



Federal Probation

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Explaining the "Get Tough" Movement: Was the Public Deceived?
*Francis T. Cullen
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This Issue in Brief

Probation and Felony Offenders.—Author Joan Petersilia summarizes the major findings of a recent Rand study designed to discover whether felony probation presents unacceptable risks for public safety and, if so, what the system could do to overcome those risks. To this end, the study sought to establish how effective probation has been for a sample of felony probationers, to identify the criteria courts use to decide whether a convicted felon gets a prison or probation sentence, to discover whether the prediction of recidivism could be improved, and to see if the system could develop a felony sentencing alternative that poses less risk for public safety. The results show that two-thirds of those sentenced to probation in Los Angeles and Alameda, California, were arrested during a 40-month followup period. Given these findings, the author concludes that the criminal justice system needs an alternative form of punishment intermediate between prison and probation. The article recommends that programs incorporate intensive surveillance with substantial community service and restitution.

Prosecutors Don't Always Aim To Pleas.—Barbara Boland and Brian Forst examine a new data base on prosecution practices across the county, focusing on the prevalence of guilty pleas relative to trials. They find substantial variation in the number of pleas per trial from jurisdiction to jurisdiction; they also find evidence that this variation is driven substantially by differences in prosecution styles.

Explaining The Get Tough Movement: Can The Public Be Blamed?—This article assesses the common assertion that the current movement to get tough with offenders is a reflection of the public will. Through an analysis of data collected in Texas, authors Francis T. Cullen, Gregory A. Clark, and

John F. Wozniak discovered that citizens do indeed harbor punitive attitudes. However, the data also revealed that few citizens are intensely fearful of crime (a supposed cause of punitive attitudes) and that support for rehabilitation as a goal of corrections remains strong. Taken together, these findings suggest that the get tough movement can only partially be attributed to public desires. Instead, a full explanation must attend to the changing social context that not only shaped public views but also en-

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couraged politicians to champion a "law and order" policy agenda across the nation.

Assessing Treatment of the Offender: From Probation to Capital Punishment.—Debate surrounds the issue of effectiveness and/or appropriateness of the various options available in sentencing criminals. While there are many reasons for differences of opinions, the basic—and often most overlooked, according to author Philip E. Lampe—is the lack of official goals. The way a criminal is treated (means) should be guided by what the system hopes to accomplish (ends). It is impossible to assess the effectiveness of any form of treatment without considering it in relation to a specific goal. The author contends, therefore, that until the criminal justice system establishes official goals, no final assessment regarding treatment can be made.

Community Service: All Things to All People.—One of the more popular criminal justice system reforms today has been the introduction of community service. To advocates of competing penal philosophies, community service has been heralded as an innovative measure which incorporates elements of punishment, reparation, rehabilitation, and reintegration in equal force. Whether the objectives in these varying penal philosophies can adequately be achieved within the framework of community service is the focus of this article by David C. Perrier and F. Steven Pink. Apart from the debate concerning the range of objectives community service was originally designed to achieve, the authors hold that there is little doubt about its appeal to protagonists of competing philosophical perspectives.

The Effect of Casino Gambling on Crime.—The legalization of casino gambling is currently being considered by a number of states and cities as a way to improve the local economy without raising taxes. A significant encumbrance to its widespread adoption, however, has been the fear that the introduction of casinos will result in increased crime. Until now, no investigation has been rigorous enough to generate conclusive evidence to support this claim. Author Jay S. Albanese examines the relationship between casino gambling and crime in Atlantic City, and accounts for the inconclusive findings of earlier work by controlling for the effects of increases in the population at risk, police manpower, and statewide crime trends. The author hopes that through such objective investigations, both legislators and the public can more confidently assess the benefits and liabilities of casino gambling.

The Alcoholic Bank Robber.—Authors Louis

Lieberman and James F. Haran studied 500 bank robbers convicted between 1964 and 1976. Data collected from presentence investigations, probation department files, and the Federal Bureau of Prisons and other sources indicated that of those studied, 12½ percent were alcoholic, an additional 48 percent were moderate drinkers, and those remaining were abstainers at the time of their arrest. According to the authors, alcoholic bank robbers tended to be older, white, poorly educated, separated or divorced, and on welfare. They were less likely than moderate and nondrinkers to use marijuana or opiates. They were more likely to have had multiple prior convictions for both violent and property crimes than were moderate or nondrinkers. Other variables presented: religion, church attendance, mental health status, and cocaine and other illicit substance use.

