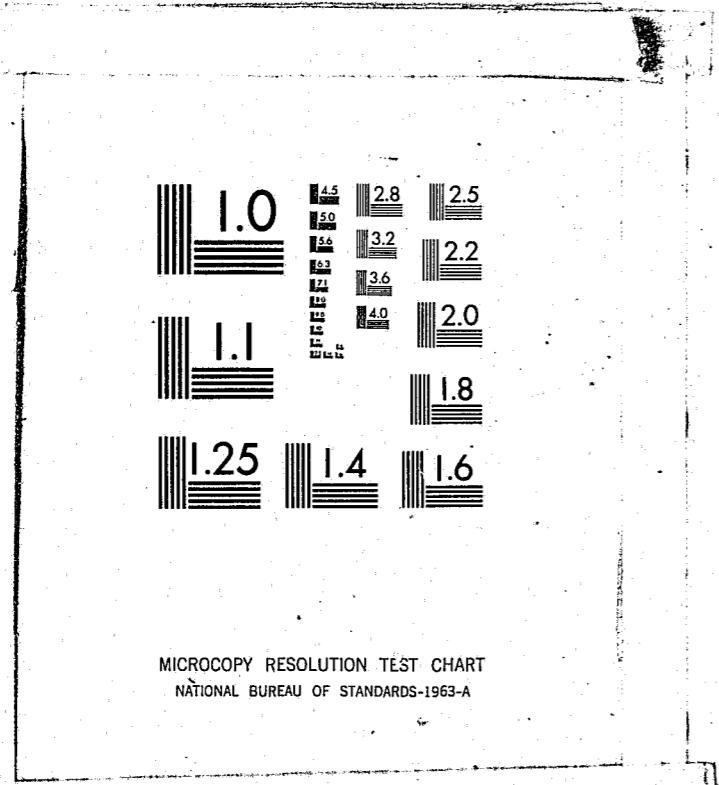


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Federal Probation

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DECEMBER 1980

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This Issue in Brief ACQUISITIONS

Prisoners' Rights Litigation: A Look at the Past Decade, and a Look at the Coming Decade.--A number of startling changes have occurred in the prisons during the 1970's, according to Richard G. Singer, professor of law at Rutgers University. The question he explores in the first part of his article is whether these changes are attributable, in whole or in part, to the prisoners' rights movement, and specifically the litigation arm of that movement. In the second part he discusses the impact the recent Supreme Court case of *Bell v. Wolfish* will have on prison litigation in the future.

Children of the Holocaust and Their Relevancy to Probation: Presentence Investigations and Case Planning.--Federal Probation Officer Stephen L. Wishny of Los Angeles suggests that a social history of parent or parents as survivors of the Holocaust, or survivors of like social trauma, might provide an additional element in explaining defendant behavior and developing treatment plans. His article reexamines a presentence investigation in the light of recent research in the field of Holocaust survivor psychology and discusses casework planning from the same perspective.

Managing the Interorganizational Environment in Corrections.--In the face of declining governmental and public support for human service programs, correctional administrators will be required to do more with fewer resources, asserts Dr. Ronald I. Weiner, associate dean of The American University School of Justice. One approach for becoming more competent in the management of scarce resources is the necessity for understanding interorganizational problems in corrections and designing effective strategies to overcome them, he maintains. Management training in corrections would be wise to expand its knowledge base beyond concern for the administration of personnel and programs internal to the organization. Future training needs will require

both knowledge and strategies for more effectively negotiating favorable relationships with other organizations in the task-environment, he concludes.

Fines as an Alternative to Incarceration: The German Experience.--Although many issues of correctional reform have been discussed and debated in the United States during the last decade, the potential role of financial penalties (fines) is not among the issues raised. This omission, according to Professor Robert W. Gillespie of the University of Illinois, stands in sharp contrast to similar discussions and policy innovations in Europe regarding fines. The innovations in recent German penal policy and practice in the use of fines is reviewed and contrasted to the role accorded fines in selected United States courts.

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Assessing Parole Violation Rates by Means of the Survivor Cohort Method.—The examination of parole violation statistics will invariably show a larger number of parole violators each month during the first year or so of parole as compared to the number of violators during the latter parole periods. Two reasons could account for this. Either the probability of violation is highest during the immediate postrelease period, or the number of parolees "at risk" is greater thus providing a larger pool of possible violators. The purpose of this article by George F. Davis, supervisor of information systems for the California Youth Authority, is to present additional data relating to the issue of whether the early months on parole are the most risk-prone.

