county jail, however, and both relationships have potential for future program development.

During 1976-77, COP operated a pre-trial diversion program for "complex offenders." Client eligibility criteria were basically the same, but clients were referred by the District Attorney's office based on a perceived need for treatment. Participation was voluntary but was sanctioned by a contract with the District Attorney agreeing to drop charges if specific objectives of time-delimited treatment were met. (Intake procedures and forms are included in Appendix B.) Although too few clients (12) participated in this program to objectively evaluate it, some conclusions are clear. First, as argued by Biel (1974) and de Grazia (1974), diversion of persons with emotional disturbances and others beside the typical "first offender" is a viable option. Treatment was briefer (6 months average) and more limited to specific problems related to the offense than was the case with probationers. Diverted clients tended to

be younger than probationers and participated more actively in treatment. Both the Project staff and the District Attorney's office sought to expand this diversion program, but funds were not available.

COP's operations also interfaced with the work-release (Huber law) program of the county jail. The Project continued to work with its clients who were incarcerated after intake. In fact, with a few clients, the Project advocated such incarceration since the county jail provided a legal consequence for unacceptable behavior, a stable living arrangement, and the continued opportunity to pursue treatment goals like employment and education. Given the chronic unemployment of complex offenders and the intense supervision required, the work-release program was not really feasible without the Project's involvement. For offenders in the comparison group, work-release privileges were irrelevant because of unemployment or were soon lost because of misconduct. Use of the county jail to provide residential care and supervision and a COP-like "outpatient" program to provide services would seem to be an effective way to meet needs for community corrections programs without the expense and problems involved in creating additional facilities.

Intensity and comprehensiveness of services were the two keys that allowed COP to function so effectively with its difficult clientele. COP's involvement with Rick as described in the preceding case study was not exceptional. Banks, Siler, and Rardin (1977) criticized previous studies of intensive probationary supervision by noting that intensity was often defined by a low caseload rather than by the quantity (or quality) of interaction with clients. This was not the case with COP.

Data collected over 3 years of operations indicated that clients participated in the treatment program for an average of 12 months during which time they interacted with staff an average of 215 times. Client involvement ranged from less than a dozen contacts (for a few clients who withdrew their voluntary participation soon after services began) to one client who was seen 17 times per week over 9 months of treatment. Client contacts were usually face-to-face interactions in the community, but office visits, phone calls and coordinating contact with other agencies also contributed to the high level of involvement.

The average number of contacts of all kinds is shown in Table 2. COP dealt with the average client 5.7 times per week for 2 hours and 58 minutes. This does not include time spent in planning, record keeping, or for missed appointments. The number of office contacts and time spent in the office declined steadily over the course of treatment while field contacts and field time remained high until very near the end of treatment. This emphasis on working with clients in their natural environment is an important part of the COP model, and certainly COP achieved its objective of providing intensive support.

Comprehensive consideration of a client's overall social adjustment was also an important element of the COP model. Staff at one time boasted that virtually any client service could be provided by COP either directly or through referral to another agency. This comprehensiveness greatly facilitated individualized treatment planning and allowed COP to do whatever necessary to achieve any goals the client might set. This element of self-determination in turn facilitated client participation; as participation proved to be beneficial from the client's perspective, goals could

TABLE 2

MEAN LEVEL OF CONTACT

PER CLIENT OVER ENTIRE COURSE OF TREATMENT

	Number of Contacts	
Office Contacts	57.0	39.78 hrs
Field Contacts	107.3	90.00 hrs
Phone Contacts	50.5	4.54 hrs
Contacts with Agencies	67.7	11.73 hrs
Contacts with significant others	25.0	13.88 hrs
TOTAL	307.5	159.93 hrs

(mean length of treatment = 54 wks)

be gradually shifted into areas that client might have originally denied or resisted. The diversity of the individualized treatment plans was increased by COP's use of different treatment approaches dependent upon client needs, even when addressing a common goal. A general precept was to do whatever necessary to help a client while still intervening in the minimally effective manner. The purpose of this strategem was to increase the clients' responsibility for themselves and to avoid counterproductive dependency on the Project. Thus a treatment plan might have facilitated change through provision of direct services, through referral and agency coordination or through the gradual shaping of small behavioral changes that result in a major change in adjustment. A client's need for a stable residence, for example, could be met by directly providing a room at the YMCA, by coordinating welfare eligibility and referring the client to a housing agency or by teaching the client how to budget, use public transportation, and hunt for an apartment on a day-by-day basis, until an independent living arrangement is found. At one time twenty-six different services were being provided to the 33 active clients. Table 3 summarizes the types of services provided (as categorized by the Wisconsin Council on Criminal Justice), the percentage of clients receiving each service and the average number of contacts/quarter devoted to providing each service. Agency coordination and "personal counseling" were most common services, but both of these categories are very broad. Job placement and counseling was the most common specific service area. The wide range of services offered makes it impossible to describe all elements of COP's treatment model, but the procedures used to enhance

TABLE 3

SERVICES OFFERED AND UTILIZATION

January 1976-September 1977

Service	% clients receiving service	Average contacts/qtr providing svc
Agency coordination	86	13.9
Personal counseling*	86	11.9
Job placement and counseling	59	9.2
Recreation**	56	5.1
Family counseling	53	7.8
Room and board	38	6.8
Financial and debt counseling	37	3.8
Nursing care/medical service	34	6.2
Educational training	28	5.3
Legal problems	28	3.2
Employment training	22	5.9
Crisis intervention	18	3.1
Group counseling	8	.3

*Includes nontraditional counseling and residual activities.

**Includes activities scheduled to motivate performance in other problem areas.

employment are described in detail in Chapter 5 of this report.

The high level of involvement and comprehensiveness in service are necessarily costly, requiring a relatively small project with a low client to staff ratio. A total of 117 person were referred to the Project, of whom 60 were randomly selected to receive treatment services. The workload averaged 28 clients per month, and services were provided by a clinical staff of 8-10 people. Total cost of the Project averaged $193,806.00 per year. Personnel costs accounted for 78% of the total, and about $400 per client per year was spent on direct services to clients. True costs of the treatment model are difficult to estimate, however, because one-time start up and evaluation costs contributed heavily. Allowing 20% for evaluation and 8% for one-time costs, the estimated cost of treatment was $5,630 per client per year.

COP was clearly more expensive than traditional probation and parole programs ($731 per client per year in Wisconsin according to the Wisconsin Taxpayers' Alliance, 1976), but on the other hand insitutional placements are even more expensive ($32,851 for psychiatric hospitals and $8,646 for prisons), and Project costs compare favorably with those of other recent innovations in community programs. A survey of pretrial diversion programs sponsored by LEAA and the Department of Labor typically serving only first offenders revealed an average cost of $3,162 per client per year, for example (NPISC, 1974), and the average cost of Supported Work programs with chronically dependent persons (including a sizable stipend for the client) is $13,500 per client per year (Tryon, 1977). The cost of the program should also be considered in light of its status as a research grant. No effort was made to reduce costs

through personnel adjustments or by relaxing eligibility criteria to increase the workload as might be done in an ongoing service agency. Consideration should also be given for the short and long-range benefits to be accrued from the Project's success. Although a thorough-going cost/benefit analysis was considered premature, the costs of the program were offset by an estimated savings of $1,338 per client per year in psychiatric hospitalization and another $300 per client per year in welfare costs, for example. At this stage of development, the costs of a program like COP should be considered in the context of the effectiveness of the services provided. Both topics are discussed in following sections of this report.

CHAPTER 5

THE COP EMPLOYMENT PROGRAM: PROCEDURES, EVALUATION, AND NEXT STEPS*

One of the greatest challenges facing ex-offenders today is securing some form of employment. The unemployment rate among ex-offenders in Wisconsin is 50% (Wisconsin Division of Corrections, 1977), and the barriers to their employment have been well documented (McCreary & McCreary, 1975; Nagle, 1974; Pownall, 1969; Taggart, 1972). For example, very few ex-offenders have the skills or education necessary to secure competitive jobs. Few have any work experience that could help qualify them for skilled occupations. Also, the stigma attached to the label "ex-offender" often discourages employers from hiring members of this disadvantaged group. If they do hire them, it is usually to perform menial jobs at menial wages.

This situation is obviously counterproductive in light of the fact that employment has been shown to be one of the main deterrents to recidivism. In fact, it has proven to be a major "rehabilitative tool." McCreary and McCreary (1975) state:

> "Employment not only affects an offender's ability to support himself without recourse to crime but employment is also a major influence on the nature of his associates, his use of leisure time, his conception of himself, and his expectations for the future." (pg. 2)

Through employment, then, the ex-offender cannot only obtain financial support, but he can become involved in activities that will occupy his time and energy and thus hopefully discourage him from returning to crime.

*This section is based on a paper by Pam Crozat and James Kloss entitled "Intensive community treatment: An approach to facilitating employment of offenders," Criminal Justice and Behavior, in press.

The program designed to help COP clients find employment was perhaps the best developed and most structured service offered by COP. Clients usually began this program soon after admission to the project. The first step was to assess a client's job seeking ability. This was done by having the client fill out a mock employment application and take part in a simulated job interview. If it was determined that his performance was unsatisfactory he then was asked to participate in a job seeking skills training course consisting of four one-hour training sessions. The first session consisted of a slideshow on "where to find jobs" and a filmstrip on how to write a resume. The client, with staff assistance, then wrote his own resume. The second session consisted of a filmstrip on how to fill out an application followed by a critical review of the application completed by the client during the assessment period. The client then practiced filling out other applications. Included in the third session was a slideshow on how to take part in an interview followed by some roleplayed interviews with a staff member. These interviews were videotaped so that the client could observe himself and determine those areas in which he needed improvement. The final session consisted of an audiotape on how to handle "tough situations" during the interview, such as how to explain to an employer an involvement with the criminal justice system. This was followed by more roleplayed interviews between staff and client during which responses to these difficult situations were rehearsed.

Upon completion of the training course the client was asked to make an independent decision as to the type of occupation he wished to pursue. At no time was a vocational interests or aptitute assessment conducted.

This was the case mainly because most vocational interests and aptitute tests focused on occupations that were inappropriate for COP clients. In general, clients did not currently have the prevocational or vocational skills necessary to begin training for the kind of occupations listed in the test, nor did they have the interest. If it did seem appropriate, however, to administer these tests to a client, he was referred to outside agencies that were available to supply this service.

In most cases, the staff recommended that clients pursue competitive employment. The rationale behind this was four-fold. First, most clients had worked at a competitive level previously and thus it seemed unnecessary and even detrimental to encourage them to try to adjust to semi- or uncompetitive employment. Secondly, the typical client's skills were at a competitive level and it was felt that a semi- or uncompetitive job might encourage a client to reduce his performance level accordingly. Third, it was felt that the client goal of maximum independence could be best achieved by working in competitive level occupations. Finally, clients were questioned during initial planning meetings as to the type of employment in which they would eventually like to engage, and by and large they chose competitive work. In some cases, however, it became apparent after completing the job seeking skills training package, that certain clients either lacked the pre-vocational and vocational skills for competitive employment or refused to try to secure such employment. In these situations uncompetitive or semi-competitive work was pursued.

In order to place a client in uncompetitive or sheltered work it was necessary to refer him to the Division of Vocational Rehabilitation

(DVR) which then could place him in a local sheltered workshop. This was done only if the vocational rehabilitation counselor assigned to the case concurred with COP's judgment that sheltered work was appropriate. COP would then work closely with DVR and the workshop in helping to prepare the client for competitive work. If and when he was ready for competitive work, he was encouraged to complete the job seeking process offered by COP.

When semi-competitive employment seemed appropriate, clients were most often referred to local projects or agencies that received funds through the Comprehensive Employment and Training Act of 1973. These projects and agencies not only offered clients training in a vocational skill of their choice but also in prevocational skills. They usually worked more than 20 hours a week and were paid a minimum wage for their work. The client continued to receive COP services through his vocational training period, after which COP became responsible for helping the client find competitive employment. Also, during the vocational training period COP had several contacts a week with each client's employer to discuss a client's progress, iron out any problems that had occurred and to organize and implement cooperative treatment plans for that client.

When competitive employment was initially appropriate, however, the process of job seeking began after the client had determined which occupation he wished to pursue. COP's involvement in this process differed with each client according to the needs and motivation of the client. For example, in those cases where clients had shown a great deal of motivation and initiative in job hunting, clients were encouraged to job hunt independently. In other cases where clients needed a minimal

amount of supervision in the job hunting process, they were asked to come into the office several mornings a week to look over want ads in the newspapers, make a list of jobs for which they wanted to apply, and call to set-up interviews if necessary. The client then applied for jobs independently. This group of clients occasionally requested and were given rides to various job sites if no other form of transportation was available, but this was not routinely encouraged.

A third group of clients received the most intensive job seeking service offered at COP. It was called "personalized job service" and was offered to those clients who had not only demonstrated the least amount of skill in the area of job seeking, but who had shown the least amount of motivation and initiative in finding a job. The service involved first requiring that a client come into the office or meet a staff member at a local restaurant to look over want ads several mornings a week. After the client had made a list of businesses at which to apply, a staff member would then drive the client to these businesses. Staff were available to do this all day if necessary. Visits to traditional employment agencies were also made. A quick, role-played interview was often conducted in the car to help prepare the client for a real forthcoming interview. After completing the application process for all appropriate jobs, the client was then rewarded for his efforts, usually by receiving a meal or monetary payment. This job seeking process was repeated until the client was able to secure a job. Note that finding a job was the client's responsibility and not the Project's. This was done to avoid dependency on agency services and to force development of individual job seeking skills and resources. Azrin, Flores and

Kaplan (1975) emphasized the importance of utilizing family and interpersonal resources for both obtaining job information and supporting the job seeker, but in this case, an agency (COP) was forced to assume this supportive role since these chronically disadvantaged clients typically lacked appropriate family or peer supports. Consequently, COP staff did little job development, but a range of services continued to be available once a client secured his own job.

Once a job was secured, COP staff often gave a client initial daily wake-up calls and rides to work to assure that he managed to keep his job. They also attempted to establish a relationship with the employer in a non-stigmatizing way. This was done by making periodical follow-up calls to verify the number of hours the client had worked, to discuss a client's progress and to determine any problem areas. Staff would then work with the client and employer on alleviating these problems. They would also often provide the clients with reinforcements for maintaining their employment such as an additional wage per hour of work, a meal after work, etc. Finally, staff continued to meet alone with the client to provide work adjustment counseling as needed.

In summary, the COP job seeking skills training program involved not only training in how to secure a job but it offered a support system for the client as he was going through the actual job seeking process. Also, it supplied alternatives to those clients who were not yet ready for job seeking or competitive employment.

RESULTS

The success of the COP's job seeking skills component in teaching interview-related behaviors was documented by Twentyman, Jensen and

Kloss (1978). At issue here is the success of the program in helping severely disadvantaged clients obtain employment. This can be evaluated by comparing the employment record of clients receiving services to the records of a randomly selected comparison group of offenders who received only probationary supervision. Both groups were interviewed at the time of referral (baseline) and at four-month intervals thereafter. Questions included the number of jobs held, number of days employed, number of days missed, wages, the nature of the work--competitive, semi-competitive or sheltered--and the hours worked per week.

Employment Background of Clients

The typical complex offender was a 21-year-old white male. Fifty-nine percent of the 119 persons referred were high school dropouts, and while almost all (94%) had been competitively employed at some time in the past two years, they had been unemployed for an average of 14 of the 24 months prior to referral.

During the four-month period immediately prior to referral, clients were unemployed 65% of the time and 39% were unemployed the entire period; 35% held one job and 27% held two or more jobs resulting in an average of .96 jobs held per client. Only 3% of the time was spent in sheltered employment settings and earned income averaged only $355 per employed client per month.

Effectiveness of the COP Employment Program

The Complex Offender Project provided highly intensive, comprehensive services to severely maladjusted people. Clients were seen more then three times per week on the average, and employment was the single most common treatment objective. The combination of job seeking skills and

personalized job service had an immediate effect on job placements. The average number of jobs held increased to 1.5 jobs per client during the first four months of treatment. As can be seen in Table 4, this was due to a reduction in the number of people completely unemployed and an increase in the number of people having 2 or more jobs over the four-month period. As a result, the amount of time unemployed also decreased from 64% to 41% and earned income increased by 46%.

Subjects have been followed for up to 28 months after referral and an 11% reduction in unemployment persisted over time; only 20% of the treated subjects were completely unemployed for any four-month time period. Although these were significant long term results, Figure 1 indicates that the initial impact on employment gradually dissipated over time.

Data on the percentage of work missed (Figure 2), which rose with the increase in employment, and the dramatic increase in the percentage of clients holding two or more jobs (Table 4) suggest that absenteeism and other on-the-job problems may have resulted in high job turnover and diminution of employment.

The most common employment situation was a full-time competitive job. Sheltered employment accounted for only a small portion of the total employment (2%), and participation in the treatment program did not increase sheltered employment. On the other hand, semi-competitive employment (CETA-funded work experience programs, etc.) was about 10% of the total and treated clients participated in these programs significantly more than offenders in the comparison group (16% vs 1%, $p < .05$).

FIGURE 1

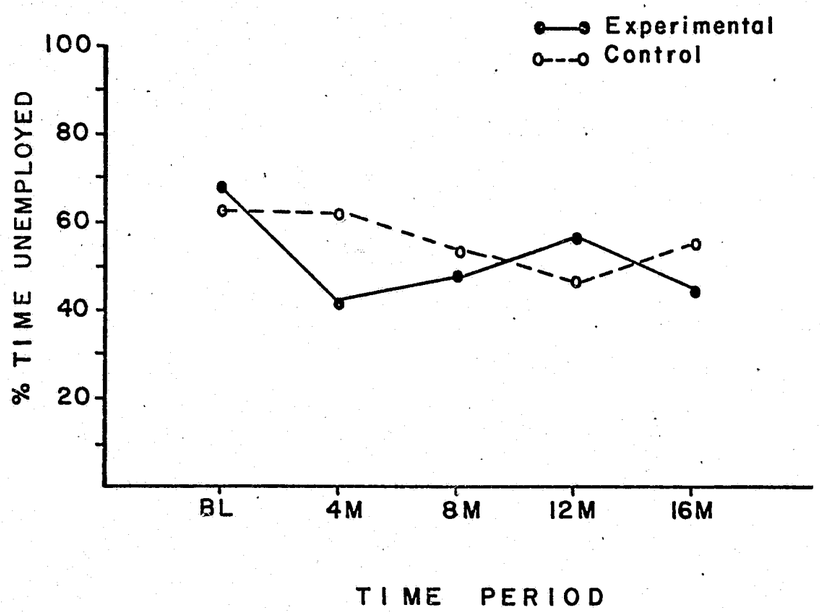

FIGURE 2

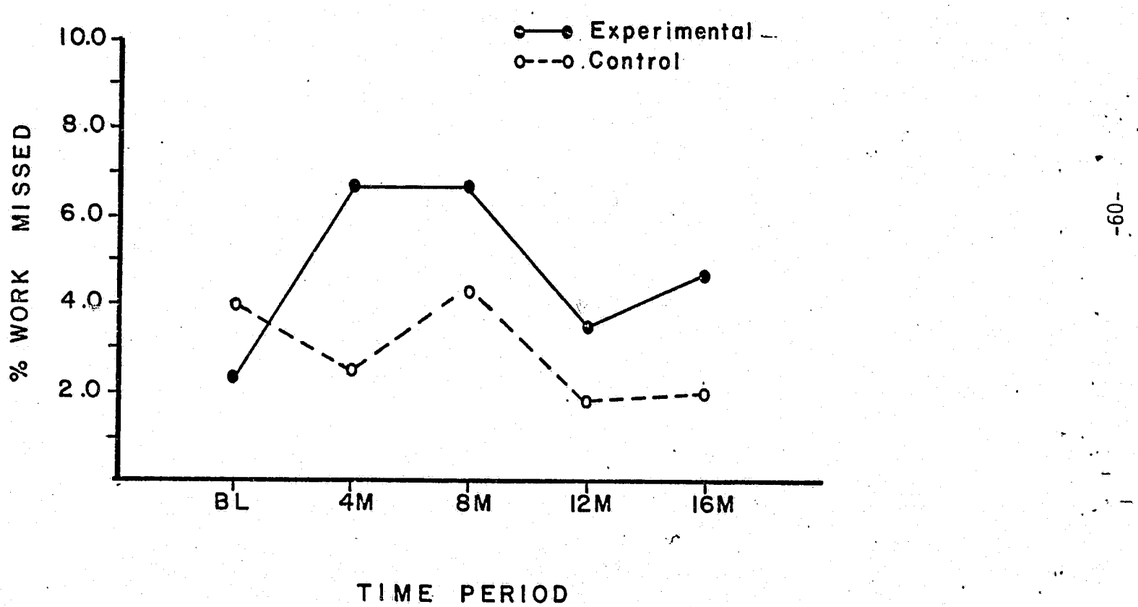

TABLE 4

Percentage of Clients Holding Jobs

During Interview Period

4 months prior to referral	0 Jobs	1 Job	2+ Jobs
COP Treatment Group	43.6	36.4	19.9
Comparison Group	35.3	33.3	31.4

$X^2 = 4.43$

$p < .11$

16 months after referral (4 time periods)	0 Jobs	1 Job	2+ Jobs
COP Treatment Group	20.1	44.8	35.0
Comparison Group	31.6	45.2	23.1

$X^2 = 5.00$

$p < .09$

Overall $X^2 = 52.33$

$p < .001$

DISCUSSION

The results clearly indicate that even offenders with multiple employment handicaps can be assisted in obtaining employment, given a program of sufficient intensity and comprehensiveness. Especially important in the Complex Offender Project were both consideration of employment problems in the context of overall social adjustment, and client participation in the selection of employment goals. While virtually all clients expressed a desire to get a job, for some this was an unrealistic goal given other problems--uncontrolled drinking for example--and for others the statement was quickly proven to be insincere. The Complex Offender Project was able to address these problems and even to provide temporary subsidies in order to help clients reach the larger goal of employment and self-sufficiency. Clients had the responsibility for setting their own employment goals, and staff were equally available to assist a client in finding a dishwashing job or in arranging financial aid for a junior college program. Attempts to discourage unrealistic plans or to encourage higher aspirations were generally unsuccessful over the short term, which was one of the reasons why traditional assessment and vocational guidance techniques were used so seldom. In retrospect clients often had a better perspective on their short-term needs than did staff, and the duration of the project (12 months, on the average) was too short to expect substantial changes in economic status. For these clients, the ability to obtain and maintain any kind of employment must be enhanced before one can address issues of career development or job satisfaction.

