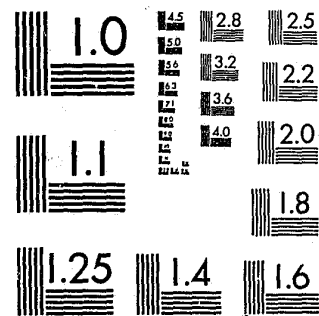


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Proceedings From The First
Connecticut Justice Academy

WHITE PAPER CONFERENCE

Failure Of Treatment In Criminal Justice

83380

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Proceedings From The First
Connecticut Justice Academy

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Failure Of Treatment
In Criminal Justice

A proceedings report of a Connecticut Justice Academy
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C O N T E N T S

TREATMENT: A WAY OF SEEING Susan E. York, Correctional Officer, CCI Niantic	I
SOME WAYS TREATMENT IS NOT A FAILURE Giorgio A. Pinton, Teacher, CCC New Haven	II
THE FAILURE OF TREATMENT IN CRIMINAL JUSTICE: A SURVEY Martin Stewart Cherlin, Senior Probation Officer Superior Court, New Britain	III
TREATMENT: DEFINED, TRIED, TESTED Edson T. Bourn, Director, Project F.I.R.E. New Haven Office, Addiction Services Division	IV
TREATMENT AS A REALISTIC FUNCTION OF CLIENT AND STAFF LIMITATIONS AND CAPABILITIES Steven M. Lozanov, Correctional Rehabilitation Services OfficerII, Project F.I.R.E., Bridgeport	V
A PROCESS FOR EFFECTIVE COUNSELING IN A CORRECTIONAL SETTING Frank B. Hall, Correctional Counselor Supervisor, Department of Correction, Addiction Services Division	VI
THE INTEGRATION OF DETERRENCE AND REHABILITATION IN THE CRIMINAL JUSTICE SYSTEM Robert Fogel, Senior Probation Officer, Office of Adult Probation, Judicial Department	VII
REDEFINING TREATMENT IN PROBATION Robert Bosco, Chief Probation Officer, Norwalk Charles McCarthy, Chief Probation Officer, Stamford M. Laverne Gasparino, Senior Probation Officer, Stamford	VIII
THE FAILURE OF TREATMENT IN CRIMINAL JUSTICE A Consensus Paper	IX
APPENDIX A LETTER: Myron Hanson, Division of Parole, Hamden	

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TREATMENT: A WAY OF SEEING

Susan E. York

Correctional Officer - CCI Niantic

I suppose it is the anthropologist in me that has come to define treatment as Margaret Mead defines anthropology - a way of seeing. This is not a research paper by any means. It is a distillation of observations, experiences and ideas about treatment in corrections - Niantic in particular. The following quote is applicable to both:

"It is true that we are facing a crisis. It is our American style to define as a crisis any situation that calls for large-scale, organized change. We treat the situation as almost irredeemably bad, brand the outmoded institution as a dismal failure and castigate those responsible for keeping it going. Finally, when we have roused ourselves to fever pitch, we try for some immediate - and, too often, short-term solution."*

The situation we are facing is not so much whether treatment programs to date have failed or not, but whether or not we are headed in the right direction and whether or not we will continue in this direction. The problem of what to do with the offender is an ancient one and basically the public has always decided what the "solution" will be. Experience, technology, the economy, and the media are the major factors that constantly change and influence public opinion. Throughout history that opinion has changed time and time again, forcing large-scale change in almost every social institution. Everytime the public shifts gears, a multitude of crises pop up. The issue of how to deal with the offender is always one of them.

Crime has been around longer than recognized civilization. Ever since that first hunter lost his spear and stole someone else's - so has the problem of what to do about him. Thousands of years of various forms of corporal punishment or the threat of it make a pretty conclusive case against its effectiveness. Crime is still here despite the probability that a lot of Babylonians walked around with missing eyes and teeth.

Jeanne d'Arc's punishment got her canonized and beheading Anne Boleyn for alleged adultery didn't solve Henry VIII's marital problems. If torture had worked, the popular conception of a rack wouldn't be something clothes hang from. If public humiliation had worked, stocks wouldn't be a novelty at Sturbridge Village. If throwing people in dungeons had worked, Monte Cristo's stay on Île du Diable wouldn't have enhanced his image of a suffering hero.

Whether it is due to morals, ethics or apathy, it is to be hoped that the eons spent on refining techniques of bodily pain and death are past in Western society at any rate. The ideas of humane treatment, behavior modification and "rehabilitation" are in comparative infancy. Yet, at this point in time, the pendulum of public opinion is swinging back toward extreme conservatism. The Department of Corrections is being hard pressed to find some fast cures for overcrowding and the high recidivism rate. The situation has reached crisis proportions because it puts the Department between a rock and a hard place, as the saying goes. You can stop the revolving door by simply locking it but the most obvious result of that is overcrowding. It is a bandaid solution. Even if funding was to be allocated for more institutions, it wouldn't halt criminal behavior. Statistics and common sense show that the threat of punitive action will not deter anyone desperate or irresponsible enough to commit a crime from committing one.

It has been hypothesized that treatment is impossible in an institution. The clientele is captive but not necessarily willing and you can't change someone who doesn't want to. Shouldn't those who want to have the chance? It can be argued that any change effected in an institution will not hold under the pressure on the outside. It can also be argued that the pressure on the outside is prohibitive to initial change anywhere other than in an institution.

Unfortunately, the present tunnel vision, dollar and cents mentality of many people is turning all this theoretical debate into empty rhetoric. The situation is not helped by the confusion in and among the treatment staff. The ratio between inmates and counselors in Niantic is small in comparison to the men's institutions. Therefore, it would seem that if treatment were going to work anywhere, it would work here. Yet, it has not enjoyed notable success. Treatment people have a lot of reasons for that. Confusing and conflicting priorities. The budget crunch. Too much to do. Too much time spent out of the units. Case loads that are too big. Lack of reachable goals. Lack of direction. Lack of interest on the part of the inmates. Poor communication. Poor training. Semantics. Burn-out. All of them are true to varying degrees but they are also excuses and they do not justify giving up. I believe they result from a discouragement that has its roots in two things. First of all, a sense of personal guilt that as idealistic individuals and treatment professionals, they fail to make positive behavior changes in the majority of their clients. And second, that the public recognizes the recidivism rate as failure and throws it at them as such. After years of beating your head against a wall, it isn't hard to begin to believe it.

Many treatment people are blinded by their proximity to this problem. They are thinking in circles, talking in circles, mentally tearing at their hair trying to find reasons. They become so involved in bemoaning the problem that there is a problem, that any attempts to solve the original problem are frustrated by this preoccupation. Circular thinking makes you dizzy. What amazes me, is that in spite of it, and, despite being pushed unwillingly into the role of paper pushers, that any of them continue to try. That kind of an example is necessary in a correctional institution.

Treatment has its origins in idealism. One of the reasons it prob-

ably hasn't been a roaring success so far is that it wasn't grounded in reality. Circumstances are far from ideal. Getting "clients" from one side of the wall to the other and keeping them there is a fine idea. However pole-vaulting them over without teaching them how to land just doesn't work. It's time to try something else. It's time to start looking for doors.