Purchasing Services in a Community-Based Juvenile Corrections System: The Ohio Experience.—Despite the widespread practice of state juvenile corrections agencies contracting with private agencies to provide residential and social services, there is little in the literature concerning what is needed to develop and maintain a successful purchase of service system, writes Don G. Shkolnik, community residential services administrator for the Ohio Youth Commission. A review of the strengths and weaknesses of such a system is the backdrop against which the Ohio Experience is examined.

His Day in Court.—Frederick Greenwald, executive director of International Probation and Parole Practice, believes that sentencing the alien offender is as vital a part of the judicial process as the sentencing of a citizen or long-time resident. It may have far-reaching effects both on the individual and the na-

tions, not to mention the families involved. He states that when economic and social costs and values are weighed, the balance favors providing equal rights to the alien offender and an equal opportunity to the court to have benefit of full and complete knowledge of the offender when considering the sentence to be imposed.

Patterns of Probation and Parole Organization.—Organizational relationships between programs providing services to mutual clients have a critical impact on the timeliness and quality of those services, according to authors Charles L. Johnson and Barry D. Smith. Their article discusses the impact on services of organizational relationships among probation, parole, and correctional functions. At issue is the compliance of each state with specific portions of standards recommended by the National Advisory Commission on Criminal Justice Standards and Goals.

Understanding Alcoholism and the Alcoholic Offender.—Alcoholism is a major national health problem in the United States. Its costs to American society in terms of mortality, economic loss, and social and emotional disturbance are escalating. Current research evidence indicates that there is a basis for optimism in treating the alcoholic when the focus of treatment is on alcoholism as a primary disease entity rather than as a symptom of an underlying emotional disturbance or inter-personal problem. This article by Professor Gloria Cunningham of Loyola University of Chicago discusses the implications of emerging knowledge about alcoholism for criminal justice practice.

All the articles appearing in this magazine are regarded as appropriate expressions of ideas worthy of thought but their publication is not to be taken as an endorsement by the editors or the federal probation office of the views set forth. The editors may or may not agree with the articles appearing in the magazine, but believe them in any case to be deserving of consideration.

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Understanding Alcoholism and the Alcoholic Offender

By GLORIA CUNNINGHAM, Ph. D.

Assistant Professor, School of Social Work, Loyola University of Chicago

ALCOHOLISM is a pervasive aspect of work with offenders and their families. It is often part of the complex set of variables which seem to precipitate criminal careers, and uncontrolled drinking is a ubiquitous feature of the disorganized and self-destructive life styles of chronic offenders. It is estimated that over half of the violent crimes committed occur under the influence of alcohol.¹ If a presentence or pretrial report contains information about a defendant's drinking problem, predications of future adjustment are likely to be more guarded because alcoholism itself has been seen as such a hopeless, untreatable condition. During the past decade, however, increased attention has been directed toward a broadened understanding of the scope and consequences of alcoholism in American society. Stimulated in part by the passage in 1971 of the Hughes Act (Public Law 91-616) investigators have been uncovering information about the nature, etiology, and successful treatment of alcoholism which is causing helping professionals to discard some of their assumptions concerning the nature of the problem and techniques of intervention. The intent of this article is to examine some of these assumptions in the light of new knowledge and to review the implications of an expanded understanding of alcoholism for criminal justice practice.

Dimensions of the Problem

Perhaps the most significant information emerging from current research concerns the pervasiveness of alcoholism in American life. Only cancer and heart disease kill more people in this country than alcoholism. More than half of the auto accidents, private plane and boating accidents are alcohol related. It has reached epidemic proportions among teenagers who run a much greater risk of becoming alcohol addicted than drug addicted, and it is a problem of increasing seriousness among women and the aged.² The research evidence

relating to "fetal alcoholism" is now conclusive that drinking during pregnancy does affect the fetus and can produce a range of intellectual, emotional and physical problems that will persist through the life of the unborn child. Only Down's Syndrome and spina bifida are responsible for more birth defects and associated mental retardation, and fetal alcoholism is the only one of the three that is preventable. It is estimated that anywhere from 5 to 10 percent of any given work force are problem drinkers at a cost to the American economy in excess of \$40 billion in lost time, accidents, and health insurance claims.³

Professionals as well as lay persons still have stereotypes about the alcoholic as an isolated, skid row bum or as belonging to a certain nationality, social-economic class or personality type. Few alcoholics end up on skid row, and most are members of intact families. We are just beginning to develop a picture of how much family violence in the form of abuse against children, spouses, and the elderly is associated with uncontrolled drinking. Even in apparently more benign families, children of alcoholic parents are more inclined to become alcoholic and to have a range of other social and emotional problems than are children of nonalcoholics.⁴ Alcoholism is not limited to one type or class of person in our society. There is hardly an offender, client, friend, relative or coworker that is not touched in some tragic way by this major national health problem, and our growing awareness of alcoholism as a "killer disease" lends urgency to any effort to disseminate information about its seriousness and far-reaching consequences.