The results discussed above clearly indicate that COP's job placement strategy was successful in helping clients find jobs and reduce

unemployment. However, the persistence of absenteeism, rapid job turnover and gradual increase in unemployment indicate that numerous employment handicaps were not resolved through this approach. These problems cannot be attributed to a simple lack of follow-up since clients continued to be seen several times each week.

In restrospect, the shortcoming seems to have been a failure to establish sufficient cooperation and coordination with the employers. Since finding jobs was a client responsibility, Project staff were correctly reluctant to identify a new or potential employee as a "complex offender" or even as someone who was likely to have some problems or need special assistance on the job. Even in those cases where the Project was relatively well integrated into the employment setting, performance feedback to the client and to staff often proved erratic and unreliable. As a result many employment hindering problems were not addressed even though COP had the resources to do so. This difficulty calls into question COP's emphasis on competitive employment and suggests a need for further program development.

Existing sheltered employment was inadequate or inappropriate for complex offenders who either refused to participate in programs that were "beneath them" or were too sophisticated and disruptive to be retained in the programs. Work experience and vocational training programs tended to avoid accepting complex offenders, reasoning them to be too high a risk, even though there is some evidence that such programs working cooperatively with COP were highly successful. What seems to be required are manpower programs which are mandated to work with high risk clients and which are designed to cope with their special problems both

through the design of the employment opportunites and the provision of comprehensive supportive services. The concept of Supported Work (MDRC, 1976; Friedman, 1977) would seem to be a promising one since it can encompass these features, and to the extent that on-the-job behavior problems can be eliminated and appropriate skills learned in such programs, they seem to be clearly required. The combination of such a manpower program with the community intervention and employment-related programs of the Complex Offender Project would offer a real opportunity to enhance the employment and overall social adjustment of one of the most troubling and troubled groups in our society.

CHAPTER 6

METHODOLOGY

The goals and objectives of the Complex Offender Project were the reduction of criminal and psychiatric recidivism and the enhancement of the clients' social adjustment to a responsible, adult role in society. Social adjustment referred to functioning in five areas: 1) employment, 2) living situation, 3) economic adjustment, 4) self-management status and 5) social, family and interpersonal relationships. An underlying hypothesis of the Project was that improved performance in these areas would result in a reduction of recidivism.

Testing that hypothesis and evaluating COP's effectiveness both in reducing recidivism and enhancing social adjustment was nearly as complicated as providing the services themselves. The evaluation staff grew from 1-1/4 persons to 3-1/4 over the course of the Project, and the evaluation effort added an estimated $50,000/year to the total cost of the Project. This level of effort permitted the evaluation to be based on three important elements.

First, the Project incorporated a classic, randomized experimental control group design. Client eligibility was operationally defined, and staff had no discretion in the selection of clients. The random assignment process occurred only after voluntary consent had been obtained and all judicial action had been completed. Clients who were randomly assigned to the control group received supervision from the Bureau of Probation and Parole (as did the experimental group) and had access to all other community services. Thus participation in the Project could not bias dispositions to produce an artifical treatment effect.

Second, data were collected by a staff of program evaluators who operated independently of the clinical program using a comprehensive structured interview. Although it was impossible for the interviewers to remain "blind" to clients' experimental condition, they were not aware of the ongoing treatment process, were not identified with clinical staff, and had similar relationships with members of both groups. The structured interview format included 208 items covering 11 areas of social adjustment. This instrument is attached in Appendix C. Interviewers also rated clients using the Inpatient Multidimensional Psychiatric Scale (Lorr & Klett, 1966) based on their behavior during the interview. Client reports were verified whenever possible, and hospital admissions, arrests and dispositions were routinely checked against agency records.

Third, clients were interviewed at the time of referral (baseline) and at four-month intervals for two years. This long term client follow-up allowed comparisons of pretreatment adjustment, response to treatment and assessment of maintenance of treatment effects after discharge. Both differences between groups and trends over time were of interest.

Reliability of the interviewing procedure was assessed by tape-recording a sample of interviews and having a second interviewer record the subject's responses. Both interviews were then coded and compared. The average percent agreement within topic areas ranged from 60% to 100%; overall agreement was 87%, and the legal area showed the lowest degree of reliability. Partly for this reason, a second coding scheme based solely on official records was also developed and this was used to verify client self-reports. The independent legal coding system treated each charge as a case and followed each case through to ultimate disposi-

tion, thus supplementing the interview data as well as compensating for some inherent unreliability in the interview data.

Interview data provided the principle information used in the program evaluation, but this relatively "hard" data was supplemented by surveys of other agencies' personnel and of the clients themselves to determine their satisfaction with the Project. A growing body of research (cf Kirigin, 1977) indicates that the impressions of "consumers" closely familiar with programs are good indicators of the program's peformance and effectiveness.

Evaluation strategy: The following four sections of this report cover different approaches to evaluating the Complex Offender Project. Each supplements the others and provides a different basis for evaluating the Project's success. First, in Chapter 7, data from the Community Adjustment interviews are analyzed to determine the initial impact of the Project on social adjustment, psychiatric involvement and criminal recidivism. A second analysis examines trends in these measures over the first 16 months after referral. Chapter 8 examines "success" and "failure" rates as outcome criteria and evaluates COP by how well its clients, both successes and failures, fared. Social adjustment and recidivism in the eight months after termination of treatment are also examined. Chapters 9 and 10 supplement the client interview data by reporting how other agencies (Chapter 9) and the clients themselves (Chapter 10) evaluated COP. Especially interesting are the clients' comparisons of COP and the Bureau of Probation and Parole.

CHAPTER 7

COPS's IMPACT ON SOCIAL ADJUSTMENT, PSYCHIATRIC INVOLVEMENT AND CRIMINAL RECIDIVISM.*

Because the duration of the research grant did not allow all clients to be followed for the entire two-year period, varying amounts of interview data were available for different clients. The incompleteness of the data set, together with the sheer volume of data available, necessitated a stepwise analytic strategy focusing on some key measures of success. Two analyses are included in this chapter. The first is intended to assess baseline differences between the experimental and control groups and to show the initial impact of treatment. Data from 106 of the 117 total subjects were available for this analysis using a 2 x 2 repeated measures analysis of variance. The second analysis explored trends in social adjustment over the first 16 months after referral; data on 52 subjects were available for a 2 x 4 repeated measures analysis of variance. Baseline information was not included in this analysis. Following the analysis of variance, multivariate analyses were performed to investigate the relationships among the variables as they related to group differences and recidivism.

RESULTS

Institutionalization: Penal incarceration was the most prevalent form of institutionalization for this client group. Twenty-one percent of the four-month time period preceding referral was spent in penal institutions, most often county jails. Penal incarceration dropped to less than 2% of time in the first four months of treatment but then returned to near initial levels. These trends over time were

*This Chapter is based on a paper by James D. Kloss entitled "The Impact of Comprehensive Community Treatment: An Evaluation of the Complex Offender Project," Offender Rehabilitation, 1978, 3, No. 1.

statistically significant ($p < .005$), but there were no significant differences in time incarcerated between the two groups. Treated clients spent less time in psychiatric hospitals than did clients in the comparison group ($p < .12$). Hospitalization of treated clients was 86% less than expected and resulted in estimated cost savings $1,338/client/year. Especially notable was the finding that only one treated subject had been committed to psychiatric hospitalization due to a criminal proceeding as compared to eight persons in the comparison group ($t = 1.95$, $p < .05$). These results should be interpreted cautiously, however, since the comparison group had a longer history of psychiatric hospitalization prior to referral.

In contrast to the positive impact on hospitalization, 4% of the treatment groups' time was spent in residential drug/alcohol treatment while comparison group subjects spent virtually no time in similar programs; this significant difference ($p < .10$) was primarily due to relatively few clients (3) spending long periods of time in a therapeutic community and should be interpreted cautiously since significantly more members of the treatment group also reported problems related to drug and alcohol abuse prior to treatment (34% vs 13%, $X^2 = 12.6$, $p < .02$).

These results are summarized in Figure 3.

Legal Involvement: Complex offenders were chronically involved with the criminal justice system; on the average, they were charged with 2.3 new offenses per year. Although this included misdemeanors and traffic violations, it still represents a tremendous burden to society and shows the danger of long-term institutionalization--these clients

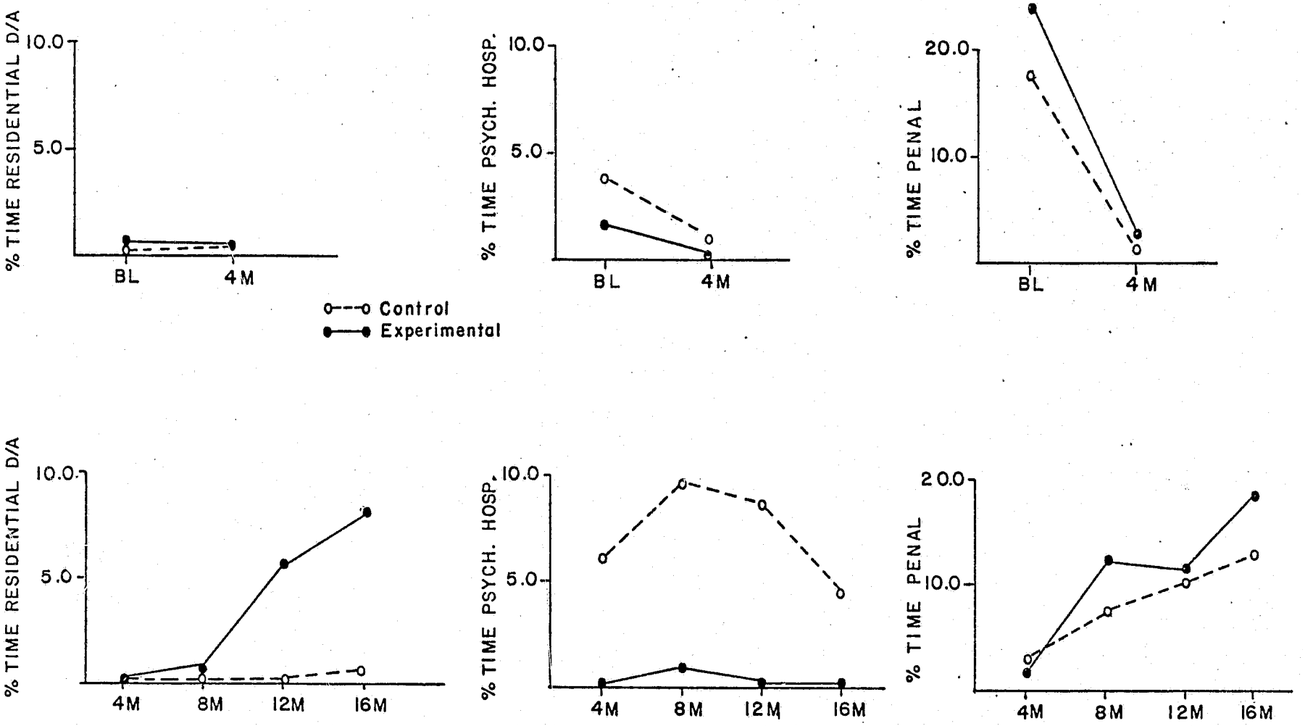

FIGURE 3

Measures of institutionalization

are in danger of "serving a life sentence six months at a time."

As can be seen in Figure 4 arrests and incarcerations decreased significantly ($p < .005$) for both treatment and comparison groups in the first four-month period after referral. The initial decrease in legal involvement appears greater in the comparison group, but thereafter there was a significant reverse interaction with treated subjects having less involvement over time and untreated subjects gradually increasing in the number of arrests ($p < .01$) convictions ($p < .06$) and incarcerations ($p < .01$). This trend was somewhat obscured by the increase in treated subjects' legal involvement between the four- and eight-month time periods. Treated clients also had fewer charges after discharge from probation than did members of the comparison group, and there were more probation revocations in the comparison group than would be expected based on initial assessment of risk using standardized scales (Baird, personal communication, 1977).

There was some evidence that the criminal justice system responded differently to clients in the two groups. Treated clients were less likely to have charges dropped or dismissed (15% vs 20%) and were more likely to be incarcerated if convicted (70% vs 58%) although there were no significant differences in type of offense or offense seriousness. This difference may partially explain why the decreased involvement with the criminal justice system had not resulted in a decrease in time incarcerated.

Employment: A statistically significant ($p < .02$) decline in unemployment of treated clients was observed during the first four months

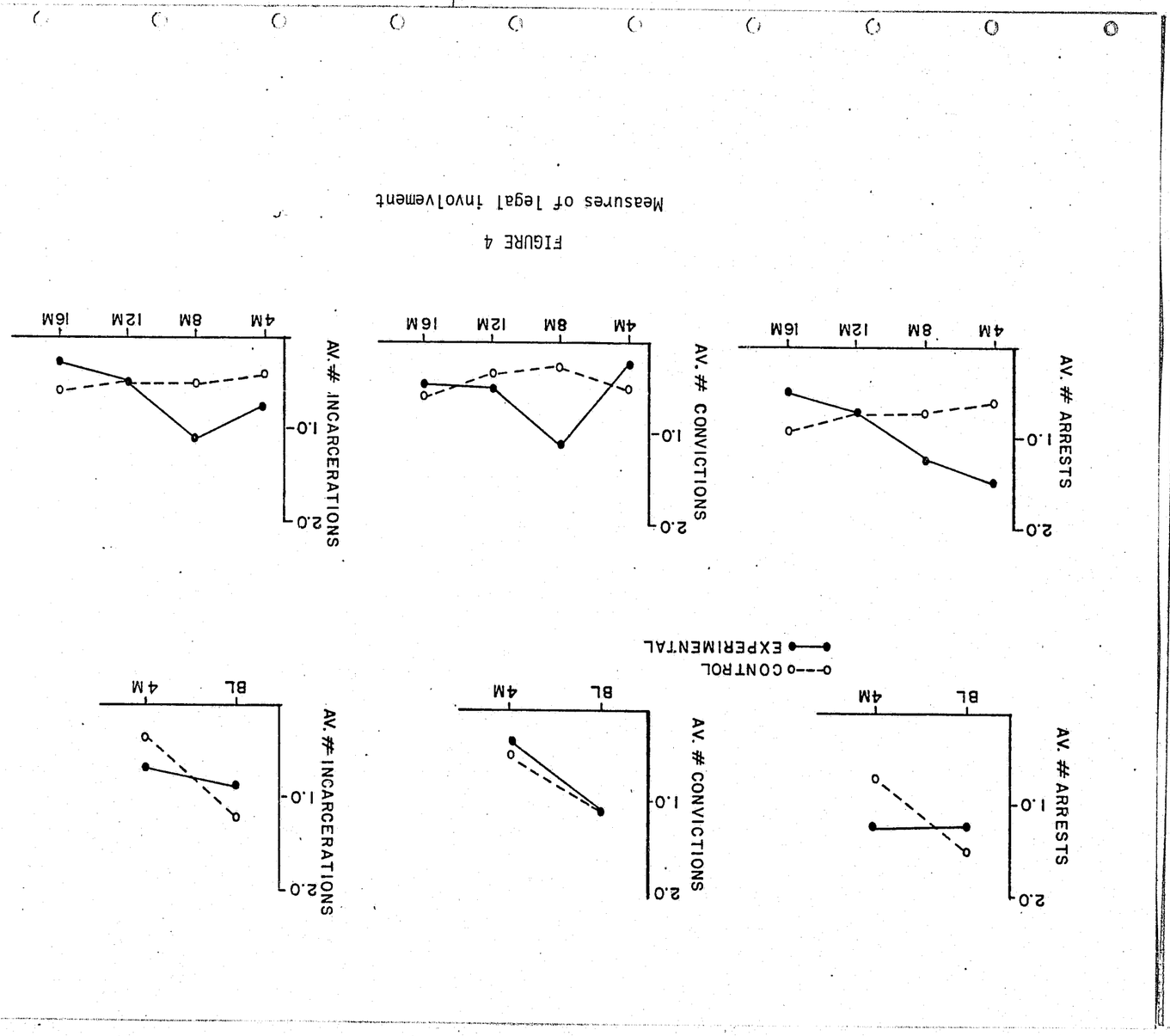

FIGURE 4

Measures of legal involvement

of treatment. The decline was primarily due to an increase in full time competitive employment, and presumably was related to the observed significant increase in the average number of jobs held ($p < .01$). Unfortunately, absenteeism (% work missed) also increased significantly ($p < .05$) with the increase in employment. Over 16 months of treatment the trends reversed, with unemployment of comparison subjects continuing to decline slowly while unemployment of treated subjects increased. These trends were also statistically significant. Unemployment appeared to stabilize at about 50% for both groups, but treated subjects still showed a 20% reduction in unemployment over all time periods. These findings are presented graphically in Figure 5.

Education: Fifty-nine percent of all clients were high school dropouts and while 50% had enrolled in a high school equivalency or vocational programs prior to the Project, only 6% had completed their programs. After referral, however, 50% of clients in the treatment group and only 13% of clients in the comparison groups were enrolled, usually in GED programs. Six percent of the treated subjects completed educational programs while only 2% of the comparison subjects did so. Both of these differences are statistically significant ($p < .01$ and $p < .13$, respectively).

Independent Living: Treated clients spent a greater portion of time living independently (65% vs 57%, $t = 2.31$, $p < .02$). This was due to a combination of factors including reduction in time spent supervised by family ($p < .11$) and in other supervised settings ($p < .06$). Independent living was not necessarily stable, however; as can be seen in Figure 4, subjects changed addresses more than once every four months

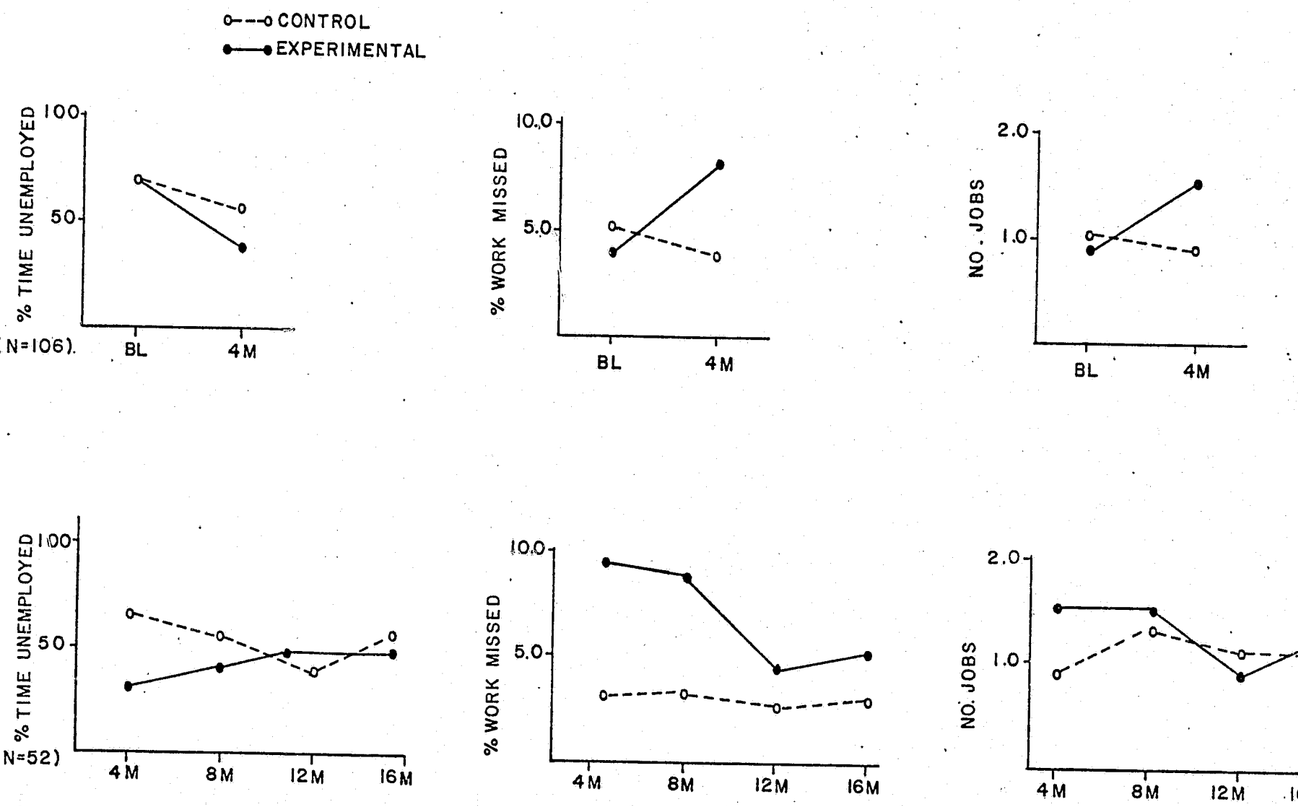

FIGURE 5

Measures of employment

on the average and subjects in the treatment group changed addresses significantly more frequently (once every 3.2 months) than subjects in the comparison group (once every 4.3 months).

Financial Status: The complex offender's average income from all sources was only $258.00 per month. Only 68% of this income was earned; welfare accounted for 12% of income, and disability payments made up 6% of total income. Subjects in the comparison group received significantly more disability and subsidized income across all periods ($p < .02$) and had significantly greater savings ($t = 3.2$, $p < .01$). Trends in earned income tended to parallel employment.

Other Measures: Subjects in the treatment group reported participating in more social activities and were rated higher on IMPS Scale 4, "grandiose expansiveness" across all time periods. Overall there were few significant differences in reported use of other community services.