I don't consider myself any different from the people who are advocating locking the doors and throwing away the keys. I don't relish the idea of getting robbed, mugged, molested, cheated, maimed or killed either. I don't even want the possibility to exist and assuming I lived through such an experience I'd want the person who did it to pay through the nose for it. I am human. I do not care if they are dealt with in an afterworld. I want them to pay now. I do not want my tax dollars spent on rehabilitating a possible threat to me. I want my tax dollars spent on keeping it away from me.

On the other hand, if all the people in prisons and mental institutions, all those that have been and will be in them are hopeless and total losses, it doesn't say much for the human race. People are people. They screw up, they make mistakes, they make bad choices and decisions. So many social and environmental factors influence them they don't always exhibit responsible behavior. Some of them never will. I am uncomfortable however, with the idea of shooting them for it. Nothing has been able to convince me that physical pain does much for anyone other than make them resentful and angry. Nor has anything been able to convince me that throwing them into an institution with the idea of doing penance is going to stop them from committing another crime. Prison isn't important to them.

I have lost someone very close to me due to someone else's stupidity and irresponsibility. I remember very clearly the pain and rage I felt. I wanted him just as dead. A part of me will always feel that way. At the same time,

then as now, another part of me knows the situation could easily have been reversed. I wouldn't have wanted the person close to me to have wasted years in prison. I'd have wanted him to find a way to never do it again. He wouldn't have found it in the prisons as they are today. It's cheaper to confine a person? Maybe the job of confining him is. I find it difficult to put a price on returning the same or worse person to society.

I'd like to live my life safe, secure, with never a doubt or fear. I can't. I don't live here alone and I'd be bored silly if I even could shut myself away from the world. I can look for ways to make my life and maybe the lives of a few others, better. No, treatment has not been a large-scale success. It has been a small-scale success, one that I doubt anyone has even bothered to measure. Everyone is looking for big, immediate solutions to the puzzle. We don't even know what the finished puzzle looks like. Even if we did, it can only be done one piece at a time. All the pieces go somewhere. Just because you can't find where one goes at the moment, doesn't mean you throw it away or hide it. Do that and you'll never finish the puzzle.

A hundred years ago, medical doctors couldn't guarantee they set an arm straight. Today they can repair a baby's heart before it is even born. That skill came with time, experimentation and practice. What they will be able to do a hundred years from now is almost inconceivable. Treatment is still in the horse and buggy stage but that doesn't mean treatment personnel are anything less than professionals. They don't know what will work and what won't. They need time to look, think and try. To make treatment effective that course of action is the first one that has to be encouraged not discouraged. The custody/treatment line has to either be clear or not exist at all. If we're going to deal with this crisis in a typical manner, let's go back to guards and prisons even if it is regression. Correctional officers

and correctional institutions, those are euphemisms. If not, I'd rather see correctional officers trained to be just that so treatment officers have the opportunity to work in an environment they can work in.

FOOTNOTES

Margaret Mead, Rhoda Metraux, A WAY OF SEEING (New York: McCall Publishing Co., 1970) p. 80

SOME WAYS TREATMENT IS NOT A FAILURE

Giorgio A. Pinton
Teacher, New Haven Comm. Corr. C.

Assuming that the concept of treatment is a program of caring for someone's specific needs or dealing with the similar needs of a certain group of persons, and assuming also that these human beings involved in a program of treatment are there of their own choice and for no other reason than learning how to cope with their behavioral problems, we may without doubt deny that treatment is a failure.

That treatment is not a failure can be honestly said for medical treatment as for the correctional one, though it is easy to find examples that seem to contradict this judgment in both fields. No one would fail the medical discipline by compiling and comparing the number of those who enter the hospital with the number of those who have the good chance of exiting from it, alive, and who return to it for "relapses". On the contrary, how is it that we fail correctional treatment on the base of recidivism?

What made anyone suppose that a group counseling would have a detectable effect on recidivism? Clearly a correctional service cannot rehabilitate everyone and should not be considered as having such commitment. It is our minimum requirement to receive and hold in custody or under surveillance the people the courts send us, and to do what we can to help them. Our successes and failures are to be measured within the scope of these obligations. That measure can be made realistically.⁽¹⁾

I propose that we measure ourselves on the scales of efficiency and humanity. A lot of agencies fail on that score, and can be held to account for their deficiencies accordingly. To suppose that the success or failure of a correctional agency is to be traced on a graph of recidivism over the years is to attribute to

Some Ways Treatment is not a Failure

corrections far more responsibility than it can handle for the social and economic failures of the whole society. (2)

The notion that a correctional agency has a mission to rehabilitate its clientele is old and respectable - a lot of people have firmly believed it and still do and it is untrue. We cannot and should not allow ourselves to be evaluated on our performance of a task that is impossible. Our responsibility is difficult enough; we have to keep hope alive among men and women whose situation gives them little reason to hope for better things. Unless they can engage in programs that give them a realistic expectation of those better things, we shall get worse people when they leave prison. (3) Our programs do offer the hope for better things!

For their "efficiency and humanity", most of our correctional treatment programs are not a failure. Programs like the educational one are effective all over the Correctional School District. Evaluation reports and test results show their effectiveness. Adults who have remained for decades at the borders of functional illiteracy, have acquired individual and social competencies. Young adults who dropped out of school at grade 8 with actual skills at level 4, have been helped to concentrate on those skills of practical math and reading comprehensive levels so that they will not be embarrassed and alienated from the rest of society. Hundreds of adults and youngsters have worked for and achieved a high school degree.

Programs like the one of Pre-Release in its various forms have offered to numerous inmates an insight into their deficiencies in job related skills and good habits in keeping them, advancing and finding a personal "place" and a social meaning.

Programs like the A:A. helped a lot of other inmates to acknowledge the causes and conditions of their present miseries. Many human beings in our prisons have had the opportunity to see themselves through the tales and histories of failure of others and had to admit to a need for reform, to a hope of getting rid of such a

Some Ways Treatment is not a Failure

tremendous social cancer. Hundreds have been sharing their efforts in reciprocal help and have learned to sustain each other in order to prepare for a more orderly and conscious life within the social structures of life in our democracy.

Most of our counseling services are not a failure! Pages and pages of state forms, applications, referrals required by the State Data System are silent proof of the dedication of well prepared institutional counselors, who have to fill them up, explain them to their clients and justify them to their supervisors! These counselors are not a failure! They hope to do more logo-therapy individually or in groups, in their offices or in the blocks, whenever possible. They have not been given a real honest chance as professionals. All the theories they studied at school, all the wishes of dedication, all the enthusiasm they have to serve humanity have not been given a chance. They have been serving until now only as the necessary wheels and gears of the State Correctional System, but they are hoping for a chance of proving that they are therapy professionals.

Programs like the religious ones are not a failure. They fill up the hearts of these remnants of humanity with a love and a hope they have not experienced within the society outside. I have seen them relying on the religious faith, even with a personal relation to religious models, like Jesus, Buddha or Mohammed, and derive from them the strength for the maintenance of humanness within themselves.

For too long correctional treatment programs have suffered rush judgment, shortage of friends, or have depended on temporary limited seed money.

The major proof of the successes of treatment is given by the history and the tales of terror of those jails where treatment is absent or, if present, is ineffective or inhuman.