The Cornerstone Program.—Author Gary Field describes Oregon's pre-release treatment program for chemically dependent, recidivist offenders and presents the results of client outcome studies. The treatment program, Cornerstone, is a 32-bed residential program lasting 6 to 12 months followed by 6 months of outpatient treatment. The client population is chronically disabled by both alcohol or drug history and by criminal history. The five major categories of treatment intervention used at the Cornerstone Program are a therapeutic community, treatment contracts, intensive counseling, life skill training, and community followup treatment. The author evaluates Program results in the areas of client self-esteem, symptomatology, knowledge learned, and subsequent criminal activity and prison recidivism. As a function of the treatment program, Cornerstone clients showed enhanced self-esteem, reduced psychiatric symptomatology, increased knowledge in critical treatment areas such as alcohol and drug abuse, reduced criminal activity, and reduced prison recidivism.

Probation and Parole in Canada: Protecting the Canadian Public?—Even if North Americans share basically many sociocultural values, Americans and Canadians are different in matters related to criminal justice, especially with regard to sentencing, probation, and parole. According to author Andre Normandeau, interviews with Canadian probation and parole officers, as well as correctional administrators, show that Canadians are not turning "to the right." There is no significant emphasis on control and punishment. In fact, Canadians still believe in rehabilitation and their mood and temper still meets Winston Churchill's test of civilization.

The Cornerstone Program: A Client Outcome Study

BY GARY FIELD, PH.D.

Cornerstone Program, Oregon State Hospital

SUBSTANCE ABUSE has long been associated with the commission of crimes and has been a frequently observed factor in recidivist offenders (Pavlov, 1973; Barton, 1976; Pernanen, 1976; Anglin 1983). Studies of incarcerated populations reveal a proportion of histories of alcohol and drug problems among inmates that is at least seven to eight times higher than that of the general population (Roth, et. al., 1971). The criminal activity of heroin addicts has also been shown to increase when the addicts are addicted and decrease when they are off opiates (Ball, et. al., 1983).

The treatment of chemically dependent, recidivist offenders has been perceived as unsuccessful (Lamb and Goertzel, 1975; Pavlov, 1978). Recent research reports, however, have been more optimistic about intensive treatment with chemically dependent populations generally (DeLeon, 1984) and with chemically dependent felons in intensive treatment programs (Haworth, 1981).

This study continues the recent trend of optimistic reports. Oregon's pre-release treatment program for chemically dependent, recidivist offenders is described, and the client outcomes of this program are presented.

Program Description

Oregon's pre-release treatment program for alcohol and drug dependent offenders is known as the Cornerstone Program. Cornerstone began in 1976 and is located on the grounds of Oregon State Hospital in Salem. Cornerstone is an intensive 32-bed residential program with a 6-month follow-up aftercare program. The program is jointly administered by the state's Mental Health and Corrections Divisions.

Program Population

Prospective clients are referred to Cornerstone by counselors from Oregon's three state prisons. Admission criteria require that a candidate have a history of alcohol or drug abuse; intends on remaining in the state upon release; is willing to make a commitment for at least 6 months of community followup treatment after release from the residential part of the program; have not less than 6 nor more than 12 months before parole date; and be granted minimum security status by the prison institution superintendent. The program also tends to deny ad-

mission to candidates who have a history of psychosis or sex offenses, as the state provides other specialized programs for these populations. Most referrals who meet the basic criteria are admitted to the program. Historically, referrals to Cornerstone have had histories of chronic substance abuse and chronic criminal behavior. Table 1 below lists some of the critical demographic characteristics of the Cornerstone treatment population over time. The mean number of adult felony convictions, mean total time incarcerated as an adult, and mean age of first substance abuse document the extreme chronicity of this group.

TABLE 1. CHARACTERISTICS OF THE CORNERSTONE TREATMENT POPULATION OVER TIME GIVEN IN GROUP MEANS

	1976-1979	1982*	1984*
Age	33.0	32.6	31.0
Age first arrest	17.6	15.9	13.6
No. adult arrests	11.4	13.9	13.7
No. adult felony convictions	5.5	5.9	6.9
Total time incarcerated as an adult	4 yr., 8 mo.	6 yr., 6 mo.	7 yr., 7 mo.
Age first substance abuse	16.9	15.9	12.5

*Samples of 30 clients each

Only 22 percent of this population report up to 1 year of adult living when they were not chemically dependent. The percentage of polydrug abusers at Cornerstone continues to increase. By 1984, 95 percent of the program's population had documented histories of chemical dependency in three or more drug classes. In 55 percent of these cases, alcohol was one of the primary chemical dependencies.