MULTIVARIATE ANALYSES

The univariate statistical analyses reported above were supplemented by two multivariate procedures. A multivariate analysis of variance was conducted to assure that the observed between group differences could not be attributed to chance and random association among multiple variables. The resulting test confirmed that this was not the case (Wilks Lambda = .597, $X^2 = 102.767$, $p < .001$ with 21 degrees of freedom). A canonical correlation was also performed to assess the relationships between measures of social adjustment and measures of recidivism.

Canonical correlation is a procedure similar to factor analysis that reduces the variables to a smaller number of underlying "canonical

variates." Each canonical variate consists of a set of arbitrarily defined predictor variables and a set of arbitrary criterion variables, and the analysis results in the "best" set of relationships between predictor and criterion variables. In the present case, 29 measures of community adjustment, social activity and agency involvement were selected as one set and 10 measures of independent status in the community, criminal recidivism and psychiatric hospitalization were selected as the second set. The results of the canonical correlation are summarized in Table 5. Three canonical variates were extracted, and it seems convenient to label them conceptually on the basis of the clustered "criterion" variables. (It should be noted that, as in any correlational analysis, one cannot assume causality in the observed relationships; it is in this sense that the sets of predictor and criterion variables are arbitrary).

The first variate consisted of three indices of institutional placement; the percentage of time incarcerated in penal institutions, hospitalized in psychiatric facilities, and in residential drug/alcohol treatment centers were all positively associated. High levels of institutional placement were related to high unemployment, low overall satisfaction with life, relatively high social involvement with family members, few contacts with probation and parole, and, somewhat contradictorily, reports of being employed at the time of the interview. The strength of the observed association is excellent ($R = .85$, $p < .001$).

The second canonical variate can be labelled "community placement." It consisted of the percentage of time spent living under family super-

TABLE 5

CANNONICAL VARIATES*

	I	II	III
% time in penal inst.	81	28	25
% time in psych. hospitals	38	19	19
% time in drug/alcohol trtmt.	26	21	21
% time unemployed	33	00	24
satisfaction with life	-32	14	02
activities with family	29	-06	00
contact with P&P	-25	20	-24
have job	22	-15	07
% time supervised by family	07	73	-08
number of psych. hospitalizations	14	-60	30
% time supervised by others	08	35	33
number of address changes	-03	-54	12
contact with social security	-03	-44	-11
contact with local welfare	-17	-36	-07
heterosexual activities	-20	-35	23
social activity score	05	31	06
hobby related activities	-04	-29	11
street activities	-04	26	05
wages	-08	-21	-14
number of convictions	05	-13	-48
number of incarcerations	16	-09	-36
number of arrests	-04	-02	-25
contacts with legal aid	18	-24	-76
subsidy (amount)	13	-08	39
contact with DVR	-06	02	35
enrollment in ed. program	01	-02	-32
summary activity score	-05	-09	-28
attend social group	-08	07	20
CANNONICAL CORRELATION	.85	.62	.58
WILK'S LAMBDA	.04	.15	.24
CHI SQUARE	613	368	272
PROBABILITY	.000	.000	.002

*decimal point assumed in variate loadings

vision or the supervision of others, both of which were related to a low incidence of psychiatric hospitalization (as opposed to duration of hospitalization in the first variate). Those placed in the community tended to report more social activity, while the incidence of psychiatric hospitalization was associated with frequent address changes, receipt of SSI and welfare, and activities including hobbies and heterosexual contact. The canonical correlation among these variables is .62 ($p < .001$).

The third variate consists of arrests, convictions and incarcerations. These measures of criminal recidivism are positively associated with contacts with legal aid attorneys, with enrollment in educational programs and with high activity scores. Recidivism is inversely associated with receipt of subsidies, with Division of Vocational Rehabilitation involvement, and with participation in group activities. This last variate is also quite strong ($R = .58$, $p < .002$).

DISCUSSION

The impact of the Project is clearest in those areas of social adjustment where direct intervention was possible. Enrollment in educational programs, job finding and provision of psychiatric care, for example, show major changes in response to direct program efforts. Graduation, job retention and penal incarceration, on the other hand, were not addressed directly and show much less effect. One reason that the treated clients received less hospitalization but were not incarcerated less may simply be that the Project actively provided a therapeutic alternative to hospitalization but did not seek to influence the criminal justice system

in any comparable way. Indeed the emphasis on holding clients accountable for their behavior by the system may have increased their chances of incarceration.

The overall effectiveness of the Project as well as the results of canonical analysis support the working assumption that enhanced social adjustment will lead to reduced recidivism, but the exact relationship between social adjustment and criminal or psychiatric involvement is still ambiguous. Although employment was one of the best correlates of success, this was primarily true only for full-time employment; part-time employment, analyzed separately, was negatively related to success. Similarly enrollment is postively related to recidivism in canonical variate III even though there are many reasons to consider it as a long term benefit. There are several indications that familial dependency increases the risk of institutionalization as hypothesized, but it is also clear that the parental home may be the only stable community living arrangement available; as such it can also be a partial alternative to institutionalization. This seems to have been the case especially within the comparison group. These examples clearly indicate that the relationship between programmatic objectives in the area of community adjustment and the overall goal of reducing psychiatric and criminal recidivism is not a simple one.

CHAPTER 8

SUCCESS, FAILURE AND POST-TREATMENT SOCIAL ADJUSTMENT AS OUTCOME CRITERIA FOR EVALUATION OF THE COMPLEX OFFENDER PROJECT

The clear impact of the Complex Offender Project on legal involvement, psychiatric hospitalization and social adjustment was shown earlier. Additional, more global indicators of the Project's effectiveness can be obtained by looking at the termination process and the Project's "successes" and "failures." For purposes of planning and program development it is important to differentiate programs which have a high failure rate but which are relatively successful (with those clients who are retained) from those programs which have high retention rates but are (usually) relatively less successful. The analyses discussed above could not address this dimension of program effectiveness because clients participated in the Complex Offender Project for varying amounts of time. Thus, at any point in time, some clients were active in the treatment program, some had been discharged as successes, others as failures. For the following analyses, the 53 subject who were followed for at least 20 months after referral were classified in the following manner:

Actives -- still receiving treatment or on probation 20 months after referral. (This category was strongly determined by the original length of sentence and by additional probation sentences appended after referral.)

Success -- having been discharged from probation; all subjects still active after 20 months were classified as successes at the 24-month interview period.

Failure -- having probation revoked, having been classified as an absconder or receiving residential drug/alcohol or psychiatric treatment for at least 60 days.

Given these definitions it was possible to look at the Project's success and failure rates, and to reanalyze the data collected in periodic interviews by classifying subjects as a) those still active in treatment, b) those who had successfully completed the treatment program and c) those who were discharged as program failures at any point in time.

Analysis 1: Termination Rates.

Figure 6 shows the percentage of clients in the treatment and comparison groups who were classified as active in treatment, successes or failures at each interview period. Because the full schedule of 6 interviews was not completed by all subjects, the percentages must be interpreted as percentages of clients interviewed at that period rather than of the total subject group. By definition all clients still receiving treatment at the 20-month interview or at the end of the research program were classified as successful. The overall success rates are shown in Table 6. Note that while both groups had the same overall rate of unsuccessful discharges, Figure 6 shows that these "failures" in the comparison group tended to occur much sooner after referral than did unsuccessful terminations in the treatment group. While both groups had more unsuccessful terminations than successful terminations in the first year after referral, this difference was much greater in the comparison group. The difference in the pattern of terminations over time is striking and suggests that factors other than the social adjustment or legal involvement of partic-

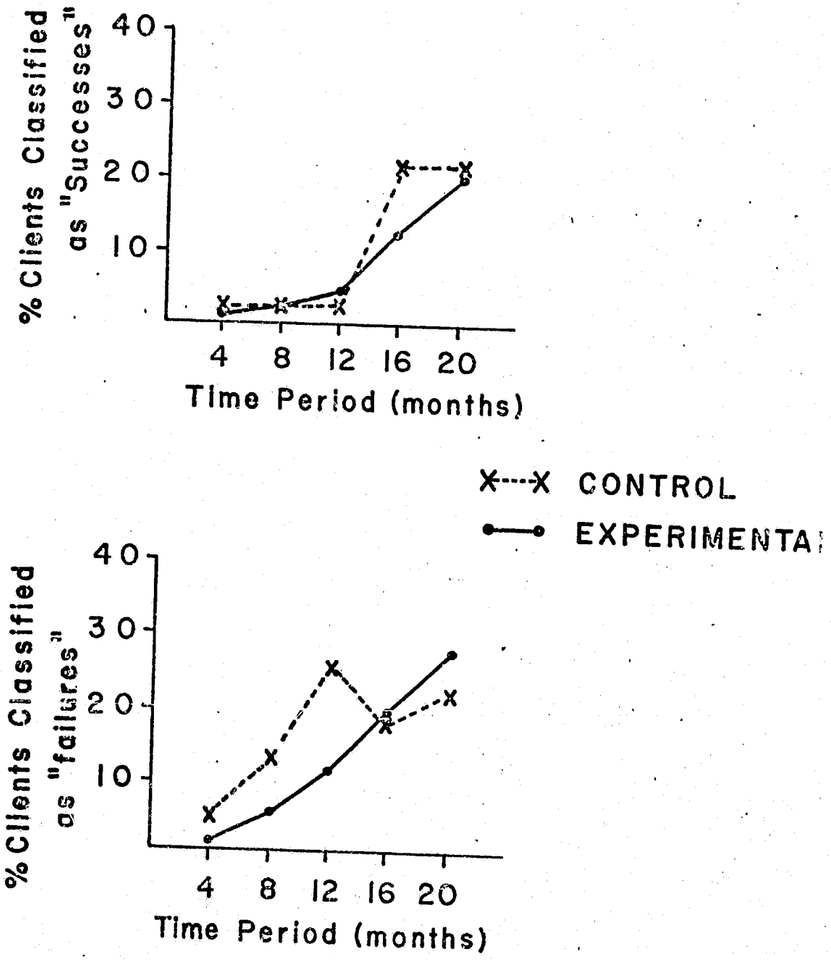

FIGURE 6

Rate of termination from Project

TABLE 6

OVERALL TERMINATION RATES

	Treatment Group	Comparison Group
Successful		
Completion of 20 mos. trt. Discharge from probation Active at end of project	60%	74%
Unsuccessful		
Revoked/Absconded Residential psych trmt Residential drug/alcohol trtmt	20%	21%
Neutral		
Death Transfer Withdraw	20%	4%
	100%	99%
	n = 60	n = 57

pants may have been influencing the discharge process. If this were the case, discharge status would be a biased indicator of effectiveness, and so it was decided to investigate the social adjustment, psychiatric and legal involvement of "successes" and "failures" after termination of services and over the course of treatment. The purpose of the following analysis was then to validate discharge status as a measure of program effectiveness and to further clarify the impact of the Complex Offender Project on clients.

Analysis 2: Social adjustment differences between "success" and "failure."

A 2 x 3 x 6 (group by termination status by interview period) repeated measures analysis of variance was conducted on 21 summary measures of employment, independent living, psychiatric and legal involvement using responses from 52 subjects who had been interviewed 20 months after referral. Twenty-months--six interview periods--is the longest follow-up period for which sufficient data to allow reliable statistical comparisons was available. The analysis of variance summary tables are included as Appendix D, and Table 7 summarizes the difference among the three categories of termination status across both the treatment and comparison groups.

The classification by termination status is a meaningful one, as shown by significant differences between groups on ten of the measures. Not surprisingly the greatest differences are between the groups classified as successful and unsuccessful; clients who terminated successfully performed best on all but one measure of recidivism--they had a significantly higher rate of unofficial police contacts. Clients who remained in treatment

TABLE 7

Significant differences between groups classifed by treatment status 20 months after referral

	Still Active	Discharged as Success	Discharged as Failure	
	n=33	n=13	n=17	p<
Mean number of incarcerations*	0.61	0.54	0.91	.10
% time incarcerated*	7.9	1.6	34.7	.001
Mean number of unofficial police contacts	0.15	0.32	0.07	.10
% time hospitalized	1.2	0.0	10.9	.001
% time living independently	66.0	70.7	22.7	.001
Mean number of jobs held	1.25	1.49	.66	.001
% time competitively employed	47.4	70.5	20.6	.001
% time semicompetitively employed	11.6	20.4	3.8	.01
Mean wages ($)	802	1326	317	.001
% of work missed (absenteeism)	3.9	3.3	1.8	.10

*Means and percentages are for a four-month interview period.

(or on probation) for the entire 20 months were intermediate in performance, but more closely resembled the successfully discharged group. There were also differing trends over time for the three categories of discharge status.

Although there were relatively few differences between the three groups of clients prior to treatment (at baseline), the group eventually classified as failures showed little or no decline in legal involvement during the first four months after referral. At baseline the successful group had been arrested more often but spent less time incarcerated than the other two groups; this group continued to be arrested about as frequently as the others but spent very little time incarcerated. This group also had the highest rate of unofficial police contacts, primarily during the 20-month follow-up period. The group discharged as successes also had the highest rate of employment, highest earned income and highest level of independent living. The percentage of time this group was competitively employed declined toward the end of the 20 months while employment of the group still active in treatment continued to increase. Employment of the group classified as treatment failures remained low, perhaps due in part to the high level of institutional placement.

While these findings help clarify the results of treatment by differentiating three groups of clients who would be expected to differ in social adjustment, evaluation of the Complex Offender Project itself must be based on the difference between the treatment and comparison groups, differences between groups over time, and perhaps also differences between groups within categories of termination status. This analysis also extended the results discussed earlier for an additional four months after referral.

Treated clients continued to spend less time in psychiatric facilities and to be committed to psychiatric facilities less than comparison clients across all time periods ($p < .10$). They also received less public subsidy ($p < .05$) and were competitively employed more of the time ($p < .10$). Absenteeism remained higher for the treatment group ($p < .10$), but an additional finding is that treated clients participated much more in semi-competitive employment and training opportunities than did members of the comparison group (16% of the time vs 7%, $p < .005$). This difference was especially pronounced among "successful" clients.

The downward trends in legal involvement (arrests and convictions) continued for both groups, but the comparison group showed a change in trend and an increased number of incarcerations at the 16- and 20-month follow-up periods ($p < .005$). Treated clients who were classified as successful were incarcerated fewer times than their counterparts in the comparison group, but treatment group clients who remained active in treatment were incarcerated more. Comparison subjects who successfully completed probation had a large increase in the number of unofficial police contacts and psychiatric hospitalizations at the 20-month follow-up period ($p < .05$).

DISCUSSION

A client's status at termination of treatment is an intuitively attractive indicator of program success. If participation in COP increased the probability of successfully completing a term of probation and decreased the probability of institutionalization, then the Project could be considered successful. Certainly there are tremendous differences in the social adjustment of "successes" and "failures," as indicated in Table 7.

Since Table 6 indicates that participation did not affect the probability of "failure," one might conclude that the Project was unsuccessful.

The situation is not that simple, however. Figure 6 indicates that "failures" occurred much sooner in the comparison group than in the treatment group. This may indicate that probation officers, like prosecutors and the courts treated complex offenders differently if they were receiving COP's special treatment (cf p 51). Even so COP can at least be credited with helping to maintain its clients in the community longer. "Failures" in the comparison group had much higher rates of unofficial police contact and psychiatric hospitalization and spent the largest percentage of time (21%) in psychiatric institutions.

It is also important to note that the performance of offenders who were classified as successes deteriorated on some critical measures over time while the performance of those clients still active in treatment continued to improve. Such was the case with employment, psychiatric hospitalization, arrests and convictions. Thus it appears that "success" and "failure" cannot be used as a straightforward, global indicator of program effectiveness. Rather it is essential to look at the overall pattern of social adjustment during and after the course of treatment. The following analysis continues the analysis of Community Adjustment Interview data, now focusing on social adjustment after termination of services.

Analysis 3: Post-treatment social adjustment, psychiatric and legal involvement.

Although post-treatment follow-up studies of community-corrections programs are relatively rare, they commonly fail to show the maintenance of

treatment effects regardless of the nature of treatment or the magnitude of effect during treatment. There is some debate as to whether this is attributable to the programs, recalcitrance of client problems or to the post-treatment environment, but such follow-up certainly provides an additional basis for program evaluation. To evaluate whether or not the effects of participation in the Complex Offender Project would persist after termination of services, data were available from 32 clients who had completed at least two interviews spanning 8 months after discharge. Since the nature of discharge--successful or unsuccessful as defined above--seemed to be a powerful discriminator, these subjects were so classified. Data on 21 summary variables were then analyzed using 2 x 2 x 2 (group by termination status by time period) analysis of variance. ANOVA summary tables are included in Appendix D.

RESULTS

As expected, successfully discharged clients spent much less time incarcerated (1% vs 47%, $p < .001$) and were employed more often (80% vs 15%, $p < .001$) and had higher earned income than did clients discharged as failures. Somewhat surprisingly, they also had higher rates of absenteeism (3% vs 0, $p < .001$) and more frequent unofficial police contacts ($\bar{X}$ = .5 vs 0.0, $p < .10$). These differences increased as time progressed ($p < .10$ and $p < .20$, respectively).

Clients who were unsuccessful had a decrease in psychiatric commitments and a decrease in the amount of time spent in psychiatric hospitals over time, perhaps reflecting the cyclical nature of these problems. A significant regression toward the mean was observed in the number of

convictions, in employment and in earned income, but the successful group continued to be better adjusted than the unsuccessful group.

Clients treated by the Complex Offender Project continued to be committed less often than did comparison clients ($p < .20$) and this difference is especially apparent between the successfully discharged clients in each group. Treated clients were also convicted of fewer offenses post-treatment ($\bar{X} = .2$ vs $.6$; $p < .10$) and continued to participate more in semi-competitive employment and training opportunities (16% vs 1%, $p < .05$) than did clients in the comparison group.

In many ways the performance of clients in comparison group who were discharged as successes was anomalous. This subgroup of clients was arrested more often post-treatment than any other subgroup ($\bar{X} = 1.1$ vs $.5$, $p < .10$) and convicted of more offenses post-treatment than any other subgroup ($\bar{X} = 0.6$ vs 0.3). This difference appeared most strongly in the second follow-up period post-treatment ($p < .005$) at which point this group also had higher incidence of psychiatric hospitalization ($p < .20$) and of unofficial police contacts ($p < .20$). These unexpected differences between clients who "successfully" complete a period of probationary supervision and those who successfully complete the COP treatment program are shown in Figures 7-10.

DISCUSSION

These results must of course be interpreted with caution due to the small sample size. Especially considering the sample size, it is not surprising that some treatment effects are not maintained and that some regression toward the mean is observed. Still the basic goal of COP seems

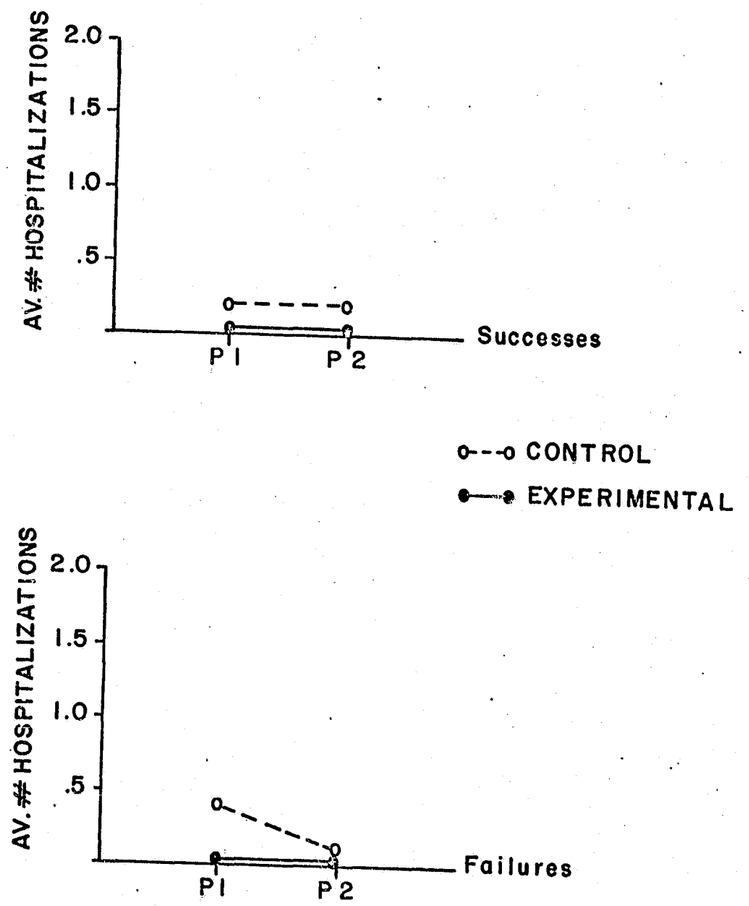

FIGURE 7

Post-treatment psychiatric hospitalization
Two interview periods, 8 months, after discharge
N = 32