If treatment is effective in its own aims, though not for all the detained population, may we ask how it performs on the scale of humanity? It should be said that

Some Ways Treatment is not a Failure

This is not the area of competency of treatment alone, but of both custodial and treatment staff, and I know that they do not fail the test of humanity. Both the custodial and treatment staff are for the most part capable of inspiring among inmates the necessary "coping competence". Yes, to be sure, our human service officer - our correctional officer - is a hybrid of custodian and treater, but one whose identity is shaped and made unique by the desire to relate, to care and to help.⁽⁴⁾

The correctional counselor, the correctional teacher, the correctional officer, the jail chaplain, they are the key to success of our correctional agencies. They make sunshine or hurricane with the inmates in their programs by their ways of treating them, their exchange of words, their helping in anything, their compassionate understanding even admitting that there is at the present nothing else that can be done, their irradiating personality, the services they can offer to the inmates, the simple human joys they can disseminate with a "yes" or a "no" said in the proper manner, with honesty and justice and fortitude. Counselors, teachers, officers, always in danger like in a mine field, but for the most part ready to help, by performing professionally their duties. The jails that fail, fail for their staff ineptitude, negligence and aptitude lacking a common sense of decency and humanity. The jails that fail don't fail for the inmates dangerousness. The fire to violence is the fruit of a staff that is unprofessional, untrained, unqualified, insensitive to the deformed face of humanity that we hold in our institutions. We may hold the claim that treatment and custody have not failed the appeal to humanity.

Someone has been called to dry up tears of inmates after a fight or an assault; someone has seen them as human beings, happy when getting a furlough; someone has congratulated them at their return from the furlough. Many have listened to stories of simple life in the ghetto, of simple food, of warm feelings with members of the immediate family and rejoiced themselves for so much of humanity still alive in the

Some Ways Treatment is not a Failure

hearts of human beings toughened by many years in jails.

I saw one of these inmates, free, working at the gas station just across the street from the jail where I work. He has been working there for longer than a year, and when I saw him he had a large bundle of money on his hands! I felt proud that he could overcome such a temptation, knowing that he had done time for larceny and robbery. I met another one as Director of a new special program in New Haven, ready to help others with drug problems or alcohol problems, with immense dedication, compassion, enthusiasm and still with all expenses out of his own pocket! How many of us would have done so? I saw others crying for what they have done and by the awareness of having destroyed not only a part of themselves but also their families and in a special way that of their own children.

All this I call the success of treatment. I just hope that the problems and difficulties encountered by so many dedicated citizens working in corrections will not discourage them to the point that they will abandon this difficult field of human services.

I hope that managers and administrators will become as much sensitive to the human needs of their staff as their own staff is to the needs of the jailed population they serve. When these two factors will grow in direct proportion, we may have obtained the optimum of treatment and custody according the criteria of effectiveness and humanity.

(1) Proceedings of the 109 Annual Congress of Corrections of ACA, 1979, p. 132

(2) Ib., p. 133

(3) Ib., p. 134

(4) Ib., p. 227-28

THE FAILURE OF TREATMENT IN CRIMINAL JUSTICE;
A SURVEY

Martin Stewart Cherlin
Senior Probation Officer, Superior Court, New Britain

This segment is concerned with various viewpoints by persons qualified in their areas of expertise. This officer conducted a series of interviews with such persons and requested their opinions based on the premise that treatment has, indeed, failed. Three questions were asked:

- 1) What is wrong with the system?
- 2) Why has the system failed?
- 3) What do you think would alleviate the problem?

All of the respondents, without exception, agreed that the system has failed. Their opinions are set forth below.

I. Probation Administration Executive

Rehabilitation programs should be instituted to help the criminal prepare himself for a legitimate occupation. Incarceration without such training is a waste of time and money, and accomplishes only the temporary removal of the criminal from society.

II. Corrections Administration Executive

The punitive aspect of treatment should be more strongly emphasized. The criminal and his associates must be shown that society will not tolerate anti-social behaviors.

III. Federal Probation Officer

Closer surveillance and more strict supervision, to be achieved by lightening individual officers' case loads, will help to prevent recidivism.

IV. Police Chief

The system is too easy on the offender. Continuances and plea bargaining agreements should be discontinued. In addition,

prompt trials and swift sentencing procedures would make the officer on the beat feel that his efforts are appreciated by society.

V. Detective Commander

The present impossible situation is due, in part, to the fact that different societal groups blame each other for all of society's ills. While police members feel that offenders are treated with too much leniency, public opinion does not concur. Cynicism and laissez-faire, food stamps and welfare have replaced the work ethic and high moral standards of former years. Unless and until these standards return, the system will continue to fail.

VI. Bank President

In the opinion of this layman, sentences are too light. The criminal gets out too easily and quickly. It takes too long for cases to come to trial and, in addition, a sharp attorney can get his client off too easily on a technicality.

VII. Court Clerk

Judges are too lenient with hardened criminals while, at the same time, the offender with a true hardship problem is treated too harshly.

Pre-sentence reports to the court are frequently a waste of time; recommendations are ignored because agreements have already been negotiated.

Expensive attorneys with political connections can influence decision-making; many judges and states attorneys are not qualified for the authority they possess. Judicial appointments should be based on merit rather than political clout.

VIII. Probation Officers - a Consensus of seven

The system is too liberal. Punishment should be emphasized rather than rehabilitation. Morale is low throughout the system due, in part, to the proliferating red tape procedures. Incompetent judges should be replaced and an organized sentencing procedure should be instituted.

IX. Program Director

There is a direct correlation between education, unemployment and crime. There is not enough coordination and articulation among the various agencies. We depend too much on prisons with no goal-setting programs, no skill development and no job training. There should be more emphasis on community-service programs along with early release of minor offenders.

X. Bail Commissioner and Bail Bondsman

Present attitudes favor the underprivileged and the undeserving. Government give-away programs cause a loss of incentive. Workfare should replace welfare.

XI. Legislator

The attorney general's office should head the system. More emphasis should be placed on positive rehabilitation as well as on community service programs. Efforts must be made to speed up court procedures.

XII. Institution Director

Individual selfishness and lack of concern for others are a major problem. There is poor communication within the system. The punishment all too often does not fit the crime, and offenders

The Failure of Treatment in Criminal Justice

do not get their just deserts. These are some of the causes of "burnout" among justice employees.

XIII. Prisoner

Conditions in detention facilities are rotten, dirty and lax. Release leads only to unemployment, welfare and a return to crime.

XIV. Judges - a Consensus of Four

There is no sense of discipline or of pride. The system needs a certainty of punishment as retribution, along with the development of workfare and community service programs.

Understaffing is felt to be a serious problem. The criminal justice system is being used by the legislature to solve its problems, but without the manpower to accomplish this. The system has deteriorated to the point that it is a mockery.

One specific suggestion was that jury trials should be limited to felonies, with minor offenses determined by arbitrators.

XV. States Attorney

Not enough staff, too many cases. More judges are needed.

While there were some individual differences, there were many areas of agreement. The court system needs to be overhauled. There is a felt need for more judges, with emphasis on competence. Courtroom procedures need to be streamlined and clarified.

There was agreement on the need for community service programs and workfare, along with job training.

The only real disagreement was on the philosophical question of rehabilitation vs. punishment.

TREATMENT: DEFINED, TRIED, TESTED

Edson T. Bourn
Director: Project F.I.R.E., New Haven Office
Addiction Services Division

The contents of this paper will be a personalized discussion of treatment in the Criminal Justice System today. It will contain three parts. First, I will identify the goal of treatment, and offer a workable definition. Second, various administrative and clinical needs of treatment will be outlined. Exploration of the ingredients necessary for treatment to occur will identify the components for a useful "treatment model". Lastly, the results of treatment and its application are to be reviewed objectively.

