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# Federal Probation

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## This Issue in Brief

ACQUISITIONS

**Systems Therapy: A Multimodality for Addictions Counseling.**—Chemical dependency is a growing problem which has increased at least tenfold over the past decade. Until recent years the phenomenon was not recognized as a disease, but rather a mental health problem, and current therapies still tend to address mental health aspects rather than the disease of chemical dependency. Alcohol, although a drug, is still considered to cause separate and distinct problems from other drugs. Author John D. Whalen maintains, however, that alcoholism and drug abuse can be treated as one common problem with a set of exhibiting symptomologies. This article describes Systems Therapy, a therapeutic approach developed by the author.

**Assessment of Drug and Alcohol Problems: A Probation Model.**—Authors Billy D. Haddock and Dan Richard Beto highlight the increased emphasis on assessment methods in drug and alcohol treatment programs and describe the assessment model used in a Texas probation department. Major theories of substance abuse and dependence are dis-

cussed as they relate to assessment. The objectives, components, and general functioning of the assessment model are described. A counselor/consultant is used in the assessment process to offer greater diagnostic specificity and make individualized treatment recommendations. According to the authors, the assessment process facilitates a harmonious relationship between probation officers and therapists, thus promoting continuity of care and quality services.

**Drug Offenses and the Probations System: A 17-Year Followup of Probationer Status.**—Authors Gordon A. Martin, Jr. and David C. Lewis provide the current status of 78 of 84 probationers previously studied in 1970. Of the original group, 14.1 percent are deceased and 18 percent have had constant problems with the law. Sixty eight percent have had varying degrees of success, with one-third essentially free of all criminal involvement. The study indicates that younger probationers who used heroin and barbiturates were the population at greatest long-term risk and merit the longest periods of probation

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and most intense supervision. For them, marijuana did not serve as a "gateway" drug, though alcohol may have. The authors note that the original group of probationers was supervised by a probation officer who was a specialist in drug offenders. While his probation load was sizeable, it was manageable. For probation to fulfill its crucial mandate—the authors conclude—more resources must be made available to it, and caseloads must be manageable.

**All-or-Nothing Thinking and Alcoholism: A Cognitive Approach.**—Self-destructive all-or-nothing thinking is both a correlate of alcoholic drinking and a likely area for cognitive intervention. Author Katherine van Wormer contends that it is not the alcoholic's personality but the alcoholic's thinking that is the source of the drinking. Specific cognitive strategies are offered—strategies that should be effective both in recovery from alcoholism as well as in its prevention.

**Lower Court Treatment of Jail and Prison Overcrowding Cases: A Second Look.**—In 1979 and 1981, the United States Supreme Court issued opinions in which it ruled that double-bunking of prison and jail cells designed for single occupancy was not unconstitutional *per se*. It also indicated that lower courts should demonstrate greater restraint in "second guessing" the decisions of correctional administrators. In 1983, *Federal Probation* published an article in which author Jack E. Call concluded that many lower courts were still quite willing to find overcrowded conditions of confinement unconstitutional. In this followup article, Call finds that after 4 more years of lower court decisions in overcrowding cases, this earlier conclusion is still valid.

**Rewarding Convicted Offenders.**—Offenders can be rewarded by deescalating punishments in response to behavior one wishes to encourage. This practice has distinguished origins, has been subjected to a variety of criticisms, but is regaining ascendancy. In his review of the controversy, author Hans Toch suggests that defensible reward systems for offenders can be instituted and can enhance the rationality, humaneness, and effectiveness of corrections.

**Current Perspectives in the Prisoner Self-Help Movement.**—Prison rehabilitation programs are usually designed to correct yesterday's problems in order to build a better tomorrow for criminal offenders. Yet the struggle for personal survival in prison often diverts inmates' attention away from these "official" treatment policies and toward more informal organizations as a means of coping with the

immediate "pains of imprisonment." Prisoner self-help groups promise to bridge the gap between immediate personal survival and official mandates for correctional treatment. Drawing on historical and interview data, author Mark S. Hamm offers a typology that endeavors to explain the promise explicit in prisoner self-help organizations.

**Consequences of the Habitual Offender Act on the Costs of Operating Alabama's Prisons.**—Habitual offender acts have been adopted by 43 states and are under consideration in the legislatures of others. According to authors Robert Sigler and Concetta Culliver, these acts have been adopted with relatively little evaluation of the costs involved in the implementation of this legislation. The data reported here indicate that one area of costs—costs to departments of corrections—will be prohibitive. The authors suggest that the funds needed to implement the habitual offender acts could be better used to develop and test community-based programs designed to divert offenders from a life of crime.