Alcoholism as a Primary Disease

As long as it was believed that alcoholism was a problem for only certain types of individuals it was relatively easy to make assumptions about its causes and treatability. We could assume that only certain nationalities, classes, or neighborhoods were facing this problem. Professionals believed that alcoholism was merely a symptom of underlying psychopathology or problems in interpersonal relationships common among severe personality disorders, and for this reason not highly treatable.

¹ *Facts on Alcoholism*, National Council on Alcoholism, N.Y., 1972.

² Ernest P. Noble, Ed., *Third Special Report to the U.S. Congress on Alcohol and Health*, Washington, D.C., National Institute on Alcohol Abuse and Alcoholism, 1978.

³ *Ibid.*, p. 45.

⁴ Margaret R. Cork, *The Forgotten Children*. Toronto: Paperjacks, 1969.

These beliefs were perpetuated in part because so much of our data about treatment was based on work with individuals who fit stereotypes. The skid row missions and "drunk court" programs could not provide data on the corporation executive, the housewife or the isolated elderly retiree with a drinking problem, and theorizing about alcoholism was limited to experience from a highly nonrepresentative sample. Since mental health professionals believed that the drinking was just a symptom of an underlying state, the treatment of choice was to discover the underlying disturbance, correct it if possible and the "symptom" would disappear. The notable lack of success of this approach was attributed to the hopeless quality of the disease and the resistance of the patients to the help being offered.

It is now generally accepted among alcoholism counselors from a range of disciplines that alcoholism must be understood as a primary disease entity involving a broad range of social, emotional, and physical factors all of which need to be understood. The research evidence does not support the belief that any one pre-existing personality type is associated with alcoholism. "For treatment purposes, in the current state of the art, alcoholism is best seen as a primary, progressive, chronic, and if ignored, an eventually fatal illness. Significant numbers of recoveries through Alcoholics Anonymous and the specialized treatment programs have demonstrated that the treatment of alcoholism in the early stages has been more successful than many other chronic conditions."⁵

In spite of the available evidence, professionals continue to have difficulty surrendering the belief that there is an "alcoholic personality" more prone to uncontrolled drinking than other personality types. As stated above the research evidence does not support this hypothesis, but what is emerging is a recognition that there is a similarity in the behavior of alcoholics which seems to be a result rather than the cause of the illness. As their day to day functioning becomes more problematic, as their memories start to fail, and as ego boundaries become more diffuse, alcoholics must find ways of compensating through the manipulation of significant others in their environment. The manipulative behavior, the faulty ego, the grandiose ideation, the denial and memory lapses are now understood as a behavior pattern produced by the physical and psychological effects of uncontrolled drinking and

not as a prior condition. The effects of alcoholism are often misdiagnosed by the well intentioned counselor as being symptoms of psychopathology rather than symptoms of a drinking problem with potentially fatal results.

It must be understood that this perspective on the behavior of the alcoholic does not mean that severe psychological and interpersonal problems are nonexistent. As with any other individual the alcoholic may, indeed, evidence pre-existing personality disturbances of a serious nature as well as highly disturbed interactions with others. In addition, the drinking will complicate any existing problems and create new difficulties for alcoholics, their families and friends which need attention. But the same can be said for the diabetic, the cancer patient, or the paraplegic. The point is not that alcoholism is "just like" these other diseases, but that as with cancer or diabetes the existence of personality and interpersonal disturbances of one kind or another should not be used as an excuse not to treat the primary disease. The danger in such an approach is that the primary disease worsens, physiological impairment and addiction increase, and the probability of recovery lessens during the pursuit of underlying pathology. It is unlikely that the psychological problems will be accessible to treatment anyway as long as the drinking behavior continues.

A still more subtle danger for the client is that the well meaning counselor or probation officer who persists in trying to find some other cause or excuse for the alcoholic's behavior is, in fact, contributing to its continuance. One of the most difficult aspects of working with alcoholics is their rigid denial of either the presence or seriousness of the disease, and they will eagerly endorse any explanation that the drinking is not the "real" problem; the real issue is a disturbed relationship with the mother, a controlling wife, or unusual life stresses. If we instead accept the interpretation that alcoholism is an identifiable disease entity in its own right with specific symptoms and a predictable course then we increase the probability of its detection at earlier stages when it is most treatable and reduce the risk of misdiagnosis that can lead to death.