I. Treatment Defined

The goal of treatment should be a reduction in recidivism. It has been suggested that treatment does not work. Let us explore further. In the context of this paper, a working definition of treatment is: I will do something to/for you in the hopes that it will help you stay out of the system. It is not within the scope of this paper to discuss actual treatment methods. There are no guarantees of what treatment will accomplish at this time, only speculation.

II. Treatment Tried

There are many forms of treatment that can be applied to criminals. My intent is not to review these various methods. Instead, I hope to alert the reader to some key components.

The two main forms of treatment seem to be counseling and punishment. The effectiveness of both is in question. I believe punishment acts as a deterrent to criminal behavior for many. Responses that were originally established by punishment (criminal acts for survival or self-defense) are surprisingly resistant to punishment. Very few counseling approaches have been shown to be effective with offenders. The process of treatment requires

Treatment: Defined, Tried, Tested

hard work from both clients and counselors. When inappropriate clients are admitted into programs because of bed space, the treatment atmosphere cannot last.

Identification of clients appropriate for treatment is an imperfect process. Variables used are: age, crime, length of sentence, behavior while incarcerated, personal interest and bed space. While there may be other variables, these have their limitations. All too often bed space is used to accept inappropriate clients.

Treatment staff need to have the skills, interest and time to provide treatment. We must agree on what is to take place. The staff must be able and willing to accomplish this task. And the staff must be given the opportunity to provide treatment in a timely and consistent manner. One of the major difficulties of providing treatment in the urban centers is that counselors are required to perform more operational needs (i.e. giving furloughs, phone calls and toothbrushes).

Supervision must insure that treatment is taking place. Do the treatment supervisors have the skills and interest to insure staff are competent and that treatment is taking place? I have seen almost no clinical supervision (supervision of actual treatment and providing useful feedback for staff). How can we say treatment does not work if we don't know if it is happening. Most supervisors provide adequate case management (review paper-work). It is necessary for case management and clinical supervision to occur side by side in a treatment setting.

In order for treatment to have a chance, it must receive support from the administration. Many administrators openly express their doubts that treatment is effective. This creates an atmosphere of doubt which permeates into the programs. Also, because of this doubt, most administrators do not

Treatment: Defined, Tried, Tested

make a determined effort to insure that program needs are met.

A workable treatment model must incorporate the above aspects before we can test for results.

III. Treatment Tested

There are many ways to evaluate the effectiveness of treatment. My personal observation has been that the most common method used is subjective rather than the scientific method. A counselor works with a client and "sees" a change and is convinced counseling helped when he stays out a year. An officer sees this man return to prison and says that counseling does not work. Who is right?

One useful method requires an experimental group (persons selected for treatment) and a control group (persons with similar characteristics that do not receive treatment). These two groups are compared for similarities before treatment and differences after treatment. This comparison for change is measured within the groups as well as between the groups. In order to perceive differences we must be sure of the independent variable (treatment) and the dependent variable (what we expect to occur as a result of treatment). If the testing is to be useful, it is imperative that treatment has taken place.

In summary, treatment is a complicated process. It requires that staff and administration work together toward a measurable goal. I will suggest that treatment of criminals is in its infancy and therefore cannot be judged by adult standards of success and failure. In order to determine whether treatment has an impact we must look at more than recidivism rates and short-term expectations.

If a child cannot walk before it crawls do we judge it to be unworthy?

TREATMENT AS A REALISTIC FUNCTION OF CLIENT AND
STAFF LIMITATIONS AND CAPABILITIESSteven M. Lozanov
Correctional Rehabilitation Services Officer II
Project FIRE -Bridgeport

"Good correction reduces crime," proclaims the credo stamped on every envelope forwarded by the Connecticut Department of Correction. Recently, however, the prevailing opinion in Connecticut, as in correctional systems throughout the country, is that we have yet to stumble upon the former, and have certainly not achieved the latter. Harried administrators, debilitated line personnel, and a frightened, bewildered public have lost patience with the inability of costly treatment programs to appreciably reduce recidivism.¹

Disillusionment with the nebulous phenomenon called "rehabilitation" ranges from the cynical ("We put a mugger in a woodshop course and all we get is a mugger who can cut wood,")² to the absurd ("They bring in Johnny Cash to sing a few country songs and it's supposed to reform these guys.")³

Corrections is expected to fulfill a variety of goals, often incompatible. How, asks Ronald L. Goldfarb, "can the same process punish, deter, reform and rehabilitate?"⁴ Most offenders enter (and re-enter) the system for about two years while carting about twenty years' worth of problems:

limited education, lack of skills, poor work history, disorganized life, family problems, negative attitudes towards society, emotional instability, poor self-concept, and feelings of defeatism.⁵

Given these odds, why shouldn't the system resign itself to warehousing? 95% of all offenders are eventually released and re-enter the community. Problems not addressed during incarceration can only be further compounded. Even if, as statistics indicate, criminal behavior may diminish with age, untreated problems will probably re-emerge to burden some other component of the social service system.⁶

It is the contention of this brief essay that the multiplicity of offender

Treatment as a Realistic Function of Client and Staff Limitations and Capabilities

problems cited above cannot be adequately addressed given the current structure and environment of our correctional institutions. A person's social environment "defines what he must cope with and clarifies for him the direction his behavior must take if he is to find satisfaction and reward within the dominant culture of the unit."⁷ In surrendering responsibility, independence, and decision-making, the inmate learns to conform to the requirements of the institution, whose primary concern, custody, is one to which all other concerns are relegated.⁸ The prison does what it must to survive. A servo-mechanism gone haywire, the institution, like the shark in "Jaws", exercises an indifferent, banal evil.

The inmate's attitude reflects and mimics the imperatives of the institution. Any impulse to develop long-range planning skills, for example, are superseded by a "passive orientation"⁹ towards the trivialities of daily institutional living. Any semblance between the behavioral skills needed for successful institutional living and successful community living is tenuous. Quietly waiting for a particular privilege, for example, is not the same as learning to delay gratification.

Like the organism that is the institution, the inmate has little recollection of why he is there. Few offenders address the moral dimension of their offense.¹⁰ Many offenders, seeing little correlation between their behavior and incarceration, portray themselves as victims. To this extent, one may conclude that "punishment" has failed just as much as "treatment."

The pre-eminent interpersonal dynamic in the institution is one between adversaries. Fear, mistrust, manipulation and control are endemic to the system. Numerous articles and conversations with line staff and inmates corroborate this:

In this prison there is a fierce competition between the pigs in Custody and the pigs in Treatment. The pig in uniform holds a man

Treatment as a Realistic Function of Client and Staff Limitations and Capabilities

here, while the pig in a shirt and tie determines what bullshit academic and make-work programs we'll have. He presides over the silly group therapy games that always end in fights or snitch contests.¹¹

A therapeutic relationship, which most systems envision as their treatment ideal, cannot exist in such an environment. Several recent articles point out the futility of aping "depth" psychotherapy, especially given existing levels of trust, inmate resistance, and the oft-divergent values of therapist and client.¹²

Furthermore, most correctional counselors simply do not know how to counsel. Knowledge of counseling is not a criterion for employment in the Department of Correction. Most are performing tasks far below their potential and level of motivation, and are given neither the impetus nor the clinical supervision required to provide counseling services. Most are lacking such basics as attending, listening, or responding skills, let alone expertise in a particular modality. Dr. Robert Carkhuff has noted that services provided under such conditions will have a detrimental, not merely a benign, effect on client populations.