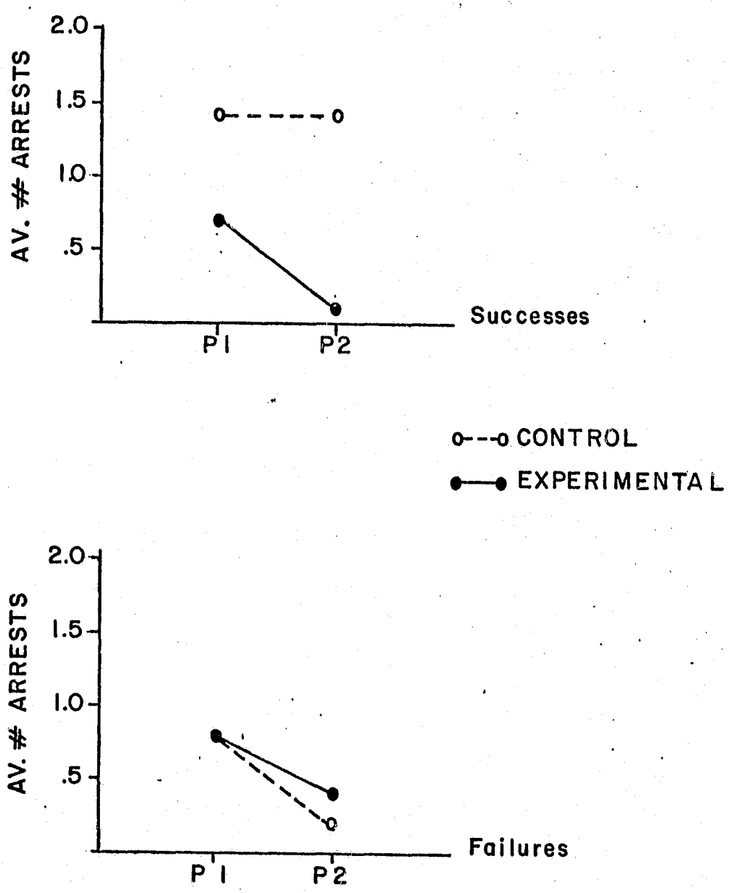

FIGURE 8

Post-treatment arrests.
Two interview periods, 8 months, after discharge
N = 32

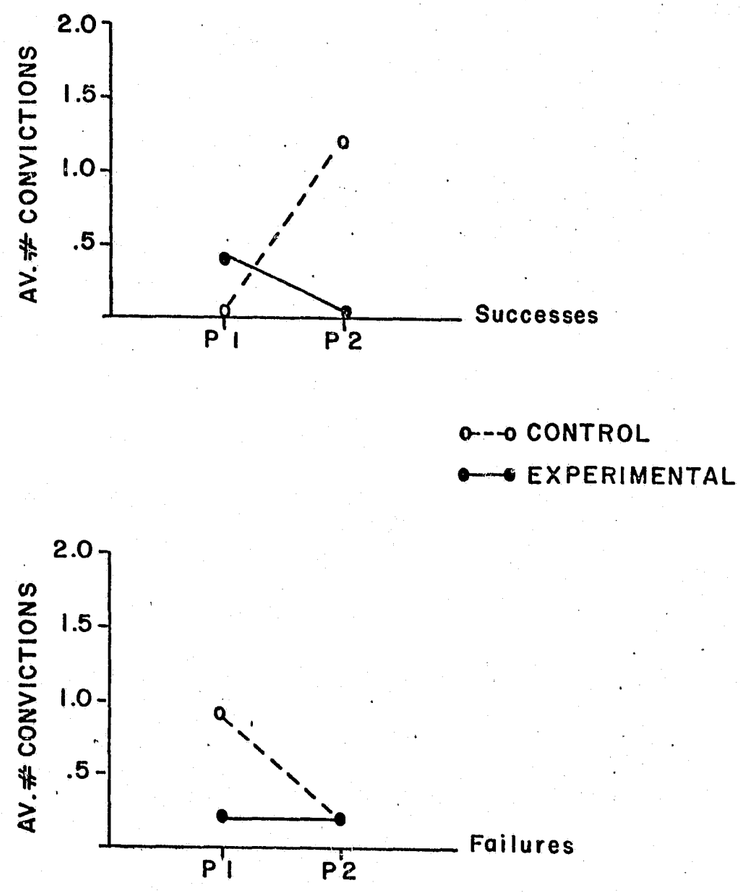

FIGURE 9

Post-treatment convictions
Two interview periods, 8 months, after discharge
N = 32

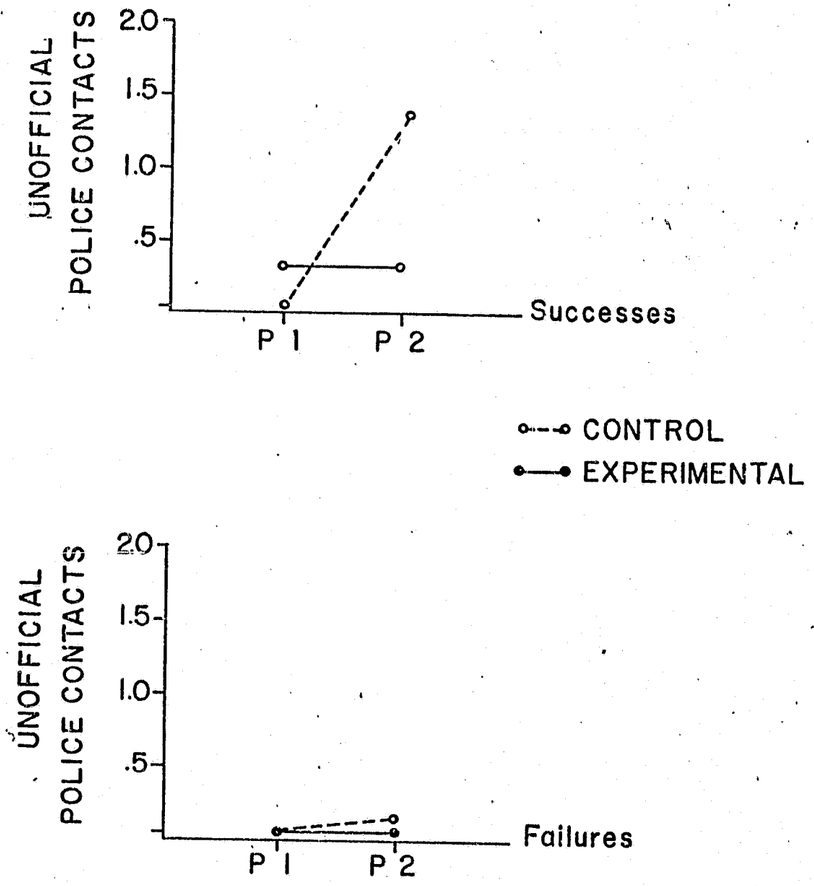

FIGURE 10

Post-treatment contacts with police
(unofficial, not leading to arrest)
Two interview periods, 8 months, after discharge
N = 32

CONTINUED

1 OF 2

to have been achieved: treated clients have fewer psychiatric hospitalizations and less involvement with the criminal justice system even after the termination of services.

The poor performance of clients in the comparison group who were discharged as "successes" requires some comment. COP was designed as an intensive treatment program whereas probationary supervision is sometimes only minimal supervision indeed. It could be that successful participation in COP was a tougher test, that clients could not coast through without making some changes in their daily lives. It is also possible that some clients in the comparison group were discharged from probation (a successful termination) regardless of their social adjustment difficulties just to "clear the books." This would certainly explain the observed deterioration, but it would also invalidate termination status as an outcome criterion.

CHAPTER 9

CONSUMER EVALUATION I:

OTHER AGENCIES' EVALUATION OF THE COMPLEX OFFENDER PROJECT*

When the Complex Offender Project began operations in 1974, it soon became apparent that in order to work effectively within the community it would be necessary to establish working relationships with existing community agencies also serving the complex offender. As COP began programming for clients it became clear that complex offenders were often simultaneously involved with many agencies including medical, psychiatric, correctional, legal and public subsidy agencies. This multiple agency involvement coupled with clients "bouncing" from agency to agency often resulted in a duplication in the delivery of services as well as client manipulation of the system.. Because COP often had the most frequent client contact of all the agencies serving the complex offender, COP staff assumed the role of coordinator of these services. COP functioned as the focal point for communication, serving to collect and disseminate treatment information among all the agencies. It was hoped that these functions could eventually help minimize duplication of services and also break the cycle of client manipulation and inappropriate dependency on the system.

After one year of operation COP decided to ask for feedback from other agencies concerning their satisfaction with the interaction between their agency and COP. It was hoped that this feedback could provide agencies with an opportunity to respond to COP's efforts in interagency communication and provide the opportunity to make any suggestions. Because COP found the

*This chapter is based on the efforts of Pam Crozat, Joan Karan, Susan Connors, Dennis Sherry and Gerry Burns

1975 questionnaire to be valuable, this same procedure was repeated in 1976 and 1977.

Procedures

Agency consumer questionnaires were sent out once annually from 1975-1977. They were sent to the staff of a wide range of agencies in Madison who had been involved to varying degrees with COP staff and/or COP clients. These agencies included alcohol-drug treatment facilities, sheltered workshops, educational agencies, mental health agencies, employment agencies and medical agencies.

The major areas of concern in the questionnaires differed somewhat over the three years depending upon current needs, but there were some topics common to all three. These included questions concerning how familiar the respondents were with COP, how satisfied they were with communication between COP and themselves (in the 1976 and 1977 questionnaires this question was asked in terms of how satisfied the respondents were with the ease of soliciting and obtaining information from COP), how satisfied they were with the cooperation of COP staff, and their opinion concerning the best and worst features of COP.

In addition to these questions, the 1975 questionnaire asked the respondents how satisfied they were with the allocation of resources serving the complex offender, given the correctional and mental health needs of the Dane County community. The 1975 and 1976 questionnaires included a question asking for comments or suggestions concerning COP's improvement, and the 1975 and 1977 questionnaires included a question concerning satisfaction with COP's effectiveness in correcting client problems.

The 1976 and 1977 questionnaires also included questions concerning the respondent's satisfaction with the appropriateness of COP's methods, and their opinion as to the necessity of making a greater effort to coordinate the activities of COP and other agencies. In addition, the 1976 questionnaire also asked whether the respondents felt that there should be more feedback from COP regarding mutual clients.

Finally, the 1977 questionnaire had additional questions concerning whether the respondents would have referred more clients to COP if random assignment had not been required and whether they felt that the termination of COP as a federally funded program would have any effect on the programming needs of their clients. This questionnaire also asked the respondents to give some summary comments on COP including the service it had provided and its necessity within the community.

Of the questionnaires sent out each year, 27 were returned completed in 1975, 51 in 1976 and 49 in 1977. Responses to those questions that were asked on all three questionnaires were tabulated. These included communication of COP with other agencies, cooperation of COP with other agencies, and effectiveness of COP in correcting client problems. Respondents were asked to rate their level of satisfaction for various aspects of interagency communication and cooperation on the following scales:

0 - not applicable to my situation, don't know;
1 - very dissatisfied;
2 - dissatisfied;
3 - neutral;
4 - satisfied;
5 - very satisfied.

The results were tabulated in terms of mean ratings and are shown in Table 8 and Table 9. Because COP staff spent a greater amount of time and effort

TABLE 8

MEAN RATINGS OF SATISFACTION WITH COP
BY PROBATION AND PAROLE AGENTS
(5 point scale, 5 = very satisfied)

Satisfaction with	Year		
	1975	1976	1977
Communication	3.7	3.7	4.2
Effectiveness	3.2	2.9	4.4
Cooperation	4.0	3.8	4.4

TABLE 9

MEANT RATINGS OF SATISFACTION WITH COP
BY STAFF OR OTHER AGENCIES
(5 point scale, 5 = very satified)

Satisfaction with	Year		
	1975	1976	1977
Communication	4.0	4.1	4.2
Effectiveness	3.9	3.6	4.0
Cooperation	4.6	4.1	4.2

in communication with Probation and Parole than with other agencies it was decided to tabulate results from Probation and Parole and results for all the other agencies separately. Responses to the open-ended questions concerning the best and worst features of COP were also classified and tabulated for both Probation and Parole and other agencies.

Results

The ratings received from questionnaires sent to Probation and Parole agents were consistently lower over the three years than those received from other agencies. Probation and Parole ratings by and large did reflect a moderate satisfaction with COP, however. In the area of communication, the mean score in 1975 and 1976 was 3.7. This mean jumped to 4.2 in 1977. For ratings of effectiveness, the mean score decreased from 3.2 in 1975 to 2.9 in 1976, but increased in 1977 to 4.4. In the area of cooperation the mean score went from 4.0 in 1975 to 3.8 in 1976 and then back up to 4.4 in 1977.

The scores received from questionnaires sent to other agencies which worked with COP staff and clients on the average also indicated satisfaction with the project. In the area of communication the mean score changed very little over the three years, varying from 4.0 in 1975 to 4.1 in 1976 to 4.2 in 1977. With regard to effectiveness, mean scores ranged from 3.9 in 1975 to 3.6 in 1976 to 4.0 in 1977. On the subject of cooperation, scores went from the overall highest mean of to 4.6 in 1975 to 4.1 in 1976 to 4.2 in 1977.

The most frequent comments from all respondents regarding their opinion of the best feature of COP were on the topics of:

1. the availability of COP staff
2. the high competency of COP staff
3. the flexibility of COP staff
4. the client-staff ratio
5. the intensity of intervention
6. the frequency of contact with COP clients.

The most frequent comments regarding the worst feature of COP were on the topics of:

1. the random assignment required by the COP research design
2. interagency communication
3. disagreement between agencies concerning goals and methods.

Discussion

The results mentioned, on the average, reflect a moderate satisfaction on the part of other agencies with COP over the three years studied. A major trend evident in the data, however, was a general decrease in the satisfaction shown in the 1976 questionnaires. This decrease in satisfaction may be related to the finding of the overall program evaluation that the Complex Offender Project clients showed a relatively higher number of arrests and convictions between the eight and twelve months after referral and that gains of the COP client in the area of employment dissipated at around 12 months. This temporary decline in client improvement, which first became apparent at the time of the second questionnaire, may explain the lower ratings in 1976. The decrease in satisfaction shown in the 1976 questionnaire may also have been due to changes in internal operations of the Complex Offender Project including the first turnover in staff and changes in programming.

A second major trend was a general increase in rating in the 1977 questionnaire. This was most likely due to two factors. First, COP made a systematic effort to improve its policies and procedures concerning inter-

agency relations between 1976 and 1977. Respondents may have recognized this effort and thus given COP higher ratings in 1977. Secondly, most respondents were aware that COP was trying to obtain new sources of funding and this might have encouraged the respondents to indicate more satisfaction in order to help the project obtain additional funding. The high ratings in the 1977 questionnaire would thus indicate overall support for the Project.

The best features most commonly cited by respondents were all related to staff performance and reflects both the personal qualities of a very competent staff and the roles and performance standards made possible by COP's organizational structure. The flexibility and availability of the staff to provide programming for clients in the community were two of the best features most often mentioned by respondents, and the multidisciplinary team approach practiced by COP clearly accounted for the availability of staff to provide services when and where they were required in the community. Flexibility in the programming was also enhanced by the diversity of staff expertise provided by the multidisciplinary team.

Availability and flexibility of the COP staff to other community agencies were probably also due to the team approach, although this required careful programming. The staff communication within the team was accomplished through a daily staff meeting that insured that all staff members were informed on the status of all the clients in the project; therefore whenever another agency contacted COP for information, anyone from the staff could discuss any issues relating to any client. Also COP's 24-hour availability meant that someone from the staff was always available to agency personnel for immediate contact. COP's emphasis on effective interagency communication

combined with their willingness to do cooperative programming may also have contributed to the perceived staff flexibility.

Another best feature indicated by respondents, intensive intervention, was also related to the team organization. A team consisting of ten individuals could share responsibility for working with reluctant clients and avoid the "burn out" which can occur in agencies relying on a case manager approach. The team organization, coupled with low staff/client ratio, in turn allowed for another of the best cited features, frequent contact of staff with clients. Operational data indicated that COP staff had an average of 3.4 face to fact contacts per client per week, and it was not uncommon for some clients to have 15 contacts requiring 20 hours of staff time during a critical week. Probably no other organizational structure could have maintained this level of involvement with such a difficult clientele.

It is somewhat ironic that COP's organizational structure also contributed to one of the most commonly cited negative features. Interagency communication remained problematic over the three years as indicated by its prominence in the annual survey of agencies and by its frequent listing as one of COP's worst features. This seems somewhat discrepant with the fact that the mean scores in the area of communication reflected a feeling of satisfaction in this area. Satisfaction in this area seemed to be related to the time and effort COP was able to put into cooperative programming, while dissatisfaction may have been related to another concommitant of the team approach. This model required that clients and agencies associated with COP worked with many or all of the staff members; this differs from the case manager approach in which only one staff member would be involved,

and many respondents may have felt that being involved with many COP staff members made communication confusing, difficult and, in some cases, ineffective.

A second commonly mentioned "worst feature" was random assignment of referrals to experimental and control groups as part of the Project's research design. Random assignment not only prevented some potential clients from receiving beneficial services, but it also limited the Project's usefulness to many respondents; participation in the Project could not be used as part of a plea bargain, for example, because participation was never certain until after all judicial proceedings were concluded.

The third major source of agency dissatisfaction with COP was classified as "disagreement concerning methods and goals." This ranged from dislike of the use of rewards to motivate participation to concern over specific goals for specific clients and to basic disagreements in value orientation. Such disagreements certainly occurred; to some extent disagreement may have stemmed from the Project's position in the network of agencies as well as from the underlying treatment philosophy. One structural source of conflict was the mandatory linkage with Probation and Parole; clients participated in COP as a condition of probation, but the probation officers considered themselves legally accountable for the client's supervision. COP's service orientation and emphasis on treatment may have exacerbated conflicts within the role of the probation officer, especially when difficult decisions such as revocation had to be made. Also, the Project's consideration of comprehensive social adjustment differentiated it from other agencies which may have been involved on a much more limited, goal specific basis. On-the-job behavior is unmistakably important, for example, but its relative importance might differ for the floor supervisor in a workshop and

for COP staff, who might be more concerned with a client's family problems and alcohol abuse at the moment. In addition to these inevitable sorts of disagreement, COP's emphasis on continuing to work with the most resistant clients, on involving clients in the treatment process through negotiated treatment contracts, and on gradually improving the positive elements of a client's behavior could have led to disagreements among agencies, especially when one agency was in an authoritative position and COP assumed the role of client advocate. COP's persistence in working with some clients must also have appeared futile to some respondents.

Nevertheless it is apparent that COP was able to develop a niche in the network of agencies, to work cooperatively, and to avoid duplication of services. By and large even probation officers felt that COP provided needed services that could not be obtained elsewhere. The lack of any comparison makes interpretation of ratings difficult, but it seems safe to conclude that other agencies positively valued the Complex Offender Project as a means of more effectively providing services to very difficult clients.

CHAPTER 10

CONSUMER EVALUATION II:

THE CLIENTS' COMPARISON OF COP AND PROBATION*

The data collected in follow-up interviews and by surveys of other agencies working with the Complex Offender Project provide two bases for evaluating the Project, but these data are complemented by the evaluation of the Project by its clients themselves.

Formulating a questionnaire for clients as consumers of services had two main objectives. The first objective was to determine the involvement of complex offenders with social service agencies, their perceived needs for services and satisfaction with the services available. The second objective was to have the clients evaluate their own experiences with COP and to put this consumer evaluation in the context of the comparison group's satisfaction with a traditional probation program.

Background: If indeed clients responded favorably towards COP, then it could be argued that the project was worth continuing not only in Madison but in other areas where similar offender populations exist. Also by examining client's evaluations of their treatment at traditional social service agencies, a need for services additional to those offered by these agencies might be demonstrated. Finally, by investigating how and why clients might have felt dissatisfaction with the project, recommendations could be made for improvements in similar projects.

Unlike the agency evaluations, this questionnaire was distributed only once at the end of the Project when client evaluations would hopefully not

*This section is based on a ppaper by Pam Crozat, Joan Karan, Dennis Sherry, and James Kloss entitled "Consumer evaluation of community treatment."

be overdetermined by immediate experiences. It was hoped that the information gathered from these client questionnaires would add another dimension to COP's evaluation and would present a somewhat clearer picture of the value of the Project as a whole.

Procedures: Client-consumer questionnaires were mailed just prior to the termination of the Project to all complex offenders who had been involved with either the project's experimental or control groups. COP officially admitted 127 clients including 10 persons who were diverted into the project without being placed on probation. Questionnaires were sent to 114 of the 127; current addresses of 11 were unobtainable, and the two diverted clients in the control group were omitted since they had no experience with either COP or the Bureau of Probation and Parole.

A cover letter thanking clients for their participation and requesting them to complete the questionnaire and a two-page summary of the main results of COP's research were included with the two-page questionnaire. The letter also promised a monetary reward for returning the questionnaire.

The questionnaire itself was divided into two sections. Section 1 was the same for experimental and control subjects and consisted of two questions. Question 1 asked the respondent to describe his experience with the various types of agencies available in the Madison community (such as legal agencies, employment agencies, etc.). In particular clients were asked how many contacts they had with these agencies in the past six months; whether they were satisfied with the services offered by that agency, and whether they thought these agencies were necessary. The second question asked respondents to describe their experiences with commonly provided services. Clients were asked how

often they had received a particular service, whether the service was satisfactory, and whether they thought the service was necessary.

Section 2 differed slightly for experimental and control subjects. Topics were the same for both groups, but experimental subjects were asked to evaluate their experiences with COP while control subjects were asked to evaluate their experiences with Probation and Parole.

Of the 114 questionnaires mailed to subjects 66 were returned. Forty-nine were returned in a completed form, 25 from experimental subjects and 24 from control subjects. The remaining 17 questionnaires were returned uncompleted. Of these, 10 were returned with no forwarding address while one was returned because the client had died. Two others were disqualified because the subjects either did not put their name on the questionnaire or because the subject did not completely fill it out.

Results: In part one of the survey, clients in the treatment and comparison groups reported similar usage of community agencies. Nearly 75% of the subjects in each group reported that they had contacted legal, employment, public subsidy, rehabilitation, and drug and alcohol abuse agencies in the range of 0 to 5 times over the last six months. Few clients indicated that they had used such agencies more than six times, although legal and employment agencies were used slightly more frequently than others. There were no statistically significant differences between the responses of the two groups to the agency usage question by Chi-square tests.

Clients in both groups responded similarly to the question, "Do you think these agencies are necessary?" Experimentals had a uniformly high percentage

of yes responses--88% overall. Controls had a similar proportion of clients (84%) indicating yes for legal, employment and rehabiltiation agencies. The number of control clients indicating a need for public subsidy and drug and alcohol abuse agencies was lower (76%), but no statistically significant differences were found in the distribution of responses in each group. Satisfaction with agencies was more variable, and a higher percentage of the experimental group reported being satisfied with agencies (68% vs 54%), but again these differences were not statistically significant.

In the second part of Section 1, clients were also asked to identify which services they had received, if the services rendered were satisfactory, and if they viewed such services as necessary. Responses to 11 different services available in the community are rank ordered in Table 10.