Program Staffing

Cornerstone staffing consists of a psychologist program director, two therapy supervisors, an aftercare worker, two shift supervisors, eight counselors, one work skills trainer, and three night shift staff. The program also has the services of a half-time recreational therapist and a 6-hour per week psychiatrist consultant.

Treatment Design

Therapeutic Community: Cornerstone's therapeutic community consists of: clearly understood

rules, and consequences, especially about violence and drug use; formal participation by residents in the daily operation of the community; strong community support for growth and change; individual responsibility for behavior; a clear system for earning freedom a little at a time; and maintenance of a core of community "culture carriers" among residents and staff as program clients come and go.

Cornerstone has a therapeutic community where the resident is as likely to receive direct input and feedback from another resident as from a counselor. The 32 Cornerstone residents are divided into two therapeutic "families." Family members are accountable to each other for their actions and behavior. The two family units meet to solve interpersonal problems and plan activities, training experiences, and work assignments. Family meetings often include confrontation between members to hold one another personally accountable. Cornerstone residents are frequently very insightful as to one another's problems. Peer confrontation is extremely meaningful for Cornerstone residents. The confrontations force self-examination of both short-term destructive behaviors and long-term destructive lifestyles. Part of the Cornerstone Program philosophy is that confrontation for inappropriate behavior must be balanced by interpersonal support for desirable behaviors that signal the beginning of personal growth and change. Family meetings, while they are at times very uncomfortable for the resident, are almost always experienced as caring, supportive events.

The therapeutic community operates on strictly enforced rules and policies to teach residents to be responsible and accept responsibility for their behavior. Almost all rule infractions have consequences which are discussed and determined by the family group. Consequences focus on practicing desired behaviors for self-improvement, rather than punishment. Some actions, however, have the consequence of returning a resident to prison. These are: taking drugs while on the unit, bringing drugs onto the unit, and acts or threats of violence. To insure that the community remains drug-free, urine screening for drug use is done on every resident every 3 days, and a breathalyzer test is conducted randomly and on each resident after each unaccompanied pass into the community. Failing these tests results in an automatic return to prison. Acts of violence, or even threats of violence, are not tolerated and also result in a return to prison. It is essential to keep this kind of therapeutic community safe and drug-free. If a resident is returned to prison, he or she may request readmission to the program.

In addition to the family structure, the residents elect a "resident council" as a self-governing body.

The resident council makes formal requests for changes in unit policies and procedures to the unit's management team, and deals with many other issues of concern to residents. A new resident council is elected every 4 weeks. The resident council and the family structure help residents learn the appropriate negotiating skills to deal with peers and those in authority. The residents also elect a five-person activities committee each month. The activities committee is responsible for planning activities and securing approval for unit activities from the management team.

The Treatment Contract. After the orientation treatment plan has been accomplished, it is the resident's responsibility to develop all succeeding treatment plans for himself or herself. Cornerstone has found that this process is very helpful in aiding residents to take responsibility for themselves. Each contract identifies the problem, goals, specifically what the resident will do, and time lines. Each contract undergoes stiff review and challenge. It must be approved first by the resident's counselor, family group, and finally by the therapy supervisor. A resident normally develops four contracts during the course of treatment. Each of these four stages of treatment is associated with increasing freedom to spend time off the ward and in the community. The fourth contract involves the resident finding employment, a place to live, and generally making the transition to community living.

Counseling. All residents receive a great deal of constructive input from all the staff in the program. The daily process of the Cornerstone Program (e.g., family meetings, groups, classes, time in the community) provides many opportunities for counselors to observe the residents interacting with others and to provide timely counseling interventions. The counselor also functions as something of a coach to help the resident through the process of the contract system at Cornerstone.

Several types of short-term group therapy experiences are also offered to Cornerstone residents. All residents who have a spouse, or a spousal-type relationship, are provided couple or family counseling. All residents are required to attend Alcoholics Anonymous, Narcotics Anonymous, or some other peer support group in the community to help them maintain their sobriety and to begin to develop their drug-free support network.

Skill Training. Many Cornerstone residents have never had, or have lost (from extensive drug use or incarceration), basic life skills such as meal preparation, money management, or basic work skills. Cornerstone staff persons regularly offer classes in basic education areas and basic life skills such as work skills, nutrition, and budgeting. Cornerstone

residents typically are at a loss to structure their leisure time constructively without alcohol or drugs. Residents are taught to make use of community leisure time resources that are alternatives to alcohol or drug use.