One final feature to keep in mind is that the broadened experience with alcoholism indicates that it is a highly treatable disease. A persistent misconception is that it is resistant to any form of intervention, which is probably true of the late stage skid row alcoholics use as examples. This pessimistic view is also consistent with psychoanalytic theory which associates alcoholism with developmental disturbances occurring during

⁵ National Association of Social Workers, "Policy Statement on Alcoholism and Alcohol-Related Problems," *NASW News*, January 1980, p. 20.

the oral phase of infancy, suggesting that such early trauma could not easily be reversed in adult life. Empirical evidence with alcoholics from every class and condition, people who have more internal and external resources, has demonstrated the ability of alcoholics and their families to recover from some of the most debilitating effects of the disease. The occupational alcoholism movement and the increasing numbers of Employee Assistance Programs in corporations, unions and other work sites have helped to illustrate the amazing results of early intervention with alcoholics whose job performance has begun to suffer and the effectiveness of treatment when the threat of job loss becomes a motivating factor for recovery.

Alcoholism as a Family Disease

Just as alcoholism is not a disease of a particular class or type of person, so too it is not a disease which is most common to isolated individuals. Alcoholism is a family disease that crosses generational boundaries and influences extended kin networks. Because of the progressive nature of the illness and the erosive effects on the biopsychosocial functioning of the individual alcoholic, the alcoholic must continually find ways to disguise the drinking behavior and to compensate for his or her increasing inability to carry out normal day to day responsibility. The alcoholic becomes adept at manipulating others to fulfill these functions for him and to project responsibility, guilt, shame, on to others for repeated failures in his own performance. Because of the stigma attached to alcoholism, family members cooperate by making excuses to themselves and others for the disruptive behavior. As they take on more responsibilities for the alcoholic family member, their own ego boundaries become diffuse and their perception of reality may become as distorted as the alcoholics'.⁶

In addition to the complicated interpersonal psychodynamics that occur within the family, the family must deal with many other attendant problems brought about by economic stresses, physical illness, and the emotional isolation which ensues. Understanding the concept of alcoholism as a family disease is not simply a way of saying that family members must be treated in order to help the alcoholic obtain and maintain his or her sobriety. It refers to the fact that other family members have serious psychological and interpersonal problems of their own which are created or aggravated by virtue

of being in an alcoholic family. They share some of the same symptomatology as the alcoholic and because of the stresses within the family group, they are more vulnerable to the normal life stresses that all families and individuals face. A study of children of alcoholics indicated that their children tended to be socially isolated from their peers because of their deeply rooted shame of the parent's drinking behavior and the continual disruption of family life that occurred. They were reluctant to associate with other children because of the embarrassment of having an abnormal parent and family life, and because of the emotional hurt they experienced in comparing their own family lives to the happier lives of their associates. In addition, they felt emotionally isolated within the family. The alcoholic and nonalcoholic parent were so caught up in pathological interaction because of the drinking behavior, they were emotionally inaccessible to their children, and this fact of family life was more distressing to the children than the actual drinking behavior. Significantly the children were more critical of the nondrinking parent for not meeting their needs and tended to excuse the alcoholic parent on the grounds that the drinking caused them to not have control over their behavior. The nondrinking parent was seen as having control and therefore more at fault. Tragically, their psychological scars remain even when the alcoholic parent achieves sobriety without additional treatment directed toward resolving the problems of the children.⁷

Family members experience the effects of stigmatization, and wives in particular often encounter a deeply ingrained cultural attitude that the wife is at fault, one aspect of the general antifeminist attitudes which imply that women are to blame for most of men's moral lapses. As she is manipulated into assuming more and more responsibility for the family's well being and for covering for the alcoholic's failures in performance, the wife also becomes more vulnerable to criticism as being domineering. The need to control becomes more manifest in reaction to the increasing chaos and unpredictability of the life of an alcoholic family. Just as there is no evidence to support the contention that no one personality type is more subject to becoming alcoholic, there is no evidence to support a claim that only certain types of women marry alcoholics, but the special stresses of the illness produce similar responses. Other relatives, close friends, and even coworkers and employers can become caught up in comparable destructive alliances with the alcoholic in an unending cycle of

⁶ Christine Huff Fewell and LeClair Bissell, "The Alcoholic Denial Syndrome: An Alcohol-Focused Approach," *Social Casework*, January 1978, p. 12.

⁷ Cork, *ibid.*

shame, guilt and rescue attempts which deplete internal and external resources to the extent that the pursuit of one's own goals becomes impossible.