A majority of respondents thought that all of the services except wake-up service were necessary, but much smaller percentages indicated receiving the services. There were significant differences in the perceived necessity of only two service attributes, contact with multiple staff members and frequent staff contact, with treated clients perceiving these attributes to be more necessary ($X^2 = 3.87$, $p < .03$ & $X^2 = 16.24$, $p < .001$ respectively). Many more treated clients reported receiving services, however, and these differences are summarized in Table 11.

By and large respondents in both groups indicated that the services received were satisfactory, but these responses are difficult to interpret for two reasons. First, the experimental group generally had a higher percentage of clients indicating that they had received each service than

Table 10

Client Perceptions of Service

Type of Service	% of Respondents indicating service was necessary	% of Respondents indicating they received service
1. Job seeking skills training and job placement	83	44
2. Counseling	79	61
3. Provision of meals and a place to live	79	31
4. Training in how to get along with others	69	33
5. Recreational Activities	68	33
6. Training in the skills necessary to live independently	65	21
7. Evaluation of a person's strengths and weaknesses	65	50
8. Wake-up service	40	15
Service Attributes		
1. Agency provides service outside of regular offices	67	38
2. Staff sees you frequently	60	44
3. Contact with multiple staff members	56	52

TABLE 11

Receipt of Services

Type of Service	% of COP Treatment Group Receiving	% of Control Group Receiving	χ^2	p
Provisions of meals and a place to live	46	17	6.27	.04
Recreational activities	54	12	7.59	.01
Training in the skills necessary to live independently	38	4	6.19	.01
Evaluation of a person's strengths	62	16	10.94	.005
Service Attributes				
Agency provides service outside of regular offices	54	21	6.24	.05
Staff sees you frequently	79	8	24.61	.001
Contact with multiple staff members	83	21	19.05	.001

did controls. Consequently, there were often fairly large differences between the number of subjects from each group that could be compared for differences in each service. Secondly, this question was answered appropriately only when a client reported that he had received the service, and responses were discounted if a subject did not indicate that he had received the service. Apparently the intent of this question was not made clear and a number of clients in both groups responded inappropriately.

Results of the second section of the client satisfaction survey are presented in Table 12, as are the result of this Chi-square tests of significance. It is apparent that treated clients thought that COP was able to help significantly more often in all problem areas except referral to other agencies. When compared to the control groups evaluation of Probation and Parole, treated clients also felt that significantly more of their initial expectations were met, that they had reached meaningful goals, and that the skills learned were helpful now. They were also significantly more satisfied with the help they received and felt that the Project had been continuously helpful during their participation. Interestingly, despite the frequent contact and aggressive outreach, treated clients did not report feeling that the Project was "bugging them" or "on their back" too much. Not surprisingly this feedback conflicts with some of the comments to clinical staff during treatment, and probably indicated the Project's success in building rapport and sharing expectations with its clientele.

Discussion: The results of this survey of client satisfaction clearly support the value of the Complex Offender Project's alternative model for service delivery to offenders. Treated and comparison clients perceived

TABLE 12

Comparative satisfaction between COP and Probation

		ABLE TO HELP	UNABLE TO HELP	NOT NEEDED	
1. Employment problems					
	COP	19	1	2	22
	Probation	6	8	8	22
		25	9	10	
					$X^2 = 15.80$
					$p < .01$
2. Legal problems					
	COP	17	1	5	23
	Probation	9	7	7	23
		26	8	12	
					$X^2 = 7.65$
					$p < .03$
3. Family difficulties					
	COP	13	1	9	23
	Probation	1	10	12	23
		14	11	21	
					$X^2 = 18.08$
					$p < .001$
4. Personal counseling					
	COP	20	2	2	24
	Probation	10	6	7	23
		30	8	9	
					$X^2 = 8.16$
					$p < .02$
5. Education & vocational training					
	COP	20	2	1	23
	Probation	4	7	10	21
		24	9	11	
					$X^2 = 21.04$
					$p < .001$
6. Financial situation					
	COP	14	6	4	24
	Probation	4	12	6	22
		18	18	10	
					$X^2 = 7.86$
					$p < .02$
7. Friends & activities					
	COP	8	4	9	23
	Probation	1	7	13	21
		9	11	22	
					$X^2 = 7.12$
					$p < .03$

TABLE 12 (continued)

		ABLE TO HELP	UNABLE TO HELP	NOT NEEDED		
8. Referral to other agencies						
	COP	19	2	2	23	
	Probation	12	6	4	22	
		31	8	6		
					$X^2 = 4.34$	
					$p < .12$	
9. How many of your initial expectations were met?		75-100%	50-60%	20-40%	0-10%	
	COP	14	9	1	0	24
	Probation	5	6	3	4	2
					$X = 9.38$	
					$p < .03$	
10. Did you learn skills helpful to you now?		YES	NO			
	COP	23	1	24		
	Probation	10	12	22		
		33	13			
				$X^2 = 14.46$		
				$p < .001$		
11. When were services most helpful?		CONT-INUOUSLY	AT END	AT BEGIN	LITTLE HELP	
	COP	13	2	7	1	23
	Probation	4	1	7	7	19
		17	3	14	8	
						$X^2 = 9.44$
						$p < .04$
12. Did participation help you reach meaningful goals?		YES	NO			
	COP	23	1	24		
	Probation	10	13	23		
		33	14			
				$X^2 = 15.29$		
				$p << .001$		
13. How satisfied are you with the help you received.		VERY	MILDLY	VERY UNSAT.	NEUT.	
	COP	14	9	0	1	24
	Probation	7	3	5	7	22
		21	12	5	8	
						$X^2 = 14.70$
						$p < .01$
14. Did you feel staff were "on your back?"		NOT AT ALL	VERY LITTLE	AVE.	TOO MUCH	
	COP	3	10	8	3	24
	Probation	6	2	11	3	22
		9	12	19	6	
						$X^2 = 6.63$
						$p < .09$

the same needs for service, but a smaller percentage of both groups indicated actually receiving the services. Treated clients reported slightly higher satisfaction with other agencies, perhaps reflecting the benefits of COP's coordinating role in the network of agencies. The strongest support for the COP model comes from the comparative evaluation of COP and traditional probationary supervision, however. With the exception of making referrals to other agencies (a traditional strength of probation officers trained as social workers) more clients perceived COP as being able to help in resolving problems by at least a 2 to 1 margin. Compared with traditional probation, COP was perceived as being more continuously helpful and of helping to learn helpful skills that were still useful at the time of the survey. More treated clients also reported that their initial expectations were met and that participation helped them to achieve meaningful goals. These results provide perhaps the clearest support for the value of the Complex Offender Project, and indicate that even "complex offenders," people burdened with multiple problems and resistant to traditional programs, can benefit from intensive, comprehensive programming designed to meet their individual needs.

CHAPTER 11

RELATIONSHIP TO THE CURRENT LITERATURE

The Complex Offender Project resulted from a rather unique set of circumstances that included a widely perceived need for improved services, an active, knowledgeable community willing to support a program, availability of a generous LEAA grant, and a programmatic precedent (Mendota's successful PACT program). The Project remains unique in its focus on a very special target population, its treatment approach, and its emphasis on program evaluation. This uniqueness is somewhat surprising when, in retrospect, the literature seems to be pointing in this direction. There are three emphases in the recent mental health and correctional literature that support development of programs like COP.

The first emphasis is the continuing trend toward considering crime (Shah, 1973; Carr et al., 1976; Smith & Pollack, 1976; Ehrlich, 1973), crime prevention (Trojanowicz et al., 1975; Jeffreys, 1971), and corrections (Mandell, 1971; Killinger & Cromwell, 1974; Greenberg, 1975) as community problems rather than as responsibilities of isolated portions of government. Despite the recent popularity of determinate sentencing proposals (Manson, 1975) probation and parole provide the mainstay of Wisconsin's correctional programming, with 83% of all convicted persons under state custody residing in the community in 1975 (Wisconsin Tayxpayer's Alliance, 1976). As part of the emphasis on community treatment, the social problems of offenders--unemployment (McCreary & McCreary, 1975; Nagle, 1974) drug and alcohol abuse (Smith, 1975) and so on--have been given increased attention, and probation

and parole officers have been increasingly concerned with making use of community resources (Gardner, 1973; Molof, 1975; Dell'Apa et al., 1976; Polisky, 1977) in working with their clients.

A related trend in the literature has been an emphasis on cooperation between the mental health and correctional systems. This emphasis is reflected in concern for special mental health programs for the mentally ill offender (APTO, 1971; Scheidemandel & Kanno, 1969; Goldmeir et al., 1972; Shah, 1976; DeGrazia, 1974; Monahan, 1976) and in the development of special techniques for dealing with offenders with special needs (Talent & Keldgard, 1975; Parlour, 1975; Menolascino, 1975; Breer, 1976). Despite these initiatives, reviews call for even greater cooperation between systems (cf Monahan, 1976) and studies by the Wisconsin Division of Corrections indicate that offenders are severely under-represented in community mental health programs (Pacht et al., 1972, 1974).

This situation cannot be easily remedied, and the problem is exacerbated by the lack of evidence that mental health programs--or any programs--are effective in reducing criminal behavior. Although there is some debate in the literature about whether "nothing works" or "some things work for some people some time" (Martinson, Palmer, & Adams, 1976), the list of reviews concluding that we do not know how to rehabilitate offenders is impressively long (Bailey, 1966; Robin, 1969; Robison & Smith, 1971; Pierce 1974; Lipton, Martinson & Wilks, 1975; Banks, Siler & Rardin, 1977). One recent study even reported on a 30-year follow-up to a land-mark juvenile delinquency prevention program and concluded that treated persons actually faired worse on ten of sixty measures of health and social well being (McCord, 1978).

Given this trend in the literature, one can reasonably conclude either that treatment efforts should be abandoned or that increased attention should be given to the development and evaluation of innovative programs.

The Complex Offender Project was such an innovative program. COP's treatment program was integrated into its community setting, combined features of mental health and correctional programming, and its effectiveness was carefully evaluated. Several features of the program and its evaluation should be discussed.

Certainly the nature of the target group--its diversity, the severity of the clients' maladjustment, and the challenge these people's problems pose for any program--needs to be noted and taken into consideration when evaluating the Project's results. COP followed the tradition of working with the most difficult clients available in hopes that the procedures developed will be even more helpful to less troubled people. (Of course this is not necessarily true, and it would seem prudent to restrict COP's intensive, and indeed intrusive, treatment program to people whose problems are severe.) When working with severe problems, even small improvements need to be recognized as progress. Thus the downward trend in treated clients' criminal involvement is noteworthy even though their offense rate was actually higher than comparison subjects' at some points in time. Similarly, COP's program to facilitate employment did not solve the client problems leading to rapid job turnover, but the 11% reduction in unemployment which was maintained for over two years is a promising indicator of effectiveness that should lead to further program development.

The nature of the client group also influenced the nature of the program evaluation. Clients who are at liberty in the community carry the

results of treatment around with them. Direct observations of behavior in consistent situations are almost impossible to obtain, and official records are usually available for only a restricted portion of the geographic area in which clients move. Self reports by the clients are perhaps the only source of data that can be expected to be both comprehensive and exhaustive. Although such reports may not be completely accurate, the independence of interviewers from program treatment staff and assurances of confidentiality reduce the possibility that members of the experimental and control groups would differentially bias their reports. Filtering self reports through an interviewer adds another possible source of bias, but the clients' level of verbal skills, lack of responsibility in keeping commitments, and transience made other approaches, i.e., questionnaires, unfeasible. Reliability checks also confirmed that interviewers were relatively objective transducers of the self reports.

Certainly the major strength of the program evaluation was not in the data themselves but in the random assignment of referrals to experimental and control groups. While this procedure was unpopular with referring agencies, it was the only way to put the Project's successes and failures into an objective context. There are no norms for how well "complex offenders" should be adjusted to community life or how much treatment should change people's lives. Certainly one would wish that treatment would have had even greater impact, but considering the long list of studies reporting even less success and the difficult problems posed by the complex offender, the results demonstrated have to be impressive. Probably the only ways of attaining drastically better results given the current state of our knowledge are to work with less troubled clients or to do a less careful job of evaluating the program.

Program evaluation actually occurred on two levels in addition to the experimental-control group comparison. First the demographic data (Appendix 1) and the workload measures (Chapter 4) were monitored routinely to assure that the Project was indeed providing intensive, comprehensive, community-based services to severely trouble people. Second, attempts were made to develop and evaluate specific program components. Unfortunately only two such attempts were carried through to fruition (Twentyman, Jensen & Kloss, 1978; Golden, 1978) due to the tremendous resources needed for this level of research. Perhaps university affiliation and the availability of student researchers are the only ways of increasing the amount of this level of evaluation.

Certainly more is needed. At the present time psychology, social work, medicine--all the social sciences and helping professions--can offer few techniques of proven effectiveness. The status of our technology is very crude, and it has only been within the past 20 years that any real effort has been made to empirically test individual treatment efforts, much less social programs. Indeed there is little basis even for setting the basic goals for programs. McCord (1978) has discussed several ways in which even benign seeming programs may be counterproductive. In the case of COP, the emphasis on competitive employment may have been an error (cf Chapter 5); certainly current efforts have a different emphasis. Even when subgoals appear to have established their validity, they may be misleading. "Constructive family separation" for example was advocated because it has been shown to be an important goal in the community treatment of the chronically mentally ill (Stein & Test, 1978), but upon review its value seems questionable when included in a program for young offenders. It is almost trite for the

discussion of research projects to call for more research, but this is certainly needed. In one area especially, experience with COP should serve as a stimulus for research and program development. The treatment philosophy and some of the consequent treatment procedures seem ideally suited for working with clients whose participation in treatment is at best reluctant.

CHAPTER 12

OBTAINING THE PARTICIPATION OF RELUCTANT CLIENTS

In one sense, the reluctant client is anyone for whom behavior change is not inherently valuable, but there are probably very few people who actively seek to change their own behaviors; the obese person wants to lose weight, not change his or her eating behaviors; the person in marriage counseling wants a situation, often involving another person's behavior, changed and not to change their own behaviors. In these cases, it may be one of the therapist's responsibilities to show the relationship between behavior and change and the client's own goals.

Much more problematic is the person who is referred for treatment by some governmental agency. Often these persons have much greater need for treatment, at least from a societal point of view, and are very unlikely to voluntarily seek behavior change. Such persons include adult probationers, adjudicated delinquents, drug and alcohol abusers, welfare recipients, child abusing parents and many others. These clients pose a twofold problem for the practitioner; the first problem is the legal and ethical dilemma of whether treatment which is not completely voluntary should be provided at all. A great deal of attention has focused on the rights of institutionalized persons, especially prisoners, to receive or refuse treatment, but there are few guidelines for the practitioner in less restrictive settings and little discussion of the issue.

The second problem is that of effectively providing services to the reluctant client. This necessarily involves not only obtaining voluntary, informed consent but also enlisting the clients' active cooperation and

participation. At present most reluctant clients are probably successful in avoiding treatment, which may be one reason why so few social programs aimed at behavior change have been successful. Avoiding treatment is relatively easy to do in noninstitutional programs; all that is required is to miss three apointments, move to a different part of town or intimidate the case worker until the agency finally gives up.

Consideration of this problem is often avoided with platitudes like "you can't help a person unless they want (or are ready) to be helped." In fact traditional outpatient and community programs are not equipped to obtain the participation of reluctant clients. While the resulting self-selection of clients undoubtedly increases the effectiveness of service programs on a case-by-case basis, it drastically limits their impact on major social problems such as crime, poverty, and child abuse by ignoring the reluctant clients. Relatively few community treatment programs are mandatory, and those which are, i.e., probation and parole, the Work Incentive Program, and family court services, often rely on threats and coercion to obtain cooperation. Such reliance on threat of punitive actions, imprisonment, loss of funds, or whatever, is unworkable for three reasons. First, actual imprisonment or deprivation is probably illegal because due process requirements have not been met; second, clients quickly learn that the threat of punitive action is empty and therefore do not participate anyway, and finally, the whole approach is counter-productive since it only gives the client more reasons to avoid having anything to do with treatment.

The high client to staff ratio found in many programs may also prohibit the involvement of the most reluctant clients. When caseloads and demands for

services are impossibly high it is not surprising or even inappropriate for services to be provided mainly to the clients who are most interested in participating and who have the best chances for success. Unfortunately, it follows that there remains a group of clients, often those with severe treatment needs, who do not receive treatment. Reaching these clients is an expensive proposition that requires the development of positive procedures to obtain cooperation and participation.

COP relied upon four techniques to overcome the reluctance of its clientele. Outreach was used to find and maintain contact with clients, the obvious first step in participation. Rapport building was the second step, but unlike traditional counseling programs, rapport was not left to the verbal and empathetic skills of the counselor. The use of a contractual model to increase client commitment to therapeutic goals was the third procedure used to increase cooperation, and finally the inclusion of financial incentives in some treatment plans greatly increased participation of some clients.

The term outreach should be defined in this context since it is used in two ways in the social science literature. Outreach, defined as procedures to identify, refer and include eligible persons in programs and decision making processes, was a required component in most community development programs of the sixties (Moynihan, 1969), but outreach had also been a recognized component of social work practice, most notably in the use of "detached workers" with juvenile street corner gangs (Crawford, et al., 1970). At COP, outreach incluced shifting responsibility for maintaining contact from client to staff, so that if a client "dropped out of sight," COP staff tried to "dig him out" again. This usually involved making the rounds of

friends, family, agencies and hangouts until the client was found, and then remedying whatever problem caused the client to avoid working with the Project. Outreach also implied taking services to the client rather than initially expecting regular attendance at scheduled office appointments. Family therapy was more often done over the family's kitchen table than across a desk, for example.

Although implementing treatment programs in natural settings was in some ways more difficult since the environment was not under the therapist's control, the programs were more likely to be effective for several reasons. The therapist had a first-hand opportunity to observe problems as they occurred, not as they were reported by the client. Similarly the therapist could monitor and support desired client behavior as it occurred. Because other people were necessarily involved in natural settings, treatment plans must incorporate significant others; thus strengthening the plan considerably. Finally, problems of generalization and maintenance of behavior change were minimized since the treatment took place in the target setting and the ongoing contingencies were built into the program.

The second component of COP's positive program design was the explicit acknowledgement of client-staff rapport as a tool in behavior change. The importance of social influence is widely acknowledged but too often ignored in treatment planning. In traditional counseling programs, rapport building is left to the individual skills of the assigned counselor. At COP, the team approach allowed some client selection of therapist, and establishing rapport was an important subgoal.

Outreach itself contributed to developing rapport in two ways. Meeting clients in sterile, "middle-class" office settings may well be anxiety producing

or aversive to some clients, and taking the trouble to go to the client was a concrete expression of concern as well as a means of putting the client at ease. Even more important, however, was the emphasis given to making participation a positive experience from the client's point of view. Providing coffee and a donut when meeting at a local cafe was an inexpensive way of giving the client an additional reason to remember and to keep the appointment. Similarly, regularly scheduled participation in social activities--attending a movie or going out for dinner--were ways of pairing staff members with positive experiences as well as a means of rewarding goal attainment and an opportunity for teaching new skills.

The rapport some staff members developed with individual clients was sometimes the only source of influence COP had, but these proved to be exceptionally difficult cases. For most clients, the use of a contractual model for service delivery was the most important means of maintaining cooperation and participation. Not only was entry into the Project a contractual arrrangement, but also the selection of treatment goals and methods were negotiated with the client, often on a week-to-week basis.

COP's ability to work with a contractual model was closely related to the comprehensiveness of the services offered and the flexibility of the staff. It was not uncommon for reluctant clients to perceive their problems or the value of proferred services differently than did staff. In part this may have stemmed from defensiveness or from the problem itself, but it might also have reflected legitimately different perceptions of personal needs and potential solutions. Some services like those related to employment enjoyed widespread social sanction; it was legitimate to need and to receive assistance in this area of social adjustment. Recreational activities, on the other hand, often

were not seen as being an appropriate involvement for a treatment agency. Some other services, alcohol counseling for example, were rejected much of the time because of the stigma attached. When services were rejected, for whatever reason, it was essential to have other services available. The reluctant client usually had multiple problems, and by offering multiple services and by being responsive to the clients' perception of treatment needs, it was possible to remain involved with the most reluctant client, and eventually many agreed to participate in treatment that was flatly rejected at the outset.

Somewhat paradoxically, obtaining cooperation and participation of the reluctant client emphasized the client's self-determination. Self-determination could not be presumed; the treatment program itself had to provide opportunities to learn self-determination. Options other than accepting/rejecting treatment had to be provided, and choices solicited from the reluctant client. Indeed learning to make active choices among positive alternatives, exerting control over what happens, is an important adjunct to the treatment of the reluctant client, and negotiated treatment contracts proved to be an excellent vehicle for accomplishing this. The treatment contract thus helped facilitate participation and cooperation by involving the client in the selection of personally meaningful goals and by obtaining a formal commitment to participate. The psychological importance of commitment has been well documented (Brehm & Cohen, 1962; Brehm, 1966), and contracting had other benefits as well.

In order to be effective, treatment contracts had to be behaviorally specific and state explicit expectations for both the client and the staff.

Of course it was necessary to break the client's global intitial goals into smaller ones, attainable on a day-by-day basis, but this process taught the clients problem solving skills and followed the behavioral principle of analyzing a problem as a chain of behaviors. It also allowed the program to reinforce approximations of the desired behaviors, the principle of "shaping." This meant that performance goals could be set low enough so that clients could experience participation as successful and rewarding. As clients progressed in treatment, expectations were increased as the contracts built on skills that had been previously learned. For some clients, for example, the probability of keeping any regularly scheduled appointment was so low that making a referral to another agency was futile. A long series of missed appointments with the probation officer could jeopardize the client's continuation in the community, and chronic absenteeism made holding a job impossible. In such a circumstance, COP might create additional routine appointments, at first making them very easy for the clients--scheduling them for the most convenient time and place, providing bus fare, prompting attendance with a phone call just prior to the appointment, paying the client $1.00 for being there, etc.--and these external supports would be gradually eliminated as the client demonstrated more and more responsibility in keeping appointments. When appointment keeping was no longer a problem, other treatment efforts could proceed more effectively.