Discharge and Followup.

The first 6 months following release from incarceration seem to be the most critical time in determining success or failure in the individual's adjustment in free society. Therefore, a condition of the Cornerstone Program is that residents agree to 6 months of followup treatment after discharge from the residential program. The first step in the discharge process is the development of a discharge plan and completion of the fourth level contract. Virtually all residents have a job, a place to live, and a drug-free support network before discharge. A formal graduation ritual is held in the resident's last month to mark the rite of passage and the beginning of the individual's freedom. After leaving the residential part of the program, the now "client" maintains a schedule of appointments with Cornerstone staff, the parole officer, and any other outpatient treatment programs that the client may be involved in. As successful program graduates, many clients attend a weekly group at Cornerstone for their own support and to help current residents. These groups allow residents to see, hear, and talk to people with backgrounds like their own who have succeeded. Many clients maintain contact with the program long after the 6 month minimum. If a program graduate is having difficulties, he or she may voluntarily attend the program during the day, for a few days, for help through the crisis.

Evaluation Design

The primary purpose of this outcome evaluation was to obtain information from each of the three major outcome perspectives: the client, staff, and the societal value perspectives.

The client perspective is important in the mental health field as successful treatment always involves some internal change in feeling or thinking. The recipient of service can best speak to the subjective experience of treatment. The measurement instrument used to measure subjective change in this study was the Rosenberg Self-Esteem Scale (Rosenberg, 1965). This self-report inventory measures self-regard and perceived quality of life from a variety of perspectives. The Rosenberg Self-Esteem scale was given 2 to 3 weeks after admission and again 2 to 3 weeks before discharge (an average of about 8 months later) to all clients who entered the program during late 1983 and early 1984.

The clinical, or staff, perspective was measured by the Brief Psychiatric Rating Scale (BPRS) (Overall and Gorham, 1962). This widely used scale was developed for measuring the psychiatric symptoms of the mentally ill. However, it has many scale items applicable to describing the symptoms of antisocial personality disorders. For this study, the BPRS was completed by the client's counselor at the same times the Rosenberg Self-Esteem Scale was completed by the client.

The societal perspective includes those variables that are so universally held as goals as to be considered standards. Societal perspective goals include abstinence or at least reduced drug use, attainment of basic skills, maintenance of employment, and avoidance of criminal recidivism. The societal perspective in this study was measured by pre-post testing of Cornerstone education modules and by a 3-year criminal recidivism study.

A 78-item "test" was developed by Cornerstone staff to measure information learned in the Alcohol and Drug Education, Coping Skills Training, Job Interviewing Skills, Cooking, and Nutrition Education modules. This test was given 1 to 2 weeks after admission and again after all the modules had been completed, about 6 months later.

The recidivism study was done retrospectively using the Law Enforcement Data System (LEDS). This computerized system lists criminal activity for Oregon, for a few other states, and for the Federal criminal justice system. Two experimental variables were used in this part of the study—first, the number of persons not returned to prison during the 3 years after their parole. This includes convictions for new crimes and parole revocations. The second experimental variable was the number of persons not convicted of any crime (including minor offenses) for 3 years after their parole. All program graduates from 1976-1979 were included in the study. No experimental control groups were available. However, three comparison groups were selected. Comparison Group I consisted of program drop-outs, operationally defined as those who dropped out of the program in less than 30 days. Comparison Group II consisted of all Oregon parolees from 1974 with some history of alcohol or drug abuse (Travis, 1977). Comparison Group III consisted of the results of a followup study done in Michigan on a similar population over a similar timeframe (Guze and Cantwell, 1965).

Results and Discussion

Self-Esteem

Table 2 presents the results of the mean pretest and post-test scores for the Rosenberg Self-Esteem

TABLE 2. RESULTS OF PRE-POST TESTING OF ROSENBERG SELF-ESTEEM SCALE (N=30)*

Rosenburg Item	\bar{x} Pre-Test Score	\bar{x} Post-Test Score	t	Statistical Significance
1. On the whole, I am satisfied with myself.	2.9	1.7	7.87	> .001
2. At times, I think I am no good at all.	2.1	3.0	-5.34	> .001
3. I feel I have a number of good qualities.	1.8	1.3	4.18	> .001
4. I am able to do things as well as most people.	1.9	1.6	2.34	.026
5. I feel I do not have much to be proud of.	2.6	3.2	-3.81	> .001
6. I certainly feel useless at times.	2.2	2.9	-3.88	> .001
7. I feel that I am a person of worth, at least on an equal plane with others.	2.0	1.5	5.76	> .001
8. I wish I could have more regard for myself.	1.9	2.5	-3.08	.004
9. All in all, I am inclined to feel I am a failure.	2.6	3.4	-5.17	> .001
10. I take a positive attitude toward myself.	2.5	1.5	7.92	> .001
*Rosenburg Scale (Circle One)	1	2	3	4
	Strongly agree	Agree	Disagree	Strongly disagree