Most probation officers are already familiar with the invaluable support services provided by Al-Anon and Al-Ateen in helping family members of alcoholics extricate themselves from feeling responsible for creating the drinking problem or curing it. The significance of these organizations to probation work goes beyond that of a referral resource, however, and along with Alcoholics Anonymous they can be a tremendous source of information for probation officers in understanding the complex interactional realities involved in alcoholic families and in providing insight as to how they can be helped.

The Role of the Probation Officer

As with many other illnesses the prognosis for recovery from alcoholism is much stronger when the illness is identified as early as possible. One of the most encouraging results of current national emphasis on understanding and treating alcoholism is the constant reaffirmation of this fact, and the very positive results of timely intervention. Probation officers like social workers and many other helping professions deal with a wide range of individuals and families and are in a position to identify alcoholic offenders and families early in the course of the disease. Whether or not the alcoholism is related to the law violative behavior, knowledge of the symptomology and progress of alcoholism provides the probation officer with the tools to institute remedial or preventive measures as early as possible. As part of the brokerage function the probation officer should be well acquainted with the alcoholism treatment resources in the community that use enlightened approaches to alcoholism treatment. More important, the probation officer should maintain up to date information concerning the availability of resources in order to be able to move quickly, to make a referral when the opportunity presents itself and the case situation seems to warrant such action. Trained alcoholism counselors in community-based treatment centers can conduct knowledgeable diagnostic studies to make the final determination as to whether or not the client is indeed experiencing a problem of alcoholism, and if the disease has progressed to the extent that the treatment of choice is inpatient hospitalization. Every probation officer does not have to be an expert in alcoholism treatment, but he or she should be familiar enough with the nature of the disease to make intelligent referrals.

The probation officer can be of help in providing information about the nature of alcoholism to clients when a drinking problem is at issue. Few people are well informed in this area and any knowledgeable voice becomes an important part of the national strategy to reduce the costs monetarily and in human suffering of this major health problem. This does, of course, mean becoming well informed. In addition to the mass of information now being produced by the National Institute of Alcohol and Alcohol Abuse, many state and local alcoholism authorities circulate informational material on how to recognize and treat problem drinking. Local Alcoholics Anonymous offices provide highly relevant information, much of it free of cost. An even more potent form of learning is to attend some of the open meetings of A.A. and Al-Anon for firsthand accounts of alcoholism and its effects. Local treatment centers offer public information lectures and often training programs of varying degrees of intensity for those wishing to develop their skills in this area.

The probation officer can also become part of an interdisciplinary and multifaceted treatment strategy in behalf of the alcoholic. A major treatment task in working with alcoholics is overcoming the rigid denial defense. Alcohol affects the central nervous system in a way that may produce blackouts or alters the memory processes, and alcoholics can easily convince themselves that their drinking is just moderate, that the disruptive behavior that occurs while drunk is actually exaggeration or invention. An alcoholic may easily discount his wife's assertion about his abusiveness while drinking, but if the same point is made by the counselor, the probation officer, the employer, the police officer called to break up the fight, then the denial defense is more difficult to sustain. One of the most dangerous myths about alcoholism treatment is that the person must "hit bottom" before there can be any real motivation for or involvement in treatment. It is not true, and what we know about life threatening nature of the disease indicates that we cannot afford to wait until the person "hits bottom." We can, however, refuse to cooperate in the denial behavior of the alcoholic and through the confrontation technique described above, create an artificial "bottom" which will often have the same effect of motivating the person to accept treatment.

Finally, probation officers by virtue of the long term nature of the contacts with offenders are in a position to provide ongoing support of the alcoholic's abstinence and/or involvement in treatment programs. Acknowledgement of their efforts,

monitoring of their participation in A.A. and treatment programs, and help in negotiating stress likely to produce a relapse can significantly increase the probability of long-term recovery. Persistence in the face of a relapse is also an important technique to cultivate. Relapses are understood and accepted in virtually every other form of illness, but barely tolerated by professionals working with alcoholic offenders partly because of the traditional attitude of pessimism which has permeated such efforts.

Perhaps the best antidote to this pessimism is to seek out and talk to the growing corps of alcoholism treatment counselors who are working with

alcoholics and their families in treatment centers, hospitals, family service agencies and occupational alcoholism programs. Listen to them describe the dramatic recoveries and the restoration of intact, functional families occurring daily as a direct result of early detection and appropriate intervention and the profound personal gratification this provides for them as professionals. The opportunities for such a return on our investment of time, skill, and commitment are not all that common in criminal justice practice. Here is one such opportunity we cannot afford to miss.

END