Given the fact that the least-credentialed "practitioners" are providing services to the most difficult populations;¹³ given the subservience of every other component of the Department to "custody", how can "treatment" not have failed?

Corrections must revise its cynical and myopic stance and acknowledge that until offenders are taught how to leave the institution, not live in it, the revolving door will spin faster and faster. Programs must be devised that outline specific and attainable goals for both staff and clients.

Rather than rely on a mystical process, staff can be trained to share specific life skills with clients. A model curriculum might include developmental education, instruction in specific coping skills such as assertiveness

Treatment as a Realistic Function of Client and Staff Limitations and Capabilities

and relaxation, and education and/or work opportunities that resemble the the real world of work.¹⁴

The Behavioral Studies Program of the Department's Addiction Services Division, the psycho-educational program advocated by Dr. Nicholas Groth of CCI -Somers,¹⁵ and other programs¹⁶, all operate within an educational framework. Such programs enable a client to identify behavior patterns, construct a coherent world view,¹⁷ and practice more efficient behaviors to better clarify values, as opposed to instilling "better" values.¹⁸

Educational modalities pre-suppose, however, a major philosophical shift by Corrections. Under the above models, adults are given responsibility for their own behavioral change, plus some means of implementation. If not, says Erich Fromm, the result is manipulation.¹⁹ We already know that attempts to manage behavior have failed.

Because learning is a perpetual process, the major thrust for Corrections must be the community, arena where the offender's problems are manifest. After-care programs, half-way houses, and institution-community coordination efforts must be resuscitated and nurtured, rather than become dissipated through neglect. As a functionary of the community, our system can enlist public support by structuring, for example, its own victim assistance program.²⁰

Furthermore, the criminal justice system must examine models of behavioral and attitude change outside its own sphere--the Independent Living Movement for the handicapped, private industry, and perhaps even spiritually-based programs that promote behavior and attitude change while encouraging its adherents to function at high levels in the mainstream community.

It is uncertain if innovation will reduce recidivism. It is certain however, what does not. One of the most exciting features about a system where "nothing has worked" is that there is everything left to be tried.

FOOTNOTES

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V

FOOTNOTES

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V

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A PROCESS FOR EFFECTIVE COUNSELING
IN A CORRECTIONAL SETTING

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The purpose of this short paper is to first define the present status of counseling in the correctional setting with its responsibilities and limitations, and second to propose a process for effective counseling in a correctional setting.

In 1965, the Task Force on Corrections of the President's Crime Commission¹ reported that about 5 percent of all funds spent on prisons are utilized for treatment programs or services. A survey conducted by the Law Enforcement Assistance Administration in 1974² to assess full-time treatment staff in 592 state correctional institutions indicated that of the facilities surveyed that 79 percent did not have full-time psychologists, 72 percent did not have full-time vocational teachers, and 87 percent did not have full-time counselors. In the 1979-80 Governors Budget³ for the Connecticut Department of Correction, only 14 percent of the total funding was allocated for treatment services which include educational and vocational training, alcohol and drug abuse counseling, medical services, field services, Reception and Diagnostic Center, and the Public/Private Resource Expansion Program.

While most institutional counselors in the Connecticut Department of Corrections have caseloads that exceed 100 clients, their responsibilities include the provision of basic services such as screening and recording visiting lists, institutional orientation and classification, processing paperwork such as parole board reports, community release and furlough applications, disciplinary reports and hearings, referral to community programs, and responding to inmate requests for a variety of items. These services although basic are essential to meet the daily needs of the facility

A Process For Effective Counseling In A Correctional Setting

and the inmate. However, as a result of high caseloads, there are severe limitations to extent of involvement with each inmate and the amount of effective counseling that can be accomplished is minimal. The normal job function performed by an institutional counselor does not permit the fulfillment of the goal of effective counseling.

Effective counseling is defined as a form of therapeutic and educational aid offered to an individual to help him/her explore, understand, and take action to resolve adjustment problems.⁴ The immediate objective of effective counseling is to promote measurable and constructive changes in an individual's behavior. The purpose of correctional counseling is to educate and assist an inmate to choose to grow toward his/her full potential and enable him/her to live with reasonable effectiveness within his/her primary group and to function in a socially acceptable manner in community relationships.

The process of effective counseling is based on certain assumptions which include that the counselor is a skilled person, a person who is himself living effectively and who is certainly living more effectively than the client in the areas of the client's problem, and that the client learns the skills he needs to live more effectively through the counseling process.⁵

A model for the therapeutic and developmental process of counseling can be conceptualized in terms of 4 stages which include (1) Involvement, (2) Exploration, (3) Understanding, and (4) Action.⁶ Briefly, each stage consists of the following elements. The first stage of involvement includes the basic interaction between inmate and counselor with the inmate indicating a need or motivation for change. The second stage of exploration is concerned with the responding to and exploring of the inmate's feelings. The third stage of understanding is concerned with understanding where the inmate wants to be in relationship to his/her problem and encouraging the person to take

A Process For Effective Counseling In A Correctional Setting

personal responsibility for his/her problems. The fourth stage of action is concerned with helping the inmate solve his/her problems by planning, initiating and taking action to get to where he/she wants to be. This process although developmental does not occur spontaneously but rather is carefully guided by the skills of the counselor. In addition, while this process may appear to have a beginning and an end, it should be regarded as a continuous process of activity and growth.

This conceptual theory for the counseling process is combined with a comprehensive client record system. The goal of the record system is to provide adequate documentation of the provision of direct services for each inmate from intake to discharge. The client record system consists of an Intake and Needs Assessment, Treatment Plan, Case Record Review, Progress Notes, and Narrative Discharge Summary.

If indeed the Department of Correction is serious about providing a foundation for effective counseling, I propose that a limited number of counselor positions be allocated for the specific purpose of providing counseling services. Staff employed in this capacity would be excluded from any of the normal institutional counselor responsibilities.

The need for this exclusion is better enable the counselor to specifically focus the purpose of the counseling sessions to an exploration and understanding of the inmates social-emotional problems, rather than other concerns about phone calls, community release applications and etcetera.

This short and brief description of a process for effective counseling in a correctional setting is not intended to be panacea for all of the problems that confront correctional counseling but perhaps an idea for further development. It is my belief that effective counseling has been provided on a very limited basis in the past. Dr. Walter Menninger of the Menninger Foundation

A Process For Effective Counseling In A Correctional Setting

stated in the July/August 1981 issue of Corrections Today that "Those of us involved in the correctional field have a continual obligation to society to increase our understanding of the individuals placed in our charge and to develop more effective techniques to assure their successful readjustment to independent living when they are ultimately discharged from our institution."⁷

FOOTNOTES

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- ²U.S. Department of Justice, Sourcebook of Criminal Justice Statistics - 1975, Law Enforcement Assistance Administration (July, 1976), p. 204.
- ³State of Connecticut, Governor's Budget for Fiscal Year 81-82, p. 426.
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THE INTEGRATION OF DETERRENCE AND REHABILITATION
IN THE CRIMINAL JUSTICE SYSTEM

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It is the assertion of this paper that the deterrent and rehabilitative models within the criminal justice system (CJS) are compatible methods of effecting behavioral change on the part of the offender. These two models, if integrated, may achieve optimal effectiveness in extinguishing criminal behavior within society.