Scale. All scale items show improvements in self-esteem from pre to post testing. Statistically significant differences were found beyond the .01 confidence level on all but 1 of the 10 scale items.

These results suggest that Cornerstone clients felt better about themselves, felt more able to cope, and felt more able to function as a result of treatment. People with antisocial personality disorders, however, tend to overestimate changes in their lives, so these results should be considered in conjunction with the results that follow.

Symptomatology

Table 3 presents the results of the pre and post testing using the Brief Psychiatric Rating Scale (BPRS). The Cornerstone population tended to score at the low end of the scales at both pre and post testing. Therefore, while positive changes occurred, standard statistical analysis could not be used because of the skewedness of the scores. Results in Table 2 are presented in mean number of scales showing change: increases or decreases in symptomatology.

Three general areas of functioning show improvement from the data presented in Table 3: reduced depression (scales 9, 16, 22, 5); reduced tension (scales 1, 6); and improved in social competence (scales 3, 10, 11, 23). The scales showing worsening of symptoms as a function of treatment correspond well to informal clinical observations by staff regarding the problem issues that need to be addressed at the end of this residential treatment program.

TABLE 3. BRIEF PSYCHIATRIC RATING SCALE (BPRS) SUMMARY OF OUTCOME

BPRS Scales = 23
Cornerstone N = 30

Mean Number of Scales Showing Symptom Reduction = 8.9
Symptoms Most Likely to Have Improved (Pre-Post)

Scale Number	Name
6	Tension
23	Social incompetence
22	Helplessness-hopelessness
3	Emotional withdrawal
16	Blunted affect
9	Depression
1	Somatic concerns
11	Suspiciousness
10	Hostility
5	Guilt

Mean Number of Scales Showing Increased Symptoms = 2.0
Symptoms Most Likely to Have Become Worse (Pre-Post)

Scale Number	Name
19	Elated mood
17	Excitement
2	Anxiety

Knowledge

Change in the information base among Cornerstone clients is presented in Table 4. Table 4 shows that the average Cornerstone client knew about 48 percent of the information in the education modules on admission and about 82 percent of that information at discharge from the residential phase of the program.

TABLE 4. OUTCOME OF PRE-POST TESTING FOR CORNERSTONE EDUCATIONAL MODULES* (Given in Percentages of Correct Responses)

	PRE	POST
Drug and Alcohol Education (14)	45.6%	85.1%
Coping Skills Training (25)	49.2	83.0
Job Interviewing Skills (14)	43.1	78.2
Cooking (12)	60.6	80.0
Nutrition (13)	43.2	82.9
Total (78)	48.1	81.9

*N-36, () = Number of Test Items

The information in Table 4 suggests that Cornerstone clients increased their fund of basic life skill information by completing this training.

Criminal Recidivism

Table 5 presents the rates of success staying out of prison and avoiding crime for 3 years for Cornerstone graduates and the three comparison groups.

TABLE 5. RATES OF SUCCESS STAYING OUT OF PRISON AND AVOIDING CRIME FOR THREE YEARS FOR CORNERSTONE GRADUATES AND THREE COMPARISON GROUPS

	Percent Not Returned to Prison during 3-yr. Followup*	Percent Not Convicted of any Crime during 3-yr. Followup**
Cornerstone Graduates 1976-1979 (N=144)	70.8	54.2
Comparison Group I: Cornerstone Drop-outs 1976-1979 (N=27)***	25.9	14.8
Comparison Group II: Alcohol or Drug History Parolees from 1974 (N=179)***	62.9	36.3
Comparison Group III: Reported by Guze and Cantwell, 1965 (N=217)	50-55	N/A

*Includes return to prison for new crimes or parole violation.