The contracts not only set goals but also set standards for measuring goal attainment. Contract performance was reviewed daily and thus the written document served to arbitrate any disagreements between client and staff. This was important because many clients were very successful at manipulating professionals, and they often began treatment by expressing the goals they

thought were expected of them--get a job, stop drinking or whatever--but with little intention of following through with their commitments. The contracting process not only taught clients that the Project expected them to keep their commitments, but it also demonstrated the importance of actively and honestly participating in goal selection. In the language of assertiveness training, they learned to be assertive rather than passive or aggressive. The emphasis was again placed on self-determination and the negotiation skills learned may have been more important than the attainment of the actual contract goals.

An important factor in the attainment of goals was the inclusion of consequences for contract performance. Although some contracts were simple statements of expectations most included specific consequences as incentives for goal attainment. The consequence, which had to be as explicitly stated as the performance expectations, might be a favorable report to judge or probation officer, a decrease in the frequency of staff contact, or a material reward. Almost any consequence could be included as long as the staff were certain of the Project's ability to live up to its half of the bargain, and staff continually searched for incentives to motivate the most reluctant clients. In practice, money was probably the most common and powerful reward.

It has been said that money is one of the few things that will reliably motivate an adult human being, but there is a surprisingly small body of literature investigating how financial incentives can be used to increase participation in treatment. There have been several studies investigating the use of fees and fee reimbursement to maintain participation in weight loss and smoking reduction programs (Hagan et al., 1976; Eliot & Tighe,

1968) and Reiss et al., (1976), reported on paying low income parents for bringing their children to dental appointments. The business community has experimented with financial rewards for promptness, attendance, etc. (Hermann, et al., 1973; Pommer & Streedback, 1974; Pomerleau, et.al., 1973), and of course profit-sharing systems and even the regular paycheck can be conceptualized as monetary reinforcement of work behavior. Probably the most direct precursor of COP's use of monetary incentives was Schwitzgebel's work with juvenile delinquents however (Schwitzgebel, 1964; Schwitzgebel & Kolb, 1964, 1974). These authors found that even "hard core" delinquents were willing to participate in therapeutic interviews as long as they were paid; in fact participation was presented not as treatment but as a kind of job.

Similarly at COP financial incentives were used to encourage problem solving activities. The nature of the target behaviors and the type of contingency used varied widely with individual client needs. For some clients with deficits in very basic daily living skills--poor personal hygiene for example--contracts would closely resemble procedures in a residential token economy with money taking the place of tokens. One financial incentive that proved effective with a number of clients was payment for completing high school equivalency examinations in any of several community educational programs. In addition to paying clients $2.00/hour for classroom time, COP offered a "bonus" of $25 for each GED subtest passed. These contingencies resulted in a 140% increase in the number of clients enrolled in educational programs, and 7 clients in the experimental group (12%) completed their high school equivalency examinations as compared to none in the control group. Considering the long-term payoffs

for having a high school diploma and the overall cost of the educational system, providing $125-$200 to the client in the form of incentives would seem to be a very cost-effective procedure. Over the three-and-a-half years of operation, COP spent approximately $380/client/year of which only about 40% was paid contingently. The remainder was used to fund participation in other programs, for emergency housing and so on. This small sum of money, together with the low client to staff ratio, was really the only resource the Project had to influence clients' behavior.

The use of financial contingencies was not without its problems, however. There is a persistent belief that participation in therapy that is extrinsically motivated is not "genuine" and will not be effective. One of the arguments advanced for determinate sentencing, for example, has been that inmates participate in programs only to impress the parole board (Manson, 1977). It is certainly true that some clients did participate in treatment activities only because of the monetary payoff. In fact, staff coined the phrase "hoop jumping" to refer to clients who would agree to any arbitrary contingency and whose involvement seemed purely a means of obtaining income. Faced with such clients, staff had several options. One was to proceed on the assumption that extrinsically motivated participation in therapeutic activities was better than no participation at all. Sometimes it seemed necessary to gradually shape participation by relying on financial incentives until the client could perceive other benefits from participation. A client might think the role-playing involved in social skill training was silly, for example, until he had participated enough to put a new skill into daily practice. Offering extrinsic rewards might be the only way to get past such a client's initial resistance. A second alternative was to

change the treatment contract to address less arbitrary and more personally meaningful goals. Certainly this was one of the reasons treatment contracts were revised so frequently. Finally the staff had the option of discontinuing the use of financial incentives entirely.

This was sometimes difficult to do since the financial contingencies sometimes served two purposes and were a means of subsidizing a client's living expenses as well as of motivating participation. The ability to provide short-term subsidies was an important factor in obtaining the initial participation of some clients, and the availability of some discretionary monies made it easier for staff to arrange participation in a number of educational and vocational programs. It proved vital to separate the two uses of financial support, and even then some clients developed a kind of welfare mentality, utilizing the Project only to meet short-term financial needs. Despite these occasional problems, the use of financial incentives was an important procedure used by COP to maintain the high level of client contact described in Chapter 4. Through the combined use of outreach, rapport building procedures, treatment contracting and financial incentives, COP demonstrated that it was possible to overcome the reluctance of the complex offender and increase participation in treatment.

CHAPTER 13

SYSTEMS ISSUES

The Complex Offender Project was most noteworthy as a program that was able to solve some of the problems posed by its reluctant clientele; its careful evaluation documented both the strengths and weaknesses of the treatment approach, but the Project also raised several issues concerning the criminal justice and mental health systems that should be discussed in order to put the Project in proper perspective. One of the Project's original goals was to "bridge the gap" between these two systems, and while it may have successfully done so for individual clients, it failed to do so organizationally.

The failure of the Project to obtain continued funding from the State of Wisconsin is certainly attributable in part to the split between corrections (primarily a state responsibility) and mental health (increasingly a county responsibility although funded through state revenue sharing). This split is apparent in the continued tension between mental health workers and probation/parole agents working with a single client, but it is even more pronounced in the way funding decisions are made. The county Community Mental Health Services Board maintained that complex offenders were the responsibility of the Division of Corrections, and it was reluctant even to assign them identification numbers for fear that this would imply responsibility for the clients. The Division of Corrections, on the other hand, maintained that offenders have a right to needed mental health services as do other citizens, and that providing these services was the legal responsibility of the Community Board. The conflict between

the two systems was exacerbated by the generally tight budgetary situation and probably will not be resolved unless a concerted effort is made by high level officials in both county and state government. Since the bulk of both mental health and correctional programming is supported with state funds, coordination should be possible, although it may not occur until mandated by the legislature.

The short-term response to the mutual reluctance of the Division of Corrections and the Community Mental Health Services Board to sponsor programs for their joint clientele was the decision to shift responsibility for the Complex Offender Project to a nonprofit corporation. Hopefully this independent organization would be more able to obtain funding support from both systems. The Project's Advisory Board did incorporate, and operations were continued at a reduced level through a grant from the Governor's Manpower Office, but the long-term viability of this approach is still uncertain.

There are other ways in which a program like COP can fit into the network of criminal justice and social service agencies, however. The Project operated a pre-trial diversion program through the District Attorney's Office for nine months on a pilot basis, for example. Pre-trial diversion programs have become very popular nationally (Vorenberg & Vorenberg, 1973; NPISC, 1974; Mullen, 1975), but COP's effort was one of the few diversion programs designed for clients whose involvement with the criminal justice system was repetitious or related to mental health problems (Biel, 1974; Nimmer, 1974; deGrazia, 1974). The Dane County District Attorney's Office has had a favorable experience with the diversion of first offenders and was willing to divert at least some people

who fit the basic definition of a "complex offender." Although the total number of clients admitted to this program was too small to make reliable comparisons to the probation program or even to evaluate objectively, the pilot program appeared to be successful. Referral procedures were developed that protected the rights of participants (see Appendix B), and it proved possible to provide effective services within a shorter, 6-9 month, period of participation. The clients tended to be somewhat younger than the probationers, and several 17-year-olds were diverted into the program after being waived into adult court. This rather circuitous referral route also suggested that a program like COP might be a valuable addition to the range of dispositional alternatives for juveniles. Wisconsin's new Protective Placement law (Chapter 55) may also provide another way of linking some complex offenders to the services they need without burdening the criminal justice system.

It may also be worthwhile to consider how programs like COP could best improve the criminal justice system. COP was envisaged as an alternative to traditional probation programs in part because the clients' treatment needs far exceeded the service capabilities of probation officers. Although this was one point where the criminal justice system could be enhanced, the vast cost differential between COP and probationary supervision ($5,360/client/year vs. $721/client/year), makes it unlikely to be an attractive alternative to policy makers no matter how effective. The Project did serve as a cost-effective alternative to psychiatric hospitalization, but the complex offenders spent such a small percentage of time in hospitals (3% over all) that this could not be considered as a major burden on the system. Complex offenders did spend considerably more time incarcerated

(14% over all), and most of this burden fell upon the county jail rather than state correctional facilities. It would seem that a program like COP might be an effective alternative or adjunct to such incarceration (cf page 40).

Unfortunately, COP's experimental design was not set up to evaluate its effectiveness as an alternative to incarceration. In fact every effort was made to assure that participation in the Project did not directly affect a client's chances of incarceration since any direct influence on the criminal justice system would have biased the results of the study. As an example of how this could occur, Lerman (1976) reanalyzed data from California's Community Treatment Program and concluded that its effects were more due to changes in the way probation officers responded to their clients than to any change in the client's criminal behavior. COP tried to avoid such reactive influence, but as noted in Chapter 6 and 7, it appears as though judges, prosecutors and probation officers nevertheless responded to clients in the treatment group differently than to those in the control group. Treated clients were less likely to be discharged from probation, more likely to be prosecuted if charged with a new offense, and more likely to be incarcerated if convicted. In attempting to avoid influencing the system in ways that would be favorable to its clients, apparently the Project allowed unfavorable biases to develop.

This seems to be one of the situations in which research design and good program design conflict. While rehabilitative programs are intended to change the behavior of their clients, the most effective programs may be the ones which directly modify the service delivery system and specify the ways in which the system can intervene with clients. Thus decriminali-

zation of certain offenses is a very effective way of eliminating some problems of the criminal justice system and may be a more social desirable method than developing additional programs for offenders (Garelick, 1975). Similarly the best way to assure deinstitutionalization of the mentally ill may be to change the institutions' admissions policy. Such policy decisions are more powerful sources of change than any of our therapeutic techniques.

From this perspective, Lerman's (1976) assertion that the Community Treatment Project changed the behavior of probation officers more than the behavior of clients is not so much a critique of the program as it is a more accurate indentification of the factors which made the program successful. This position, taken to extreme, would argue that the system needs to be changed, and that it is wasteful, even counterproductive and unethical, to try to resolve people's behavior problems within the social structures that spawned them (Holland, 1978). Most people within the fields of mental health and corrections are committed to helping people, not to revolutionizing the social structure, however, and the moderate response to the obvious importance of systems issues is to explicitly build "biases" into the system that will help achieve therapeutic goals rather than frustrate them. Innovative programs must therefore be fully integrated into the existing system rather than attempting to stand as independent, purely experimental projects.

This need for integration has one further implication for the future of programs like COP. The services COP provided were once compared to the mortar needed to hold a brick wall together. Many different agencies and programs provided the various "bricks" needed to improve clients' social adjustment--the "bricks" included special tutoring for GED's, employment

opportunities through CETA, housing through emergency welfare, etc.--and it was COP's function to make all of these services work effectively and to fill any gaps in service. Unfortunately funding is readily available only for these basic components of the service delivery system. People's needs for jobs, housing, and so on are undeniable, but it is much more difficult to justify spending money on a program like COP that does not directly fulfill basic needs.

These considerations, together with the evaluation of COP's effectiveness, suggest that a program intended to provide intensive and comprehensive community services to socially maladjusted people should be organized quite differently than COP or traditional social service agencies. Like COP, the program should be organized around the needs of its clients rather than around the provision of specialized services. Also like COP, an organization based on a multidisciplinary team is essential to meeting the demands of its clients. Unlike COP, however, the program should directly replace existing agencies or programs that have been identified as being expensive or ineffective. Finally the program should have responsibility (and funding) to provide the same services as the agencies it replaces and to meet all of the other basic service needs of it clients on a case-by-case basis.

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APPENDIX A

Demographic data

APPENDIX A

DEMOGRAPHIC AND BACKGROUND CHARACTERISTICS

OF COP CLIENTS

Personal data

Average age	21
% female	13
% minority group members	12
% with urban background	92

Legal involvement

Current offense

nonviolent victimization	56%
nuisance charges	13%
drug related charges	11%
violent crimes	7%
minor property dammage	5%

52% have had previous adult probations;
82% have had previous adult or juvenile probations

53% have served a jail term
(2.1 terms, each lasting an average of 16 weeks, average per person jailed)

6% have served a prison term

14% have been in a juvenile correctional institution

Mental Health involvement

% hospitalized for MH reasons	40
Average number of admissions (per person hospitalized)	4.7
Average age at first admission	17 yrs.
Average total length of hospitalization	14.6 mos.
Average time since last release to admission to COP	18 mos.

49% have received emotional counseling

30% have had a psychiatric evaluation

23% have been in some protective institution

32% received additional counseling over two years prior to referral

Reported drug and alcohol involvement

24% report using narcotics
11% report problems associated with use

43% report using stimulants or depressants
20% report problems associated with use

64% report using consciousness raising drugs (incl. marijuana)
30% report problems associated with use

57% report using alcohol
44% report problems associated with use

Employment

Unemployed an average of 15 mos. in last 24

Average of 3 jobs held during last 24 mos.

94% were employed at sometime during last 24 mos.

Average wage (average) $2.45 / hr.

Highest wage (average) $2.83 / hr.

Education

Average education 10.2 years

59% high school drop-outs

30% have worked on high school equivalency

24% have enrolled in a technical school

6% have completed an equivalency or technical program

Family background

61% come from broken homes

Average time living outside parental home while a juvenile 21 mos.

Average number of address changes before age 18 9

Average number of towns lived in before age 18 4

Marital status

77.1% single
12.5% married
10.4% divorced

75% of those currently married were not living with spouse

Military history

22% served in military

55% received less than honorable discharges

APPENDIX B

Voluntary consent forms

COMPLEX OFFENDER PROJECT

CONSENT FOR VOLUNTARY PARTICIPATION

PROJECT DESCRIPTION

The Complex Offender Project (COP) is a two-year Law Enforcement Assistance Act research program administered by Mendota Mental Health Institute. Major emphasis is placed upon helping clients secure adequate employment, maintain an independent living situation, budget appropriately, acquire and maintain adequate personal hygiene, and learn to cope with everyday interpersonal relationships.

Clients are referred to the project by their probation officer. All clients are selected upon the basis of the following criteria:

1) Currently on probation with at least 12 months probation time remaining;
2) No pending charges;
3) Age 18 to 30;
4) Conviction for at least one previous adult or juvenile offense;
5) Previous psychological assistance, including counseling etc., or referral to receive such assistance;
6) A poor or sporadic employment record.

The COP staff is directed by Dr. James Kloss, psychologist, and consists of professionals trained in a variety of the helping sciences. All staff work closely with the assigned probation officers whose expertise in corrections is considered vital to the smooth operation of the project. The probation officer is also involved in planning Project activities, but you will be the one setting goals for yourself and the project.

This means that activities and goals may be different for each client. Depending on your needs, COP may help you find a job, get vocational skills or improve work habits. Sometimes COP will put you in touch with other programs that can help solve problems and sometimes COP will provide extra incentives for making the difficult first steps in solving problems by yourself. COP staff will always be available to discuss your problems and to help you plan solutions.

PARTICIPATION IN RESEARCH

COP is an experimental program. If it proves successful, other programs like it may be set up throughout the state, and research is conducted in order to find out whether the program is successful or not. This affects you in two ways.

First, all eligible persons who agree to participate in the project are randomly assigned to either a treatment group or a comparison group. This random assignment to groups insures research validity by yielding two groups which will be comparable in the final evaluation. Random assignment, furthermore eliminates the possibility of any discrimination based on race, religion, national origin or subjective personal judgment. All eligible persons will have an equal chance of being assigned to either the treatment group or the comparison group. Second, a program evaluator will interview you every four months and will request information about your current status and about any contacts you may have had with the police, courts, or other mental health professionals. You will be paid for participating in these interviews, and this information will be used to make comparisons between

the two groups. Hopefully these comparisons will indicate which treatment procedures are most effective and will help improve probation programs nationwide.

Information collected in the evaluation interviews will be kept completely confidential. It will be used only to evaluate the effectiveness of the Complex Offender Project and will not be used in any way that reflects on you personally.

All clients will continue on probation with their assigned probation officer. Clients assigned to both groups are subject to the recommendations set by the court as a condition of their probation. The COP staff will work only with clients in the treatment group. In most instances, those clients who are assigned to the Comparison group have "back-up" recommendations set by the judge to ensure that they receive the appropriate treatment viewed necessary by the court.

SIGNING THE WAIVER

If you agree to participate in the COP Project, we request that you sign a court waiver and this Informed Consent Form. By signing the Informed Consent Form you acknowledge that you understand the nature and goals of the COP project and by signing the court waiver you agree to have participation in COP attached as a condition of probation.

This does three things. It protects you by requesting that the judge review and acknowledge the desirability of your participating in COP. It also serves as an agreement between you, your probation officer and the court, authorizing the COP staff to work with you. Finally, it protects you by providing a legal basis for you to return to court if you should have a grievance or wish to no longer participate.

I have read this Informed Consent Form, and have had my questions answered. I understand the nature and goals of the Complex Offender Project, and I agree to participate in it.

_____

_____
DATE

_____
WITNESS

VOLUNTARY CONSENT FOR PARTICIPATION

Complex Offender Project
Pretrial Intervention Program

Some questions you might have about the COP Pretrial Intervention program.

WHAT IS THE COP PRETRIAL INTERVENTION PROGRAM?
The COP Pretrial Intervention program is a research project funded by the Wisconsin Council on Criminal Justice and Mendota Mental Health Institute. It is supposed to help people who have been arrested stay out of trouble by helping them accomplish something positive. It is meant to be a substitute for having a trial and, if found guilty, being punished.

WHAT DOES BEING A RESEARCH PROJECT MEAN?
Being a research project means that this is a new project that is being tried out to see if it is a good idea. If it is a good idea other programs like this one may be set up in other cities and states. In order to decide if it is a good idea, we need to find out what happens to people like you who are in the program. If you agree, you will be interviewed every three months to see how things are going for you. You will be paid for these interviews and of course they are confidential. They will be used only for research purposes and you will not be identified by name. We also ask your permission to be given access to your court and employment records for research purposes.

WHAT CAN THIS PROGRAM DO FOR ME?
We are interested in helping you support yourself, take care of yourself and your money, and get along with other people. To help you do these things, we can provide counseling and crisis intervention, put you in touch with other agencies that might help you, maybe teach you some things about getting along, and sometimes help out with money problems. We have a staff of 12 people trained in the helping sciences who are available 24 hours a day to help you with your problems, whatever they may be. We do different things with different people, and you will be the one who decides what your goals are.

WHY ME?
The District Attorney's office referred us to you indicating that they think it would be better for you and the community if you solved some problems working with us instead of being tried and punished if found guilty. To be in our project, you must be under 30, have been convicted of at least one previous adult or juvenile offense and had trouble with social adjustment and/or mental illness. You cannot be forced into this project; we will work together only if you voluntarily agree to do so.

WHAT WILL HAPPEN IF I AGREE TO PARTICIPATE?
The District Attorney's office has agreed to defer your prosecution for the offense charged in Appendix A for the next ____ days if you are participating in this program as specified by the Dane County District Attorney's Deferred Prosecution Agreement. If you successfully complete the program, these charges against you will be dismissed.

WHAT DO I HAVE TO DO?
You should discuss this program with your attorney. Then, if you want to participate you should sign this form and the deferred Prosecution Agreement. In the next few

days you should meet with the COP staff and together you will agree on your objectives while in the project. It is important that you help set the goals you want because dismissal of charges depends upon your reaching them.

WHAT WILL HAPPEN IF I DECIDE NOT TO JOIN?
If you decide not to join, you will probably be charged with the offense in Appendix A. Your attorney is the best person to advise you on your chances of being found guilty and the likely penalty if you are.

IF I COMPLETE THE PROGRAM, WHAT WILL HAPPEN?
If you achieve the agreed upon goals within the next _____ days, the District Attorney's office agrees to dismiss the charges in Appendix A as specified in the attached agreement.

IF I DECIDE I DON'T LIKE THE PROGRAM AND DON'T WANT TO BE IN IT ANY MORE, WHAT WILL HAPPEN?
You can withdraw from the program at any time, but the District Attorney's office can then prosecute you on these charges. Similarly if you refuse to cooperate after joining the project, the District Attorney's office can prosecute you, so for these reasons we recommend you see an attorney before dropping out of the project.

WHAT ABOUT MY RIGHTS?
You have a right to a speedy trial. If you want to join this project, you must give up this right voluntarily. Signing this form means you are willing to give up this right. You also have a right to consult with an attorney and you should do so before signing this. Agreeing to participate in this project does not imply that you are guilty of the offense charged; instead this project offers you help in attaining goals that you help determine and which you voluntarily accept.

I have read the information above and have had any questions answered. I understand that the COP Pretrial Intervention Program is an experimental research program and I voluntarily agree to participate in it. I voluntarily agree to waive my right to a speedy trial.

_____ Witness

_____ Signed

_____ Date

_____ Date

JK:lh:RD/27-28
5-7-76

Voluntary Consent for Participation

COP Research Program

We are interested in finding out what happens to people like you who have been charged with a crime. This information will help us evaluate the criminal justice system and find ways to make it work without locking people up. If you agree, we will interview you now and at three month intervals. We will ask you about contacts with police and the courts, employment, living situation and so on. You will be paid for these interviews and they will be confidential. The information will be used for research purposes only and you will not be identified by name. We also ask your permission to be given access to your court and employment records for reserach purposes.

I have read the information above and have had any questions answered. I voluntarily agree to participate in the Complex Offender Program's research project.