Criminal law and the judicial structure is historically based on the use of deterrence or punishment as a means of controlling criminal behavior. Over the past seventy years psychologists have been studying the effects of punishment upon behavior. Azrin (1966) has shown, through experimental procedure, that punishment can significantly suppress or control behavior. He concluded that the more intense, immediate, and unavoidable the punishment, the more effective it is in controlling behavior.

If punishment is so effective in controlling behavior then why has it been so seemingly ineffective when applied to the criminal justice system (CJS). The answer may lie in the fact that few criminal acts are ever punished. The arrest rate is low, particularly for offenses against property (and this does not include the many offenses unknown to the police) (Jeffries, 1972). Once arrested, the offender can engage in all kinds of avoidance behaviors; the offender can post bail, plead not guilty, and request a trial by jury possibly leaving the offender free in the community to commit more crimes for up to two years. In effect the offender can

slow down the entire judicial system, forcing plea negotiations, causing nolle cases, reduced charges, and mild sentences. In addition, the reward for a crime is immediate (i.e. burglary), while the punishment is in the future, is uncertain, may not take place, and if it does, it can often be minimized.

Unfortunately, even if the criminal justice system could implement an ideal deterrent model, maximal behavioral change on the part of the offender may not be realized. No matter how certain and intense the punishment, an individual will still perform the punished response if there are no other means of meeting his primary needs. In addition, there are some undesirable side effects caused by punishment (Skinner, 1958). Punishment can cause both aggression and depression, and thus if too severe could incapacitate the individual.

In response to the apparent historical failure of the deterrent model and the request for more humane treatment of criminal offenders, the concept of rehabilitation was developed. Its advocates considered punishment or deterrence as obsolete. It was believed that criminal behavior could be controlled through the treatment of the offender by the methods of therapy, reeducation, job training, and an expansion of community resources. This approach utilizes a positive technique which offers alternate and acceptable means of obtaining material rewards (incentive systems). An example would be seeking and maintaining employment or vocational training instead of stealing. Another example would be the offender's participation in drug treatment instead of engaging in illicit drug activity.

During the 1970's large amounts of money were spent on federally funded educational, vocational, treatment, and welfare pro-

grams for the purpose of offering low income offenders constructive incentives to reenter the mainstream of society. Despite these social efforts crime continued to rise in the United States at an alarming rate.

Advocates of these programs, and those directly involved in their implementation, would be shocked when the very youths who were involved in their programs would steal their pocketbooks and wallets right out of their desks at the program facilities. What rehabilitation advocates failed to realize was that by ignoring deterrence, delinquents would gladly take the incentives offered them in the program, while continuing to engage in criminal activity without fear of punishment. For those individuals that were not involved in rehabilitation programs but were given the opportunity, many would refuse to enter the program stating that they would not work for minimum wage, choosing instead to continue leading a life of crime.

It would be a regressive mistake, because of the apparent failure of rehabilitation, to revert back to deterrence and call rehabilitation obsolete. Instead it may be confirmed with future experimental validation that the integration of rehabilitation and deterrence is the best means of controlling criminal behavior. Means must be established to promote immediate, intense, and unavoidable punishment, combined with the offering of incentives within the community in order to reinforce socially constructive behavior. Punishment can be immediate with the continued improvement in criminal detection and apprehension techniques by the police. Punishment can be unavoidable if criminal convictions on certain crimes would lead to certain incarceration or fines instead of nolle, in-

significant fines or multiple probations. Punishment could be intense if prison were perceived as a punitive environment, to be feared and avoided.

Probation could provide an effective incentive system to be combined with incarceration. When the offender reenters the community after incarceration, probation is in an ideal position to provide a rehabilitative support to the offender, while continuing to reinforce the deterrent model through the use of a suspended sentence, and the continued threat of incarceration which must be perceived as real by the offender. Probation provides the victim the opportunity for restitution as well as providing the offender the opportunity for employment, therapy, and training. But unless the offender perceives a violation of probation as being a real threat resulting in his incarceration he may very well continue to fail to meet his responsibility to the community, resulting in the continued breakdown in criminal justice system.

REDEFINING TREATMENT IN PROBATION

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REDEFINING TREATMENT IN PROBATION

For many years now probation has been used by the court to "rehabilitate" offenders through treatment. We know that the court has expected those offenders placed on probation to be treated in a manner in which they will no longer be a problem to society. We know this because the first probation officer, John Augustus, "treated" hundreds of drunken offenders, and returned them to court with a recommendation for a disposition that the court would usually follow. What John Augustus' treatment actually consisted of will be discussed later, however, it was certainly different than what we commonly refer to today as counseling. At any rate, the probation officer came to be seen as a counselor, and probation officers came to see themselves as fulfilling that role. Therefore, given the fact that crime is a major concern in all of our cities large and small, it is no wonder that the rehabilitative model of treating offenders is seen as a failure - and that the efforts of probation officers are viewed with scorn. It is our hope that this paper will present the case for probation services by looking at some of the critical issues that affect those efforts of probation officers and hopefully will answer some questions as to the effectiveness of community rehabilitation.

The first major stumbling block is in trying to define and understand just what it is that probation officers are doing and what they are supposed to do. Most people would consider that "treating" offenders is much like a doctor treating a patient. There are some critical misconceptions about this analogy. Firstly, patients seek out doctors because they are in pain or seek some type of relief. Such is not the case with probationers. Those referred to the probation department by the court are not begging for probation (except as an alternative to incarceration), nor are they seeking any relief or change of lifestyle. Secondly, doctors have sophisticated means to diagnose maladies, and various alternatives to treat the problem. One must question

VIII

if diagnosis is even possible when dealing with hundreds of court referrals. Even assuming that some sort of accurate scientific appraisal of a probationer's problem can be made, what sort of "proven" treatment alternatives are available. Finally, doctors can prescribe a treatment plan to last as long as is necessary to correct the illness or injury. Probationers, on the other hand, are supervised for a proscribed period of time, for better or for worse. It appears then that the usual medical "treatment" model of dealing with probationers may not be correct.

Another point to be made about traditional treatment modalities is that probation officers are often looked upon as counselors or social workers. In either case it should be noted that probation officers are not "licensed counselors," nor are they MSWs. Therefore, to even refer to them in such a method is quite absurd. This is not to say that probation officers do not use some counseling techniques or that they do not practice case management. However, to make the assumption that probation officers spend hours in counseling sessions (or that they are even capable of doing so) in that they spend their days taking probationers to employment officers or in family counseling sessions is simply erroneous.

A final point to be made on this issue may be the most important. There has been profuse confusion as to just what probation officers should be doing. Most probation officers it is felt, see themselves as "people oriented" professionals. That is, they see their job as helping probationers stay out of trouble. They have been supported in this belief by years of being told that they are counselors. Counseling courses and various treatment modalities were the order of the day until the last year and one half or so whenever anyone attended any type of training. Even today, the Office of Adult Probation will only hire those college students with Social Service degrees. Also, the general public has come to view the probation officer as the "counselor" or "treator" or "social worker." Police view probation officers as those people "who let them go after we've caught them."

VIII

Within the last few years there has been growing pressure on the probation officer, both from within and outside the agency, to become more law enforcement oriented. Victim's rights, press coverage or unsuccessful probation cases, determinate sentence acts, and legislative changes have forced probation officers to spend more time wearing the cap of the authoritarian than the change agent he has always thought of himself. Internally, the swing to the right is quite apparent. Probation Officers are now officially Peace Officers. Training programs now consist of legal issues and self defense training. State vehicles now have protective screens for safety during prisoner transportation. Statistics on number of violations issued are the order of the day and methods to return violators are being revised to make justice swifter and surer. There is even talk of probation officers carrying guns on duty.