**Includes any convictions including minor violations with fines.

***"Drop-outs" defined as staying less than 30 days.

****Taken from a 1977 parole revocation study in Oregon.

Comparison Group I, program dropouts, are demographically identical to the program graduate group. However, their self-selection out of the program may be due to particular factors that also influence recidivism. Thus, both treatment and self-selection probably affect the profound outcome differences between Cornerstone graduates and Comparison Group I.

Comparison Group II subjects do not have the chronic substance abuse nor the chronic criminal histories of Cornerstone graduates. Since criminal and substance abuse history are the primary factors

in predicting criminal recidivism, Comparison Group II would be expected to do better at avoiding criminal recidivism than Cornerstone graduates—except, of course, for the treatment results. The results show that Cornerstone graduates were more successful in staying out of prison and avoiding convictions. A Chi-square test comparing Cornerstone graduate success against Comparison Group II success, across both experimended variables, is statistically significant beyond the .01 confidence level.

Comparison Group III presents a study by Guze and Cantwell (1965) that was done with a similar population under similar circumstances. Guze and Cantwell found that their population had a 50-55 percent (depending on particular substance abuse history) success rate staying out of prison over an average of a 3-year time span. This 50-55 percent range would seem to "fit" as a comparison for measuring the success of the Cornerstone Program, given the biases inherent in Comparison Groups I and II.

Alcohol and Drug Use

With the Cornerstone population, drug-free living is probably as important a goal as crime-free living. While use of alcohol or drugs after treatment is certainly an important outcome variable, it is extremely difficult, and perhaps impossible, to measure reliably (NIDA, 1981). Recent critiques of the Sobells' study (Sobell and Sobell, 1976), for example, have demonstrated that both identified clients and their significant others profoundly minimize the identified client's drug use (Penery, et al., 1982). Therefore, reported use of alcohol or drugs post-treatment is not seen as a reliable measure of substance abuse, especially with the Cornerstone population. During treatment, clients in the Cornerstone Program are monitored for drug use by urinalysis and breathalyzer tests. Because of the certainty of being returned to prison if these tests reveal drug use, most program clients remain drug-free during treatment. Less than 1 percent of the urinalysis and breathalyzer tests given are positive, and despite extensive histories of drug use, only 7 percent of the program's population is detected using alcohol or drugs during the course of treatment.

In conclusion, despite the limitations of this study due to a lack of experimental design, available results indicate that the Cornerstone program successfully impacts the lives of chemically dependent, recidivist offenders. Program evaluation data show changes from the client's perspective, the staff or clinical perspective, and positive changes from

societal value perspectives. This study is offered as evidence that intensive treatment with chemically dependent, recidivist offenders can be successful.

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Probation and Parole in Canada: Protecting the Canadian Public?*

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AMERICANS AND Canadians are really cousins in everyday life because as North Americans, they share many cultural values and many identical outlooks on democracy and politics, church and religion, family and school—life, work, and death!

However, in matters related to justice, particularly criminal justice, it seems that our paths and thinking are more diversified and, sometimes, quite different indeed.

At first sight, Canada appears to many Americans almost as another state, another state of the union. In fact, Americans tried in 1774 and again in 1812 to persuade Canadians by force to join the United States, but to no avail.

Canada has 25 million inhabitants, dispersed in 10 provinces. Half of the Canadians are Anglo-Saxons in a wide sense, one-quarter are French, concentrated mainly in Quebec, and one-quarter represent our own ethnic melting pot. Our major metropolitan cities, Montreal and Toronto, with a population of 3 million each, and Greater Vancouver, with 1½ million, resemble in many ways American cities like Boston, Philadelphia, St. Louis, Kansas City, Denver, or San Francisco.

However, the Canadian criminal scene is quite different, compared to the American scene. For example:

- a) Canada has only one criminal code, the Federal code, implemented across the 10 provinces;
- b) Crimes of violence in Canada, using the FBI index or its Canadian equivalent, represent one-third of the American rate per 100,000 inhabitants;
- c) Crimes against property represent half of the American rate;
- d) Rate of imprisonment in Canada is 100 per 100,000 inhabitants, whereas it is 250 to 300 in the United States and 50 to 75 in European democratic countries;
- e) Rates of persons on probation and parole are three times lower in Canada than in the United States; the overall "social control" of citizens is thus much less overwhelming in Canada, at least quantity wise; and

- f) Finally, capital execution has not been done in Canada since the end of the 1950's.—Capital punishment was legally abolished almost completely in 1966 and completely in 1976. Rates of homicide have not increased since 1976. They even have decreased a little.