_____ Signature

_____ Date

_____ Witness

_____ Date

JK:lh:RD/31
5-7-76

APPENDIX C

Community Adjustment
Interview Form

APPENDIX C

COMPLEX OFFENDER PROJECT: COMMUNITY ADJUSTMENT INTERVIEW

Table of Contents:

1. Living Situation
2. Institutionalizations
3. Employment
4. Economic
5. Family Contact
6. Contact With Friends
7. Current Living Situation
8. Activity Level
9. Legal
10. Agency Use
11. Medical Care
12. Suicide
13. Satisfaction with Life

Coding: Living Situation and Institutionalizations

Coding: Employment

1. LIVING SITUATION

A. Where have you been living during the last four months? Do you regularly stay overnight anywhere else? (Have you taken any extended trips or gone on any several-day visits? Where, when and for how long?)

B. For each living situation:

1. On what date(s) did you move?

2. With whom did you live?

3. What were the accommodations?

C. (If the situation may be supervised.) Who runs it? Is there a regular staff member there? What do they provide you, or do for you?

(If living with parents or other family.) Do you pay rent? If yes, how much rent? Are you employed by your parents (or other relatives)?

2. INSTITUTIONALIZATIONS

A. In the last four months have you been in any hospital for any reason? If yes, where, when and for how long? (Record all admissions, whether overnight or not.) Was it for psychiatric or other reasons?

B. In the last four months have you spent any time in jail or other penal institution? If yes, where, when and for how long?

3. EMPLOYMENT

(Here "Employment" refers to having a significant slot on a payroll or being self-employed in some legitimate money-making activity, not actual productive activity per se. For coding purposes "student" and "housewife" positions are also considered employment. Any "employed" or "student" status while S is in an institution may only be considered employment if the position is available to anyone in the community, and not available to the S solely because of his residence in an institution.)

A. In the last four months what jobs have you held? (Ask specifically about all job categories if necessary--competitive jobs, sheltered workshops, housewife and student jobs?) Have you been unemployed at any time? When and for how long? NOTE: This data should be consistent with Living Situation data. Also, changes in the pattern should be noted, i.e., changes in job description, hours, wages, etc.

3. EMPLOYMENT (Continued)

B. For each competitive or sheltered workshop ask:

1. For what period of time did you hold the job (indicate concurrent jobs)? Include odd jobs. Get information about short-term jobs to help determine if odd or competitive.

2. For whom (i.e., what kind of business or activity) did you work? What was the job title? (What were your duties?)

3. Were there regular, set hours?

If yes, how many hours a week were required?

If no, how many hours a week did you work on the average?

4. How much did you earn (per hour, week or month--gross earnings? Make a note of in kind payments.)

5. How many days work did you miss when you were expected to be there (including "excused" absences)?

C. For each period of being a student ask:

1. For what period of time were you a student?

2. What school did you attend?

3. How many credits were you taking? (Or, if no credits, how many hours/week did you attend?)

4. How many credits are considered a full-time load at this school? (Verify, if necessary.)

5. Were there any periods of time when you did not attend to schoolwork at all when you were expected to? (Record number of days missed.)

NOTE: It should also be noted if the S is studying and/or taking tests for any degree on his own.

D. For each period of being a "housewife" (i.e., when you and the other involved saw you as being the primary person in the role of the housewife, responsible for the household needs--food, clothing, etc., of another person or persons, in addition to yourself) ask:

1. For what period of time were you a housewife?

2. How many hours/week did you work on the average?

3. Were there any periods of time when you did not attend to housework at all when you were expected to? (Record number of days missed.)

4. ECONOMIC

A. In the last four months have you had any income besides that earned through regular work (i.e., competitive jobs or sheltered employment)? The source of other earned income is an employee; other gift income includes DVR, P & P, school grants, and money earned from illegal activities. Support given to S in name of dependents is S's income. If yes, what kind of income and how much? (Do not include income from sale of assets; do include rental income.) Welfare is defined as $ from a regular income maintenance program.

B. Do you have a savings account? If yes, how much (approximately) is concurrently in the account?

C. Do you have any outstanding debts? If yes, how much is owed to whom? (Specify restitution and "other" debts.)

5. FAMILY CONTACT

A. Are your parents (or step-parents) living? (Include foster parents if they play a parental role, write in if necessary.) (Circle for yes) If parents not known to be dead, code as alive.

Mother Stepmother Father Stepfather

B. (If parents living:) In the last four months, have you had any contact with your parents? If yes, how many times?

1. Have you stayed overnight with one or both parents?

2. Have you visited with one or both parents?

3. Have one or both of your parents stayed overnight with you?

4. Have one or both of your parents visited with you? (Insert number in appropriate grid space on interview form. Count each day of living with parents as an overnight stay.) All above categories are mutually exclusive. Do not count phone conversations as visits.

6. CONTACT WITH FRIENDS

A. What is your present marital status? (Present legal marital status: single, married, separated, divorced, widowed. If married, but physically separated, not legally separated, consider S married.)

B. In the last four months has your marital status changed?

C. 1. How many friends do you feel you have? ("Friends" may include family members if the S does spontaneously include them; persons in the helping professions should not be counted.) (If none, go to question 6.D.)

6. CONTACT WITH FRIENDS (Continued)

2. On how many days out of the last week have you had contact with any of these friends? (Contacts, face-to-face visits, or phone calls.)

3. How many friends do you feel you have whom you can really trust and talk to? (Above note number of friends reported here are included in #2 above.) (If none, go to question 6.D.)

4. On how many days out of the last week have you had contact with any of these friends? (Contacts, face-to-face visits, or phone calls.)

D. 1. What social groups, if any, do you currently belong to? (i.e., any group whose purpose is, at least in part, to socialize--church groups, sports clubs, lodges, DCMHC aftercare group, etc.--list by name.)

2. Which of these groups, if any, have you attended in the last month? (check those attended.)

E. 1. In the last week, have you spent any time socially with a man, woman (opposite sex)? (Do not include family members or persons in the helping professions; do include spouses.)

2. If yes, where and in what kind of situation was it? (Classify as "superficial" or "extended," the latter being anything more than a coffee break.)

3. In the last month, have you kissed a man, woman (opposite sex)? (Do not include "familial" kisses, i.e., with parents, children, aunts, uncles, etc.)

4. In the last month, have you had intercourse with a man, woman (opposite sex)?

7. CURRENT LIVING SITUATION

A. 1. At the present time do you live alone or with someone? (Alone as defined by S.)

2. How long has it been since you have been out of your place of residence? (Consider the building in which the S lives; if S leaves his residence to come for the interview ask, "except for coming here today, how long....")

(circle for yes)

Today (the day of the interview)
Yesterday (the last day of the follow-up period)
Not for two days or more

7. CURRENT LIVING SITUATION (Continued)

3. How much time did you spend out of your place of residence yesterday? (i.e., the last day of the interview period.) (circle for yes)

Out most of the day
Out about half the day
In most of the day

B. For each meal you have usually eaten daily in the past three weeks, have you usually eaten by yourself or with someone? If with someone, do you usually know the person well? (Check appropriate grid spaces on interview form.)

8. ACTIVITY LEVEL

A. In the last three days of the interview period, which of the following things do you do? (Use 18-item activity list, check yes.) (May give copy of list to S.)

B. Which of the activities engaged in were done with other people? (Add another check for "yes," visit friends or relatives, or entertain friends are always done with others.)

9. LEGAL

A. In the last four months have you had any contact with the police or courts for any reason? (i.e., related to S's "deviant" behavior.) (If no, go on to Section 10.)

(If yes, obtain the following information for each instance:)

B. Police contact

1. What happened? (Briefly describe the incident.)

2. What was the date?

3. Which police department was involved?

a. Were you arrested?

b. If yes, what charges were filed?

c. Were you jailed?

d. If yes, how many days were you jailed?

9. LEGAL (Continued)

C. Court contact

1. Have you appeared before a judge in the last four months? (i.e., an appearance related to the S's "deviant" behavior in this or previous time periods.)

2. If yes, what kind of appearance was it? (Circle for yes.)

Hearing (enter a plea, set bail)

Trial (determination of guilt, sentencing)

Other (specify)

D. All contacts: What disposition was made in this time period? (i.e., note all dispositions which occurred in this time period, regardless of when the "deviant" behavior occurred. Should be some official disposition for every charge, although the charge may have been reduced.) (Make special note of any disposition in follow-up periods which are the result of behavior that occurred before the S entered the project.)

Charges dropped
Sent to a mental institution
Sentenced to _____ days in jail
Fined $_____
Pending other (specify)

10. AGENCY USE

A. In the last four months what contacts have you had with community or service agencies of the following types? (Institutions, supervised living facilities or sheltered workshops need not be repeated here unless they provided services other than those accounted for in sections 1, 2 and 3. Do record the use of any economic resources mentioned in section 4.)

Medical: Psychiatric hospitals, general hospitals, clinics, private physicians, visiting nurse service, dentist.
Therapy: Mental Health Center, private therapist, other mental health agencies or professionals.
Financial-Employment: Sheltered workshops, city or county welfare, unemployment agencies, Vocational Rehabilitation, Salvation Army, Rescue Mission.
Legal: Law enforcement agencies, Legal Aid, private lawyer, Probation and Parole.
Other:

10. AGENCY USE (Continued)

B. For each instance mentioned, list the following information:

1. Name and type of agency.

2. Specific kind of service (including the classification of the individual delivering the service).

3. Degree of involvement: amount of financial assistance (if a welfare agency), or number of days (if a service agency).

11. MEDICAL CARE

A. In the past two weeks have you been taking any prescribed medication? (If no, go to question B.) If yes:

1. Which medications have been taken? (Record psychotropic medication only; see footnote below.)

2. When did you begin taking the medication?

3. a. What is the prescribed dosage and frequency? (P)

b. How often do you usually take this medication? (A)

4. At any time in the last four months have you discontinued or stopped using any of these medications for two weeks or more? (If no, go to question B.) (If yes:)

a. How long did you discontinue it?

b. For what period of time did you discontinue taking it?

c. Why did you discontinue it? (physician's orders or other--specify.)

B. In the last four months did you take any other prescribed medication? (If no, go to section 12.) If yes:

1. Which medications did you take? (Record psychotropic medications only; see footnote below.)

2. What did you begin taking the medication?

3. How long ago did you discontinue it?

4. Why did you discontinue it? (physician's orders or other--specify)

NOTE: If S does not know the name of the medication and it appears to be psychiatric-related, ask: (1) what is it for? (2) is it a capsule or a pill? (3) what color and shape is it? (4) does it have a name on it?

12. SUICIDE

At any time during the last four months have you considered committing suicide? If yes, record the number of times medical care was received from a doctor or nurse. (This question is primarily concerned with uncovering instances of medical care and is most importantly asked when S reports being overly depressed or when the accuracy of medical care information is in doubt.)

13. SATISFACTION WITH LIFE SCALE ... Attitude questionnaire to be filled in by S.

CODING: LIVING SITUATION AND INSTITUTIONALIZATIONS

A person is generally considered to be living wherever he/she stays overnight. Living situation and institutionalizations are to be recorded on the time line.

A. Institution Time: Number of overnights and number of instances (i.e., inpatient admissions or official bookings) in any of the following institutions:

Psychiatric Hospital
Penal Institution
Medical Unit of General Hospital
Psychiatric Unit of General Hospital

Non-overnight admissions to a hospital are to be included here (under number of separate instances, counting admissions; but emergency room and outpatient visits are to be excluded (to be recorded under Agency Use). A transfer from one institution to another is to be considered a new admission (i.e., instance); a return from elopement is to be considered a new admission if subject is gone for more than 7 days; several weekend jail bookings for one sentence equal only one instance. Institutionalizations recorded here are to be verified. (Alcoholic detox should be coded Institutional; correctional camps are considered to be penal institutions.)

B. Number of Days (overnights) in a supervised setting are classified into two categories:

1. Supervised by family includes living with immediate family (parents, foster parents, siblings, children) and in quarters maintained by them and not being employed by them (as defined in the Employment section) and not paying regularly at least $15.00 per week for room and board (or at least $65.00 per month).

   Supervised by family also includes living with other family (grandparents, aunts, uncles), who play a parental authority role with the subject while the subject is not employed by them or paying at least $15.00 per week for room and board.

2. Supervised by other includes living in an established, structured setting whose purpose and reason for existence is to provide this supervision (as viewed by the agency itself and the community). Examples are:

   Halfway Houses
   V.A. Residential Care Homes
   Nursing Homes (including Lake Shore Manor and Allen Hall)
   Other Miscellaneous Residential Facilities: Rescue Mission, Wisconsin Family

   Halfway Houses, or any structured situation, by definition, will be considered supervised even though the S may be paying all, or partial costs.

C. Number of Overnights spent in a community-independent setting. Examples from the low end of community-independent are:

   YMCA
   YWCA
   Dayton Hall
   Kent Hall

D. Number of times subject changes his home address. (An address change on the first day of the interview period should be counted even though the subject spent no overnights at the first address during this interview period. An institutionalization is not a change of address unless subject moves to a new address immediately after release. Occasionally staying someplace else, while maintaining a home address, is not considered a change of address.)

E. Living situation category in which the longest period of time is spent: institutional, supervised, independent. (If S spent equal time in 2 or more categories, code most independent.)

F. Living situation category for the last day of the follow-up period: institutional, supervised, independent.

CODING: EMPLOYMENT

Employment data is also to be recorded on the time line. The unit of measure is the day, although employment categories are defined on the basis of time per week because it is a more stable measure. If the job is considered to be regular--weekly employment, all 7 days of the week are counted as employed. Sheltered employment is regarded as regular--weekly if the work is scheduled four or more days per week. If work is scheduled three days or less, only those days are counted as employed. Competitive employment is regarded as regular--weekly if the work is scheduled 10 hours or more per week. If work is scheduled less than 10 hours per week, it is not considered to be competitive employment. Competitive jobs that are not actually regular but are worked on an "on-call" basis should be regarded as regular if the subject works two-thirds or more of the time he/she is officially available to work.

A. Number of Days Unemployed: Time with no job, and no housewife or student status; or time in a job or housewife status that requires less than 10 hours per week (or an average of less than 2 hours per working day); or time in a student status with less than one-quarter credit level.

B. Number of Days in Sheltered Employment: Time in a structured community setting with built-in supervision for the handicapped. Generally, and in uncertain cases, sheltered employment is defined as productive activity in which the value of the output is less than the cost of the input. A student job, however, is also considered sheltered if such structured setting exists; that is, if the student is in a school program not leading directly to any degree but which teaches basic academic and social skills. Examples of sheltered employment are:

Madison Opportunity Center
Goodwill Industries
Rescue Mission
Volunteer Work paid for by DVR or COP

C. Number of Days in Competitive Employment (including appropriate student and housewife time and some employment): If ever competitive and sheltered employment are concurrent, code the time as competitive. Generally, and in uncertain cases, competitive employment is defined as employment from which a person can be fired for unproductive work and replaced by someone from the competitive labor market. Competitive student employment must be technical or academic--home study is not included. Competitive employment does not include illegal "jobs" such as prostitution, selling drugs, etc. Employment programs in which the positions are generally competitive yet the program supplies some structured supports, are considered to be a subgroup of competitive employment and are classified (coded) as semi-competitive (see code below). Examples of semi-competitive are:

St. Vincent's
Main Stream
NYC
WIN
Fresh Start

SATISFACTION WITH LIFE SCALE

Directions: Below are some questions about how you like your present life. Check or circle the one alternative that reflects your feelings about your life at this time. Please try to be as honest as possible.

1. How much do you like the place where you are living?

1	2	3	4	5
NOT AT ALL	VERY LITTLE	AVERAGE, OK	A LOT	A GREAT DEAL, VERY MUCH

2. How much do you like the people with whom you live?

1	2	3	4	5
NOT AT ALL	VERY LITTLE	AVERAGE, OK	A LOT	A GREAT DEAL, VERY MUCH

3. How much do you usually like the food you eat?

1	2	3	4	5
NOT AT ALL	VERY LITTLE	AVERAGE, OK	A LOT	A GREAT DEAL, VERY MUCH

4. How much do you like the recreational facilities in or near the place where you live?

1	2	3	4	5
NOT AT ALL	VERY LITTLE	AVERAGE, OK	A LOT	A GREAT DEAL VERY MUCH

5. How much are you satisfied with the number of friends you have?

1	2	3	4	5
NOT AT ALL	VERY LITTLE	AVERAGE, OK	A LOT	A GREAT DEAL, VERY MUCH

6. How satisfied are you with your job situation?

1	2	3	4	5
NOT AT ALL	VERY LITTLE	AVERAGE, OK	A LOT	A GREAT DEAL, VERY MUCH

7. How satisfied are you with your present life?

1	2	3	4	5
NOT AT ALL	VERY LITTLE	AVERAGE, OK	A LOT	A GREAT DEAL, VERY MUCH

8. Do you feel you have as much freedom as you want?

1	2	3	4	5
DEFINITELY NO	PROBABLY NO	DON'T KNOW AM NOT SURE	PROBABLY YES	DEFINITELY YES

APPENDIX D

Analysis of Variance
Summary Tables

APPENDIX D(1)

ANALYSIS OF VARIANCE SUMMARY TABLES

Baseline and 4 month Timeperiods

1. % Time spent in penal institutions

SOURCE	df	MS	F
Group	1	713.86	1.22
Timeperiod	1	15680.64	29.65 ****
Interaction	1	244.18	.46

2. % Time spent in psychiatric hospitals

SOURCE	df	MS	F
Group	1	382.19	1.78
Timeperiod	1	122.11	2.16 +
Interaction	1	106.60	1.88

3. % Time spent in residential drug/alcohol treatment

SOURCE	df	MS	F
Group	1	1.778	1.88
Timeperiod	1	1.321	1.38
Interaction	1	1.704	1.79

4. Number of arrests

SOURCE	df	MS	F
Group	1	.278	.10
Timeperiod	1	9.552	4.21 *
Interaction	1	7.074	3.12 ++

5. Number of convictions

SOURCE	df	MS	F
Group	1	.323	
Timeperiod	1	23.113	21.69 ****
Interaction	1	.053	.05

6 Number of incarceration

SOURCE	df	MS	F
Group	1	.072	.06
Timeperiod	1	8.722	8.95 ***
Interaction	1	2.418	2.48 +

7. % Time unemployed

SOURCE	df	MS	F
Group	1	4124.20	2.45 +
Timeperiod	1	12775.87	16.78 ****
Interaction	1	4140.27	5.44 *

8. Number of jobs held

SOURCE	df	MS	F
Group	1	1.972	1.82
Timeperiod	1	1.363	1.64
Interaction	1	5.576	6.70 **

9. % Work missed

SOURCE	df	MS	F
Group	1	.020	1.72
Timeperiod	1	.007	.90
Interaction	1	.034	4.03 *

10. Disability and subsidized income received

SOURCE	df	MS	F
Group	1	634113	7.27 ****
Timeperiod	1	50130	2.77 ++
Interaction	1	1775	5.48 *

11. Earned income

SOURCE	df	MS	F
Group	1	164571	.28
Timeperiod	1	1125663	3.52 ++
Interaction	1	951020	2.97 ++

12. % Clients enrolled in educational programs

SOURCE	df	MS	F
Group	1	2.498	11.95 ****
Timeperiod	1	.382	2.77 ++
Interaction	1	.757	5.48 *

13. % Clients graduating from educational programs

SOURCE	df	MS	F
Group			
Timeperiod			
Interaction			

14. % Time living under parental supervision

SOURCE	df	MS	F
Group	1	699.30	.32
Timeperiod	1	99.48	.28
Interaction	1	931.89	2.64 ++

15. % Time living under other supervision

SOURCE	df	MS	F
Group	1	931.63	2.69 +
Timeperiod	1	186.71	1.34
Interaction	1	46.85	.34

16. Number of address changes

SOURCE	df	MS	F
Group	1	.987	.61
Timeperiod	1	.302	.31
Interaction	1	.715	.74

17. Activity score

SOURCE	df	MS	F
Group			
Timeperiod			
Interaction			

18. Social activity score

SOURCE	df	MS	F
Group			
Timeperiod			
Interaction			

19. Amount of contact with DVR

SOURCE	df	MS	F
Group	1	.456	.92
Timeperiod	1	.042	.20
Interaction	1	.560	2.66 ++

20. Amount of contact with community mental health center

SOURCE	df	MS	F
Group	1	2.14	1.80
Timeperiod	1	.30	.53
Interaction	1	2.79	4.93 *

\+ probability less than .15
++ probability less than .10
* probability less than .05
** probability less than .01
*** probability less than .005
**** probability less than .001

APPENDIX D(2)

ANALYSIS OF VARIANCE SUMMARY TABLES

4, 8, 12 and 16 month timeperiods

1. % Time spent in penal institutions

SOURCE	df	MS	F
Group	1	250.96	.23
Timeperiod	(3)	1569.96	4.42 ***
linear trend	1	4369.39	6.05 *
quad. trend	1	88.87	.63
cubic trend	1	251.62	1.25
Interaction	(3)	119.09	.34
linear trend	1	152.78	.21
quad. trend	1	2.30	.02
cubic trend	1	202.18	1.00

2. % Time spent in psychiatric hospitals

SOURCE	df	MS	F
Group	1	2452.07	2.51 +
Timeperiod	(3)	102.18	2.35 ++
linear trend	1	12.26	.18
quad. trend	1	282.56	5.15 *
cubic trend	1	11.74	1.59
Interaction	(3)	43.11	.99
linear trend	1	12.03	.18
quad. trend	1	115.68	2.11
cubic trend	1	1.63	.22

3. % Time spent in residential drug/alcohol treatment

SOURCE	df	MS	F
Group	1	725.59	2.24 +
Timeperiod	(3)	219.51	2.26 ++
linear trend	1	608.03	2.41 ++
quad. trend	1	9.32	.77
cubic trend	1	44.17	1.54
Interaction	(3)	209.76	2.16 ++
linear trend	1	578.70	2.29 +
quad. trend	1	6.78	.56
cubic trend	1	43.78	1.64

4. Number of arrests

SOURCE	df	MS	F
Group	1	725.59	2.24 +
Timeperiod	(3)	219.51	2.26 ++
linear trend	1	608.03	2.41 ++
quad. trend	1	9.32	.77
cubic trend	1	41.17	1.54
Interaction	(3)	209.76	2.16 ++
linear trend	1	578.70	2.29 +
quad. trend	1	6.78	.56
cubic trend	1	43.78	1.64