What then is treatment and where does it fit in?

A second major issue is that of who is placed on probation - the control of intake. In 1981 several thousand offenders were placed on probation from the various criminal courts in Connecticut. Since Presentence Investigations are for the most part completed in felony convictions, of those probationers only about 20 to 30% had presentence investigations conducted. This means that of the clients placed on probation there were relatively few of whom any formal background information was known and any recommendation made to the court. Even if one were to argue that a good percentage of those placed on probation were repeaters and therefore known to the agency, still no recommendation is given to the court prior to sentencing. It is a known fact that many offender's are placed on probation two or three or four times, and often with Violation of Probation appearing on their record. It is almost ludicrous to charge probation professionals with the responsibility of effectively dealing with individuals who have failed in the past under the same set of circumstances.

Another critical point in this area is if there is in fact some "treatment", is

it extended to all probationers. With caseloads nearing (or surpassing) the 300 mark per officer, is it fair that an individual probation officer is responsible to rehabilitate all 300 clients, including those who are subsequent probationers, not to mention subsequent probation violators. Also, is it the court's intent that all clients be rehabilitated - not the court's ideal philosophy, but their realistic intent. Most often the courts are concerned with two issues - moving cases, and providing for adequate justice (not ultimate justice). This leads to two concurrent situations. The first is that the court places people on probation since they are not suitable for incarceration because, relatively, they do not present a danger to themselves or to society. Thus they are merely "dumped" on the probation department for no specific reason except that that seems to be the only thing to do with such individuals. The second result is that clients are often placed on probation for specific purposes, i.e. to make restitution, or to perform a community service in the form of volunteer hours. Theoretically, of course, one can argue that when clients do fulfill their restitution obligations they are thereby learning how to be responsible individuals, who are not likely to offend again. Unfortunately, this theory holds little hope when dealing with the day by day pressures of probation work.

Given the fact, then, that probation officers have little control over intake, that often many offenders should not have been placed on probation in the first place, and that many clients are placed on probation for specific purposes which only have a remote chance of impacting an overall client rehabilitation; how responsible should probation officers be for individual client failings, and how valid is any criticism of the effectiveness of treatment in probation.

What then is treatment in probation, what are probation officers supposed to do, and who should be rehabilitated and how. Despite the discouraging and scathing attack on rehabilitation programs by Robert Martinson, there are those who have collected data to the contrary. In a recent article by Paul Gendreau, PhD and Robert Ross, PhD,¹ they state, "Our examination of the literature revealed a substantial number of treatment programs which have been demonstrated in methodologically impressive research to be effective in offender rehabilitations." Even Martinson modified his position on rehabilitation effectiveness in a subsequent article in Federal Probation, 1977.² It seems then that the question is not one of the failure of treatment in probation, but rather, what type of treatment is successful and when.

The starting point again should be the definition of treatment. It has been established that the treatment of the offender is not the same as the treatment that a patient receives from a doctor. It is therefore becoming apparent that any definition of treatment must move away from the traditional medical model. In fact, Gendreau and Ross state, "No successful programs were found which were based on the oft-maligned medical disease model."³ In fact, it appears that there is no one way or one correct model to effectively treat offenders. Or as Gloria Cunningham, PhD states, "people can be helped in a variety of ways, that no one approach will work with everyone, nor will any one approach work with the same person every time."⁴ Realistically, treatment in probation can and does consist of various methods of effecting social learning. That is, treatment can be seen as modifying faulty reasoning or social perceptions, modifying inappropriate behavior, changing antisocial attitudes, developing skills, assisting in decision making, and even modifying, if possible, one's environmental situation. Even John Augustus concerned his efforts to finding employment for his charges. Treatment

can also consist of interceding between an employe and his boss, helping to formulate a treatment plan at a PPT meeting, or just listening. The reality is that treatment consists of most anything a probation officer can do in an effort to improve the quality of a client's life, to change a socially unacceptable behavior, to improve a skill or to satisfy a need. The difficulty is not in providing the treatment. The problem is in assessing its effectiveness.

Further, all probation officers, because they are people oriented, are sensitive to client needs. Probation officers, therefore, generally attempt to be "successful" with all clients. The problem, however, is that all officers are more successful with some clients and less successful with others. It therefore stands to reason that an individual probation officer can effect a greater change (or attain a higher degree of "treatment") in those clients that he, for whatever reason, establishes a rapport with, or "hits it off with." Again, the problem is not with whether treatment can be successful, but rather, how to match probation officers with probationers so as to enhance the probability of positive change.

A further point not to be overlooked is that in order for any treatment to be successful it must be fully endorsed by the agency and court. This is not to suggest that the responsibility of community protection should be overlooked. However, it seems that if the agency would fully commit itself to both ideals concurrently, then it can truly be satisfied that it is fulfilling its mission. Unfortunately, however, due to various reasons (among which public pressure and finances are at the foreground) the agency often finds itself totally in favor of one ideal while practically ignoring the other. It is felt that both treatment and protection should both be fully endorsed and supported.

The final issue is that the Office of Adult Probation must be in control of its case intake in order to conduct treatment of any kind. Only the treators can identify these individuals on whom they can have a positive impact, therefore, the probation officer should exercise some measure of control over their intake of cases. How can probation officers be responsible for treating people who they don't feel can be rehabilitated or don't want to be. As previously stated it is felt that individuals are not always placed on probation by the courts because the court is seeking treatment for those individuals by probation officers. Take the case of the mentally ill individual. Presently it is not popular to confine the mentally ill to long term institutions, but rather to treat them with medication in the community. This trend has truly been a blessing for many chronically ill people who would have been confined to an institution for many years. However, along with the many positive effects of this movement have also some negative factors. Many of these individuals living in the community fail to take their prescribed medication. This often results in their becoming involved with merchants, family and the general public. The police are called and ultimately these people are placed on probation. Are probation officers supposed to rehabilitate these chronic offenders within the six months or one year of supervision? Probation officers can direct these individuals to the proper mental health facility and they can encourage these individuals to take their medication, but they cannot be forced to participate in therapy and they cannot be forced to take their medication. Also, mental health professionals believe that it is useless to have people in therapy who do not wish to cooperate. However, experience has shown that when these people are returned to court it is extremely unlikely that they will be incarcerated. If the same disturbed individual, however, runs afoul of the law while on probation,

the probation officer is blamed for failing to control him. The truth is that probation officers (and the entire criminal justice system for that matter) is ill equipped to deal with this type of individual.

Another group of individuals who probation officers are blamed for failing to treat are the repeat offenders. Whatever the reason that these people become involved in crime time and again, the fact remains that some individuals simply cannot stay out of trouble. It is questionable whether these people or society in general for that matter benefit when probation supervision is imposed. Often probation officers spend much of their valuable time just keeping in touch with these individuals. The cycle of phone calls, letters, home visits, and threats are repeated time and again while very little is accomplished in the final analysis. In fact, the time and effort spent on these cases could be much more profitably be used in working with just offenders or those individuals who truly need and want assistance. Again, should probation officers be blamed for failing to rehabilitate these chronic offenders.