Protecting the Public in Canada

Considering the theme of this article—"protecting the public: punishment and control through community supervision"—I must say that the Canadian situation regarding probation and parole is a bit different from the major trends I perceive in many jurisdictions of the United States. In many states there is a growing emphasis on "surveillance and restraint." Selective incapacitation and intensive supervision are being used, and electronic control is even experimentally tested. There is no such trend in Canada. Based on qualitative interviews made recently with 25 probation officers, 25 parole officers, and 25 administrators and public servants related to corrections in Canada, as well as my own 3-year experience as a community parole board member, my assessment of the Canadian scene is the following:

- 1) Canada's probation and parole systems are not turning to the right or to the left, to more control or less control. Rather as we say in politics, they stay at the "extreme center." There is no significant "new" emphasis in control and punishment, and there is no significant movement towards the abolition in one way or the other of the parole system, for example. In fact, the overwhelming majority of probation and parole officers told us they were satisfied with the current middle-of-the-road and traditional community supervision. Interviews with the decisionmakers in Canadian corrections, and even with politicians related to this field, also indicated that, save some minor adjustment, the "wind of change" is not blowing across Canada. It may come in a few years, like other American ideas imported by Canada in the past, with a cultural delay and a historical gap; but my own feeling is that regarding probation and parole, this time the import will be limited and restricted. Maybe Canadians are conservative, or they use a unique

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blend of common sense and professional tradition that leads to this status quo. But in any case "classical" community supervision will prevail, even if research on recidivism in Canada does not indicate that the correctional system "works" any better than its American counterpart. Our best studies (Landreville, 1982), based on a 10-year followup after release from prison, indicate that 65 percent are rearrested, 55 percent are resentenced, and 50 percent are reimprisoned. Among the "regular" parolees (between one-third and two-thirds of their time served), 40 percent are imprisoned again. Among the "mandatory" parolees (after two-thirds of their time served), 65 percent are so.

- 2) If there are no real "hard-line" Canadian approaches, there are a few recent "soft-line" approaches related to: a) risk assessment, b) justice for victims, and c) a new criminal code and sentencing provisions. It is like a story of the "Hawks" and the "Doves."

a) *Risk assessment: Parole decisionmaking in Canada*

Even if it may come as a surprise to Americans, no full-fledged study of parole decisionmaking in Canada was done before the turn of the 1980's. Finally, in a 1982 study about decision guidelines initiated by the National Parole Board of Canada and carried out by the Research Division of the Ministry of the Solicitor General of Canada (Nuffield, 1982), the researcher studied a random sample of 2,500 full-parole decisions in order to determine which factors were most strongly related to the outcome of the decisions. The results of this analysis were used to form a "model" or abstract description of the decisionmaking process. It was found that the seriousness of the offenses was not related in a consistent fashion to the rate at which parole was granted. Rather, the study revealed that various offender characteristics were significant to the full-parole decision, characteristics which were in turn related to the probability that the offender would be rearrested after release.

The report concluded by proposing a set of guidelines for the systematic incorporation of this predictive technique into the decisionmaking processes of the National Parole Board. It was recommended that offenders identified as "good statistical risk" be granted an operating "presumption" in favor of full-parole release at their initial date of eligibility; "poor risk" in-

mates would receive a "presumptive" decision against parole, but would be given priority status for a carefully planned program of graduated conditional releases. Procedures would be established whereby the Board could step outside its guidelines, but exceptions to these operating principles would be monitored and analyzed for their policy implications. It was suggested that this new system would address the problem of ensuring greater visibility and equity in the administration of parole policy in Canada.

This official report is well done and well intentioned. However, 2 years after its release, no followup on risk assessment and parole decisionmaking guidelines in Canada has been seriously done in practice, as if the report was taken as a piece of academia. There is no urge to move from it.

b) *Justice for victims of crime in Canada*

Concern for victims of crime has recently been an important focus of attention for criminal justice agencies, as well as for private sector groups in Canada. This concern was given explicit emphasis in an official Federal-Provincial Task Force on Justice for Victims of Crime (Report) in 1983. The Task Force was established to examine the needs of victims of crime, to inquire into their experience with the criminal justice system, and to recommend action which could be taken to improve present methods of assistance to victims.