5. Number of convictions

SOURCE	df	MS	F
Group	1	.81	.78
Timeperiod	(3)	.85	1.09
linear trend	1	.02	.02
quad. trend	1	.58	.78
cubic trend	1	1.95	2.31 +
Interaction	(3)	1.93	2.47 ++
linear trend	1	.28	.37
quad. trend	1	3.00	4.04 *
cubic trend	1	2.50	2.97 ++

6. Number of incarcerations

SOURCE	df	MS	F
Group	1	1.56	1.03
Timeperiod	(3)	1.10	1.63
linear trend	1	1.11	1.77
quad. trend	1	.48	.67
cubic trend	1	1.70	2.56 +
Interaction	(3)	2.17	3.24 *
linear trend	1	4.71	7.48 **
quad. trend	1	.94	1.31
trend	1	.87	1.31

7. % Time unemployed

SOURCE	df	MS	F
Group	1	4002.67	1.11
Timeperiod	(3)	242.68	.30
linear trend	1	43.97	.04
quad. trend	1	295.48	.38
cubic trend	1	388.61	.85
Interaction	(3)	2425.40	2.99 *
linear trend	1	4194.57	3.47 ++
quad. trend	1	2698.30	3.51 ++
cubic trend	1	383.53	.84

8. Number of jobs held

SOURCE	df	MS	F
Group	1	1.56	.96
Timeperiod	(3)	1.21	1.41
linear trend	1	.75	1.08
quad. trend	1	.08	.13
cubic trend	1	2.80	2.19 +
Interaction	(3)	1.21	1.41
linear trend	1	2.22	3.17 ++
quad. trend	1	1.23	2.04
cubic trend	1	.19	.15

9. % Work missed

SOURCE	df	MS	F
Group	1	.05	4.30 *
Timeperiod	(3)	.01	1.25
linear trend	1	.02	3.07 ++
quad. trend	1	.00	.26
cubic	1	.00	.69
Interaction	(3)	.01	.81
linear trend	1	.02	2.38 +
quad. trend	1	.00	.08
cubic trend	1	..00	.16

10. Disability and subsidized income received

SOURCE	df	MS	F
Group	1	962472	5.38 *
Timeperiod	(3)	23329	1.80 +
linear trend	1	716	.04
quad. trend	1	2697	.18
cubic trend	1	66576	8.70 ***
Interaction	(3)	23270	1.79 +
linear trend	1	1170	.07
quad. trend	1	25721	1.67
cubic trend	1	42919	5.61 *

11. Earned income

SOURCE	df	MS	F
Group	1	349484	.16
Interaction	(3)	374810	.88
linear trend	1	950939	1.61
quad. trend	1	99269	.74
cubic trend	1	74225	.27

12. % clients enrolled in educational programs

SOURCE	df	MS	F
Group	1	6.94	20.28 ****
Timeperiod	(3)	.08	.62
linear trend	1	.14	.59
quad. trend	1	.08	.79
cubic trend	1	.03	.47
Interaction	(3)	.19	1.38
linear trend	1	.38	1.65
quad. trend	1	.08	.79
cubic trend	1	.10	1.31

13. % clients graduating from educational programs

SOURCE	df	MS	F
Group	1	.08	2.38 +
Timeperiod	(3)	.01	.33
linear trend	1	.02	.33
quad. trend	1	.02	.49
cubic trend	1	.00	.12
Interaction	(3)	.04	.99
linear trend	1	.06	1.32
quad. trend	1	.02	.49
cubic trend	1	.03	1.11

14. % Time spent living under parental supervision

SOURCE	df	MS	F
Group	1	676.78	.24
Timeperiod	(3)	947.37	1.45
linear trend	1	2820.62	2.72 ++
quad. trend	1	15.74	.04
cubic trend	1	5.76	.01
Interaction	(3)	840.73	1.29
linear trend	1	1942.87	1.87
quad. trend	1	14.60	.03
cubic trend	1	564.73	1.19

15. % Time spent living under other supervision

SOURCE	df	MS	F
Group	1	353.85	3.71 *
Timeperiod	(3)	131.12	1.36
linear trend	1	47.88	.25
quad. trend	1	332.55	3.98 *
cubic trend	1	12.91	.76
Interaction	(3)	133.74	1.39
linear trend	1	46.37	.25
quad. trend	1	349.27	4.18 *
cubic trend	1	5.57	.33

16. Number of address changes

SOURCE	df	MS	F
Group	1	5.89	2.62 +
Timeperiod	(3)	2.52	2.87 *
linear trend	1	6.95	5.86 *
quad. trend	1	.00	.01
cubic trend	1	.60	.82
Interaction	(3)	.63	.72
linear trend	1	.16	.14
quad. trend	1	1.74	2.41 +
cubic trend	1	.00	.00

17. Activity score

SOURCE	df	MS	F
Group	1	43.39	1.84
Timeperiod	(3)	4.02	.56
linear trend	1	3.35	.42
quad. trend	1	6.58	.80
cubic trend	1	2.12	.39
Interaction	(3)	2.34	.32
linear trend	1	2.50	.32
quad. trend	1	1.39	.17
cubic trend	1	3.12	.57

18. Social activity score

SOURCE	df	MS	F
Group	1	48.08	2.77 ++
Timeperiod	(3)	7.46	1.34
linear trend	1	10.80	1.47
quad. trend	1	10.17	1.82
cubic trend	1	1.39	.37
Interaction	(3)	1.46	.26
linear trend	1	.14	.02
quad. trend	1	1.23	.22
cubic trend	1	3.02	.79

19. Amount of contact with DVR

SOURCE	df	MS	F
Group	1	.17	.76
Timeperiod	(3)	.15	1.69
linear trend	1	.38	5.31 *
quad. trend	1	.08	.47
cubic trend	1	.00	.00
Interaction	(3)	.12	1.34
linear trend	1	.10	1.33
quad. trend	1	.17	1.05
cubic trend	1	.10	2.67 ++

20. Amount of contact with community mental health center

SOURCE	df	MS	F
Group	1	1.56	1.44
Timeperiod	(3)	.33	.63
linear trend	1	.00	.00
quad. trend	1	.94	2.35 +
cubic trend	1	.03	.16
Interaction	(3)	1.76	3.38 *
linear trend	1	4.71	4.97 *
quad. trend	1	.48	1.20
cubic trend	1	.10	.45

\+ probability less than .15
++ probability less than .10
* probability less than .05
** probability less than .01
*** probability less than .005
**** probability less than .001

APPENDIX D(3)

ANALYSIS OF VARIANCE SUMMARY TABLES

53 Subjects Over 6 Timeperiods
Classified by Termination Status at 20 Months

Number of Incarcerations

SOURCE	df	MS	F
Group (A)	1	.576	.43
Term. status (B)	2	3.431	2.58++
AxB interaction	2	5.725	4.31*
Timeperiod (C)	5	5.332	8.15**
AxC interaction	5	2.533	3.87**
BxC interaction	10	2.875	4.39***
AxBxC interaction	10	.698	1.17

Number of Address Changes

SOURCE	df	MS	F
Group (A)	1	1.886	.80
Term. status (B)	2	6.402	2.73
AxB interaction	2	2.982	1.27
Timeperiod (C)	5	2.181	2.45*
AxC interaction	5	1.298	1.47
BxC interaction	10	.642	.72
AxBxC interaction	10	.637	.72

Number of Jobs Held

SOURCE	df	MS	F
Group (A)	1	1.685	1.14
Term. status (B)	2	17.295	11.75**
AxB interaction	2	.592	.40
Timeperiod (C)	5	1.150	1.48
AxC interaction	5	1.718	2.21++
BxC interaction	10	1.238	1.59
AxBxC interaction	10	.666	.85

Number of Criminal Commitments

SOURCE	df	MS	F
Group (A)	1	.152	3.39++
Term. status (B)	2	.053	1.19
AxB interaction	2	.053	1.19
Timeperiod (C)	5	.030	.86
AxC interaction	5	.030	.86
BxC interaction	10	.049	1.44
AxBxC interaction	10	.049	1.44

Number of Admissions to Drug/Alcohol Treatment

SOURCE	df	MS	F
Group (A)	1	.216	.27
Term. status (B)	2	.844	1.05
AxB interaction	2	1.014	1.25
Timeperiod (C)	5	.435	1.52
AxC interaction	5	.171	.60
BxC interaction	10	.234	.82
AxBxC interaction	10	.452	1.58

Number Enrolled in Educational Programs

SOURCE	df	MS	F
Group (A)	1	4.292	10.05**
Term. status (B)	2	.333	.78
AxB interaction	2	.257	.60
Timeperiod (C)	5	.282	2.14*
AxC interaction	5	.356	2.70
BxC interaction	10	.116	.88
AxBxC interaction	10	.083	.63

Number of Arrests

SOURCE	df	MS	F
Group (A)	1	1.017	.36
Term. status (B)	2	.466	.17
AxB interaction	2	5.785	2.05
Timeperiod (C)	5	8.736	5.19***
AxC interaction	5	1.952	1.16
BxC interaction	10	4.138	2.46*
AxBxC interaction	10	.947	.56

Number of Convictions

SOURCE	df	MS	F
Group (A)	1	.250	.24
Term. status (B)	2	.855	.83
AxB interaction	2	1.101	1.07
Timeperiod (C)	5	8.793	10.61***
AxC interaction	5	1.197	1.44
BxC interaction	10	1.702	2.05*
AxBxC interaction	10	.816	.98

Number of Unofficial Police Contacts

SOURCE	df	MS	F
Group (A)	1	.005	.01
Term. status (B)	2	1.480	3.01++
AxB interaction	2	.223	.45
Timeperiod (C)	5	.747	2.24++
AxC interaction	5	.576	1.73
BxC interaction	10	.701	2.10*
AxBxC interaction	10	.669	2.00*

Number of Psychiatric Hospitalizations

SOURCE	df	MS	F
Group (A)	1	1.452	2.29
Term. status (B)	2	1.325	2.09
AxB interaction	2	1.440	2.27
Timeperiod (C)	5	.182	.97
AxC interaction	5	.338	1.81
BxC interaction	10	.381	2.04*
AxBxC interaction	10	.358	1.92*

Subsidized Income

SOURCE	df	MS	F
Group (A)	1	1.062×10^7	5.50*
Term. status (B)	2	3.122×10^6	1.62
AxB interaction	2	3.651×10^6	1.89
Timeperiod (C)	5	1.461×10^4	.83
AxC interaction	5	2.389×10^4	1.35
BxC interaction	10	2.153×10^4	1.22
AxBxC interaction	10	1.618×10^4	.92

Earned Income

SOURCE	df	MS	F
Group (A)	1	1.338×10^5	.07
Term. status (B)	2	2.383×10^7	11.83***
AxB interaction	2	1.146×10^6	.57
Timeperiod (C)	5	2.268×10^6	4.75***
AxC interaction	5	1.371×10^6	2.87*
BxC interaction	10	1.330×10^6	2.79**
AxBxC interaction	10	5.609×10^5	1.18

% Time Living Independently

SOURCE	df	MS	F
Group (A)	1	4235.617	.94
Term. status (B)	2	66671.984	14.78***
AxB interaction	2	8089.848	1.79
Timeperiod (C)	5	4200.484	5.90***
AxC interaction	5	734.681	1.03
BxC interaction	10	3036.841	4.26***
AxBxC interaction	10	764.504	1.07

% Time Supervised by Family

SOURCE	df	MS	F
Group (A)	1	2629.400	.58
Term. status (B)	2	861.797	.19
AxB interaction	2	6258.083	1.36
Timeperiod (C)	5	3985.554	6.84***
AxC interaction	5	987.474	1.69++
BxC interaction	10	1665.228	2.86**
AxBxC interaction	10	646.746	1.11

% Time Supevised by Others

SOURCE	df	MS	F
Group (A)	1	113.487	.43
Term. status (B)	2	85.493	.32
AxB interaction	2	205.340	.77
Timeperiod (C)	5	61.226	.40
AxC interaction	5	68.152	.45
BxC interaction	10	78.229	.51
AxBxC interaction	10	95.936	.63

% Time Incarcerated

SOURCE	df	MS	F
Group (A)	1	909.381	.78
Term. status (B)	2	28965.842	24.79***
AxB interaction	2	1278.119	1.09
Timeperiod (C)	5	1359.800	3.01*
AxC interaction	5	97.273	.22
BxC interaction	10	1016.671	2.25*
AxBxC interaction	10	365.204	.81

% Time in Psychiatric Hospitals

SOURCE	df	MS	F
Group (A)	1	3334.612	3.42++
Term. status (B)	2	3308.256	3.40*
AxB interaction	2	3465.085	3.56*
Timeperiod (C)	5	71.443	1.18
AxC interaction	5	67.867	1.12
BxC interaction	10	83.782	1.38
AxBxC interaction	10	38.587	.64

% Time Competitively Employed

SOURCE	df	MS	F
Group (A)	1	7805.633	3.12++
Term. status (B)	2	59276.066	23.68***
AxB interaction	2	613.285	.25
Timeperiod (C)	5	2555.705	2.82*
AxC interaction	5	2914.748	3.21**
BxC interaction	10	2069.084	2.28*
AxBxC interaction	10	869.227	.96

% Time in Sheltered Employment

SOURCE	df	MS	F
Group (A)	1	543.942	1.28
Term. status (B)	2	228.767	.54
AxB interaction	2	192.772	.45
Timeperiod (C)	5	54.210	.36
AxC interaction	5	201.468	1.32
BxC interaction	10	96.454	.63
AxBxC interaction	10	85.264	.56

% Time in Semicompetitive Employment

SOURCE	df	MS	F
Group (A)	1	9527.032	8.46**
Term. status (B)	2	6438.907	5.72*
AxB interaction	2	3263.371	2.90++
Timeperiod (C)	5	901.142	1.59
AxC interaction	5	2139.783	3.79**
BxC interaction	10	313.247	.55
AxBxC interaction	10	800.897	1.42

% Work Missed

SOURCE	df	MS	F
Group (A)	1	111.587	3.05++
Term. status (B)	2	106.335	2.91++
AxB interaction	2	41.619	1.14
Timeperiod (C)	5	31.190	1.03
AxC interaction	5	35.808	1.18
BxC interaction	10	24.643	.81
AxBxC interaction	10	63.684	2.09*

*** $p < .001$
** $p < .01$
* $p < .05$
++ $p < .10$

APPENDIX D(4)

ANALYSIS OF VARIANCE SUMMARY TABLES

33 Subjects Over 2 Timeperiods
Post Treatment Classified by Termination Status

Number of Incarcerations

SOURCE	df	MS	F
Group (A)	1	2.082	1.37
Term. status (B)	1	1.311	.86
AxB interaction	1	1.156	.76
Timeperiod (C)	1	.062	.14
AxC interaction	1	.151	.34
BxC interaction	1	3.177	7.12
AxBxC interaction	1	1.308	2.93

Number of Address Changes

SOURCE	df	MS	F
Group (A)	1	.285	.24
Term. status (B)	1	2.421	2.06
AxB interaction	1	.997	.85
Timeperiod (C)	1	1.318	.98
AxC interaction	1	.097	.07
BxC interaction	1	.504	.38
AxBxC interaction	1	.796	.59

Number of Jobs Held

SOURCE	df	MS	F
Group (A)	1	.135	.15
Term. status (B)	1	15.893	18.14***
AxB interaction	1	.135	..15
Timeperiod (C)	1	.554	1.10
AxC interaction	1	2.178	4.34*
BxC interaction	1	.058	.12
AxBxC interaction	1	.076	.15

Number of Criminal Commitments

SOURCE	df	MS	F
Group (A)	1	.205	2.31+
Term. status (B)	1	.005	.05
AxB interaction	1	.005	.05
Timeperiod (C)	1	.005	.05
AxC interaction	1	.005	.05
BxC interaction	1	.205	2.31+
AxBxC interaction	1	.205	2.31+

Number of Admissions to Drug/Alcohol Treatment Facilities

SOURCE	df	MS	F
Group (A)	1	.013	.03
Term. status (B)	1	.570	1.19
AxB interaction	1	.013	.03
Timeperiod (C)	1	.024	.10
AxC interaction	1	.135	.58
BxC interaction	1	.024	.10
AxBxC interaction	1	.135	.58

Number Enrolled in Educational Program

SOURCE	df	MS	F
Group (A)	1	.052	.49
Term. status (B)	1	.001	.01
AxB interaction	1	.004	.04
Timeperiod (C)	1	.052	.49
AxC interaction	1	.919	8.78**
BxC interaction	1	.004	.04
AxBxC interaction	1	.001	.01

Number of Arrests

SOURCE	df	MS	F
Group (A)	1	2.717	1.83
Term. status (B)	1	1.889	1.27
AxB interaction	1	4.301	2.89++
Timeperiod (C)	1	2.179	1.79
AxC interaction	1	.066	.05
BxC interaction	1	.146	.12
AxBxC interaction	1	.702	.58

Number of Convictions

SOURCE	df	MS	F
Group (A)	1	1.845	3.74++
Term. status (B)	1	.008	.02
AxB interaction	1	.014	.03
Timeperiod (C)	1	.002	.00
AxC interaction	1	.745	1.69
BxC interaction	1	2.061	4.67*
AxBxC interaction	1	5.093	11.55**

Number of Unofficial Police Contacts

SOURCE	df	MS	F
Group (A)	1	.776	.91
Term. status (B)	1	3.245	3.80++
AxB interaction	1	.4199	.58
Timeperiod (C)	1	2.040	2.71+
AxC interaction	1	2.040	2.71+
BxC interaction	1	1.573	2.09
AxBxC interaction	1	1.573	2.09+

Number of Psychiatric Hospitalizations

SOURCE	df	MS	F
Group (A)	1	.670	4.73
Term. status (B)	1	.003	.02
AxB interaction	1	.003	.02
Timeperiod (C)	1	.068	1.75
AxC interaction	1	.068	1.75
BxC interaction	1	.068	1.75
AxBxC interaction	1	.068	1.75

Subsidized Income

SOURCE	df	MS	F
Group (A)	1	29074.433	.89
Term. status (B)	1	29074.433	.89
AxB interaction	1	29074.433	.89
Timeperiod (C)	1	466.433	.89
AxC interaction	1	466.433	.89
BxC interaction	1	466.433	.89
AxBxC interaction	1	466.433	.89

Earned Income

SOURCE	df	MS	F
Group (A)	1	5.140×10^5	.30
Term. status (B)	1	3.281×10^7	19.02***
AxB interaction	1	1.959×10^6	1.14
Timeperiod (C)	1	1.026×10^6	1.54
AxC interaction	1	1.801×10^5	.27
BxC interaction	1	3.506×10^6	5.25*
AxBxC interaction	1	3.905×10^3	.01

% Time Living Independently

SOURCE	df	MS	F
Group (A)	1	503.883	.47
Term. status (B)	1	82703.387	77.43***
AxB interaction	1	831.926	.78
Timeperiod (C)	1	437.391	2.38
AxC interaction	1	88.541	.48
BxC interaction	1	143.461	.78
AxBxC interaction	1	334.100	1.82+

% Time Supervised by Family

SOURCE	df	MS	F
Group (A)	1	213.376	.43
Term. status (B)	1	271.184	.54
AxB interaction	1	1052.490	2.10+
Timeperiod (C)	1	18.839	.20
AxC interaction	1	4.279	.05
BxC interaction	1	25.395	.27
AxBxC interaction	1	6.151	.07

% Time Supervised by Others

SOURCE	df	MS	F
Group (A)	1	.095	.01
Term. status (B)	1	6.734	1.06
AxB interaction	1	.095	.01
Timeperiod (C)	1	.095	.01
AxC interaction	1	6.734	1.06
BxC interaction	1	.095	.01
AxBxC interaction	1	6.734	1.06

% Time Incarcerated

SOURCE	df	MS	F
Group (A)	1	606.245	.31
Term. status (B)	1	29345.876	15.05***
AxB interaction	1	208.208	.11
Timeperiod (C)	1	151.671	.41
AxC interaction	1	138.550	.37
BxC interaction	1	15.417	.04
AxBxC interaction	1	392.234	1.05

% Time in Psychiatric Hospitals

SOURCE	df	MS	F
Group (A)	1	1379.541	1.58
Term. status (B)	1	1288.530	1.48
AxB interaction	1	1288.530	1.48
Timeperiod (C)	1	.865	.01
AxC interaction	1	.865	.01
BxC interaction	1	4.736	.07
AxBxC interaction	1	4.736	.07

% Time Competitively Employed

SOURCE	df	MS	F
Group (A)	1	886.279	.58
Term. status (B)	1	58282.152	38.12***
AxB interaction	1	5.900	.00
Timeperiod (C)	1	116.398	.22
AxC interaction	1	687.733	1.30
BxC interaction	1	1240.436	2.34++
AxBxC interaction	1	.032	.00

% Time in Sheltered Employment

SOURCE	df	MS	F
Group (A)	1	21.250	.47
Term. status (B)	1	21.250	.47
AxB interaction	1	21.250	.47
Timeperiod (C)	1	11.826	.47
AxC interaction	1	11.826	.47
BxC interaction	1	11.826	.47
AxBxC interaction	1	11.826	.47

% Time in Semicompetitive Employment

SOURCE	df	MS	F
Group (A)	1	4981.512	5.34*
Term. status (B)	1	4670.226	5.01*
AxB interaction	1	5108.015	5.48*
Timeperiod (C)	1	350.376	2.25
AxC interaction	1	259.033	1.67
BxC interaction	1	191.925	1.24
AxBxC interaction	1	271.509	1.75+

% Work Missed

SOURCE	df	MS	F
Group (A)	1	4.488	.90
Term. status (B)	1	100.468	20.05***
AxB interaction	1	5.235	1.04
Timeperiod (C)	1	14.593	4.96*
AxC interaction	1	1.643	.56
BxC interaction	1	9.845	3.34++
AxBxC interaction	1	2.106	.72

*** p < .001
** p < .01
* p < .05
++ p < .10
+ p < .20

END