It is clear from the above discussion that probation services can under the proper circumstances, be an affective treatment tool. Skilled, well trained probation officers, given the full support of the agency and the court, can successfully impact on those individuals who they feel are proper candidates to receive that help. A number of suggestions can be made to enhance such probation services. First, probation officers must begin to understand their own capabilities and their own limits. This can be accomplished through a systematic assessment of caseloads in terms of what can realistically be accomplished. Further, once this assessment is accepted, it must be supported and defended by the agency. In this way the agency will demonstrate its support for the treatment phase of probation and

probation officers will learn what they should and should not be accountable for. Also, caseloads can be systematized into groups with treatment, referral, monitoring, etc. strategies implimented in the appropriate group. The agency can then evaluate success or failure according to goals of each group. For instance for clients ordered to pay restitution the probation officers' major responsibility would be in collecting the money and seeing that it gets to the victim. The probation officer should not be blamed for failure should the individual get into trouble again, nor should he be held accountable should he not have a face to face contact with the probationer every month. He should only be judged upon what he is trying to accomplish, that is enforcing the court ordered restitution.

Another suggestion is that probation, for treatment purposes, should only be used for specific individuals, primarily first offenders or other specific individuals. This would not only make probation more meaningful, and treatment more possible, but it would also free up a considerable amount of time of the probation officer who spends countless hours in getting repeat offenders to report.

The final suggestion, and perhaps the most critical, is that there should be some control by this probation officer as to who is placed on probation, or at least some assessment of individuals previously placed on probation. This assessment really should be conducted in every case where there has been probation supervision in the past. The assessment need not be a formal presentence investigation, however, it seems that a recommendation to the court in terms of the individual's general attitude, willingness to help himself, need assessment, outcome of prior periods of probation and a general treatment plan, can assist the court in getting the most out of probation services.

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A Consensus Paper
FAILURE OF TREATMENT IN CRIMINAL JUSTICE

For years, professionals in the Criminal Justice System have been charged with the task of "rehabilitating" offenders. Legislators pass and amend laws as a reaction to FBI statistics and local horror stories of criminal behavior in an attempt to curb the impact of crime on their citizens. Judges are now presented with structured sentence guidelines in order to more equitably pass sentences. Federal and local monies have, in the past, been appropriated to Criminal Justice agencies for new programs and more staff to "enhance" each agency's effectiveness in curbing crime.

Still, the public outcry seems to be that treatment is a failure. Those within the system are quick to react to that opinion by pointing fingers at each other. A probation officer says that the correctional facilities fail to train inmates for a more productive life. A police officer says the court fails to effectively punish the offender. Judges state generally that the system itself is not prepared to deal with the heavy overload of cases. Corrections officials agree with all of it. The end result is a great deal of confusion on everyone's part.

The assertion of such universal failure, however, seems to lose its strength and validity when applied to specific programs in the Criminal Justice System. It loses its strength and validity because there do not seem to be acceptable, concrete criteria for ac-

cessing treatment as it is now practiced.

Given a chance to openly discuss and study these problems for three days, 12 professionals in the field could not support the statement that treatment is a failure. Even less could they support a return to the model of punishment alone. They felt generally that there is no commonly accepted definition of treatment; that agencies rarely share common goals; that there is no adequate criteria for measuring the failure or success of specific treatment programs; and that, in practice, agencies often do not support their own goals in that they do not allot proper staff, time and resources to adequately insure the desired effect.

More specifically some of the problems that all treatment staff encounter are high caseloads, role confusion, limited counseling skills and lack of clinical supervision. The correctional counselors have caseloads exceeding 100 clients. The probation officer has over 300 cases under his supervision. While the integration to the community is a goal of correctional counseling, custody is the primary function of the institution. The aim of the probation office is to modify inappropriate client behavior; however, the mission of the agency is community protection. In neither situation are there practical and concrete means of assessing effectiveness. Despite the problems that confront the goal of treatment in corrections and in probation, more effective techniques must be developed to define, implement and measure successful readjustment.

The group made recommendations for improvement in the delivery and the measurement of treatment services in both corrections and probation.

CORRECTION:

Community re-integration should be the goal of correctional treatment, in conjunction with custody as a primary concern of the institution. Through effective treatment, offenders can learn how to leave the institution, not merely live in it.

Treatment's effectiveness and credibility have been questioned because it has not been given adequate support. Until personnel at all levels recognize the validity of treatment, innovate and actively support new programs and ideas, correctional services will remain in its infancy.

Specific recommendations include:

- 1) Assign counselors to counsel, not perform administrative details. There must be opportunity for a professional involvement between counselor and client.
- 2) Identify defined, measurable goals for staff, administration and client.
- 3) Place greater emphasis on teaching behavioral skills.
- 4) Increase coordination between institution and community.

PROBATION:

While the elimination of recidivism may be an ideal goal of probation supervision, often the probation officer's performance could be more objectively measured by how effective he is in having the offender meet the Court ordered conditions.

Court ordered conditions provide the victim the opportunity for restitution as well as providing the offender the opportunity for employment, therapy and vocational training. However, the probation officer

must have the full support of the court when he reports violations of these conditions if his performance is to be meaningfully measured.

In order to maximize "treatment" as well as community protection an offender should be placed on regular probation only once. At the very least, there should be some input from the Office of Adult Probation to the Court, if the offender is to be considered for any subsequent probation in those cases where a presentence report has not been ordered.

To summarize the ideas of all these papers in a few lines would be very difficult. Arriving at a conclusion, it must be said that the most important thing achieved by this conference was the consensus that it is too early to make a final judgement as to the effectiveness of treatment in the Criminal Justice System.

Division of Parole
1985 State St.
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January 20, 1982

Mr Charles Miceli
Conference Coordinator
White Paper Conference
Connecticut Justice Academy
Haddam, CT

Dear Mr Miceli;

In reference to the up coming 3 day seminar on the Failure of Treatment in Criminal Justice, I would like to take this opportunity to make a short statement.

Initially, the public was sold a bill of goods when it was inferred that "treatment" and/or "rehabilitation" were the main goals of a sentence resulting in imprisonment and subsequent parole. The late resurgence of Flat Sentencing has'nt changed that at all.

What has happened over the past many years (and is still going on today), is a false use of terms. Specifically, the terms "treatment" and "rehabilitation" should be removed from the correctional vocabulary. We do not and cannot "treat" people in a correctional setting. We do not and cannot "rehabilitate" people in a correctional setting. Assuming unrealistic goals through the misuse of terms has lead us to believe that we are not succeeding. That in turn has lead to a lot of self flagelation in the criminal justice system.

We do provide assistance for people and we should continue to do that. We do punish people through placing them in an environment which is punishing and we should do that. We do discipline people and we should do that. We do offer limited opportunities for vocational training and experience and we should continue to do that. We do offer limited opportunities for personal growth through inside and outside programs and we should continue to do that.

Therefore, if we substitute the realistic term of assistance for the unrealistic terms of "treatment" and/or "rehabilitation", then we are doing reasonably well, considering bugetary limitations. That relates back to the original statement of the seminar, "The Failure of Treatment in Criminal Justice". The writer's premise is simple and fundamental; we assist people who are sent to the system for punishment and assistance.

We can't "treat" people toward some mystical status of "rehabilitation" and expect success.

Myron Hanson
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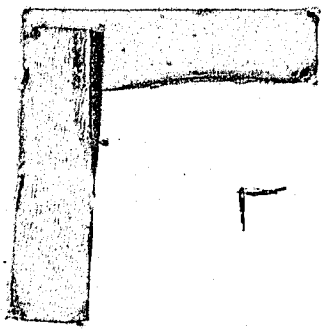
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