Out of the usual string of proposals for change, two are particularly interesting for probation and parole: restitution and victim impact statements. One of the key concerns of victim advocates is to increase the possibility that victims of crime will receive financial reparation for their losses which result from criminal activity. This has led to the suggestion that a logical reform would be that of making a major use of the sanction of ordering the offender to make restitution. The main proposal requires judges to consider restitution in all cases and empowers the court to impose a jail term when the accused willfully defaults in the restitution. Probation officers would be the main agents in a restitution program. As for the other pertinent proposal, the criminal code would be amended to permit the introduction of a victim impact statement to be considered at the time of sentencing and at the time of parole. A statement from the victims to the parole board would be allowed and information on release from incarceration would be provided to the victims, if they have so requested.

c) *A new criminal code for Canada*

The uniformed Criminal Code of Canada was enacted in 1892. It was written out of the jurisprudence of England. Since 1892, the Criminal Code has been the subject of an almost continuous process of piecemeal and patchwork amendment. There has never been a comprehensive criminal law policy upon which the amendments could be based. Underneath and between the patches there remains an ever-aging document which essentially reflects a 19th century society.

In 1970, the Law Reform Commission of Canada was established in response to demands for a review of the purpose and scope of the criminal law. Since that time, the Commission has published a host of formal reports and working papers on various aspects of the criminal law.

With the 1980's, the Canadian government has decided at last to write a new Criminal Code. In 1982, the Department of Justice published its general orientation in an official document entitled: *The Criminal Law in Canadian Society*. The purpose of the criminal law, according to the document, is to contribute to the maintenance of a just, peaceful, and safe society through the establishment of a system of prohibitions, sanctions, and procedures to deal fairly and appropriately with culpable conduct that causes or threatens serious harm to individuals and society. The purpose of the criminal law should be achieved through means consonant with the rights set forth in the *Canadian Charter of Rights and Freedoms*. The criminal law should be employed to deal only with that conduct for which other means of social control are inadequate or inappropriate, and in a manner which interferes with individual rights and freedoms only to the extent necessary for the attainment of its purpose.

In 1984, the Government of Canada published a policy statement on sentencing to accompany and supplement a major legislative initiative to provide the basis for more effective, equitable, realistic, and appropriate sentencing of criminal offenders. The proposed legislation sets out a clear and understandable basis and rationale for sentencing, provides better tools for taking effective action to protect the public against dangerous and persistent criminals, and gives meaning to basic concepts of justice and fairness consistent with the *Charter of*

Rights and Freedoms and modern social attitudes.

Specifically regarding probation, a general duty of the court to order a presentence report is proposed in all cases where it is considering incarcerating an individual who has not previously been incarcerated. Moreover, provision for the victim impact statement as part of the presentence report creates a mechanism to bring information related to harm or loss suffered by the victim to the attention of the court. To protect the interests of the offenders, defense counsel would have an opportunity to challenge representations made by the victim in the presentence report. Probation is also given "teeth" by making wilful breach subject to serious penalties, including imprisonment.

With respect to parole, the Canadian Government is convinced that there must continue to be some system providing for conditional release from sentences of imprisonment. There has been some system providing for such release in Canadian law since 1868, and the reasons that programs such as remission and parole have survived to this day are still relevant and compelling. First, the existence of some system of early release fulfills the humanitarian and very practical function of providing hope to imprisoned persons who might otherwise have none. Second, humaneness and common sense dictate that some possibility be provided for relief from the conditions of sentence in cases where there has been a genuine change in the offender or in the circumstances relevant to his or her incarceration. Third, provision for early release is incentive for good conduct in prison and can assist markedly in the control of prison populations. Fourth, early release can, through the provisions of flexibility in the choice of the best time and method for conditionally releasing an offender, assist in the reintegration of the offender in the community.

Conclusion

With such a vision in an official document dated 1984, it is quite clear that Canadian corrections differ markedly with American corrections of the 1980's. All in all, Canadians still believe in old-style rehabilitation. Who says "rehabilitation is dead?" In Canada, the rehabilitation ideology is still "well and alive." Who says "nothing works in corrections?" Canadians think quite the contrary—not only among practitioners but among academics (Ross and Gendreau, 1980; Griffiths, Klein and Vendun-Jones, 1980; Ekstedt and Griffiths, 1983).

"For better and for worse," as it goes, Canadians are optimistic and still share Winston Churchill's famous quotation in the House of Commons in 1910 that : "The mood and temper of the public with regard to the treatment of crime and criminals is one of the unfailling tests of the civilization of any country."

The current Canadian correctional picture indicates that, contrary to that in America, at least partly, there are really no recent "hard-line" approaches to corrections. It reflects the Canadian "mood and temper" and still meets Churchill's test of civilization.

George Orwell's 1984 is not happening yet, happily.

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