**Evaluating Privatized Correctional Institutions: Obstacles to Effective Assessment.**—Institutional populations in the American correctional system have increased dramatically during the last decade. This increase has produced serious concern about both overcrowding and the economic costs of imprisonment. One proposed solution to the current dilemma involves the engagement of the private sector in the correctional process. Although it is apparent that there are a number of potential benefits to be obtained from private sector participation in the administration of punishment, a variety of potential hazards have also been identified. In this article, author Alexis M. Durham III considers some of the hazards associated with the evaluation of privately operated correctional institutions. The discussion identifies some of these potential obstacles to effective evaluation and concludes that although evaluation impediments may well be surmountable, the costs of dealing with these problems may offset the economic advantages otherwise gained from private sector involvement.

**Negotiating Justice in the Juvenile System: A Comparison of Adult Plea Bargaining and Juvenile Intake.**—Plea bargaining and its concomitant problems have been of little concern to those who study the juvenile justice system. We hear little or nothing of "plea bargaining" for juveniles. However, in this article, author Joyce Dougherty argues that the juvenile system itself is based on the very same system of "negotiated justice" that lies at the

heart of adult plea bargaining. By placing society's interest in "caring for its young" (translated into the doctrine of *parens patriae*) over the individual rights of juveniles, the juvenile justice system has created a situation where the determination of a child's "treatability" has become more important than the

determination of his or her guilt or innocence. The author compares adult plea bargaining and juvenile intake in an effort to illustrate how, despite all theoretically good intentions, the "justice" in the juvenile system is no better than the "negotiated justice" that is the end result of adult plea bargaining.

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

# Systems Therapy: A Multimodality for Addictions Counseling

BY JOHN D. WHALEN\*

DISCUSSION CONCERNING treatment programs for alcoholism and drug abuse continues to generate adversity as well as enthusiasm. In recent years, with the proliferation of polydrug abuse including alcohol, the separation of the two types of treatment programs has proved difficult to maintain. The experience of Eagleville Hospital in Pennsylvania, where staff members have been treating substance abusers in joint programs for a number of years, has helped to overcome the bias of program staffs. While continued resistance to a multimodality approach still prevails, there have been moves to end this dichotomy in administration and treatment. A unified treatment procedure, utilizing the concepts and methods for alcoholism and drug abuse, has been developed over the years and used effectively (Brill, 1973 and 1977; National Advisory Commission, 1973; New York State Drug Abuse Program, 1975; Ottenberg, 1974).

Many therapies have been developed since the advent of psychoanalysis, such as behavior modification, psychodrama, transactional analysis, gestalt and reality therapy, to name a few. These therapies were formulated by persons in the mental health field, working in most cases with individuals suffering from mild to severe mental health problems. None were originally developed with the problem of chemical dependency as a primary focus. Each has been implemented in the alcoholism and drug abuse treatment field with claims of success. Even EST reports success in working with alcoholism (Sexias, 1981).

A widely accepted belief in treating chemical dependency is that problems such as internal conflict, emotional pain, stress, pressures of slum and ghetto life, poverty, hunger, unemployment, job pressure, disrupted family life, the generation gap, and alienation are the prime motivators fostering a life of chemical abuse (Savitt, 1963; Davidson, 1964; Freud, 1966; Lemert, 1967; Wurmser, 1972; Beigal, 1977; Ray, 1978). Yet the phenomenon of state dependent learning (that is, behavior that partly or wholly fails to transfer to the nondrug state but will exhibit a

significant reinstatement of response upon re intoxication) has been demonstrated with opiates, barbiturates, meprobamate, benzodiazepines, and ethyl alcohol (Goodwin, 1969; Overton, 1973; Alford, 1976).

Acknowledgement should be made to psychodynamic and sociological models for making important contributions to the field. However, the models fail to recognize that whatever motivates the initial drug or alcohol usage, chemical dependency, once developed, generates a powerful resistant pattern that is almost always functionally autonomous from its roots (Alford, 1981). The author has observed that users, regardless of the chemical abused, exhibited behavior learned from the drug state even during the early stages of being drug free and sober. Whatever problems or aspirations existed before chemical dependency, all became increasingly less prevalent—as though they never existed—because the chemicals help the user to forget. Chemical dependency takes over and plays a key role in the user's actions and feelings. Out of chemical dependency evolves another person—the addict. Treatment might well center on the addicted person's behavior as it is, rather than upon past behavior or tragic experiences.

The limited success of various treatments for chemical dependency is broadly acknowledged (Rachman, 1969; Chafetz, 1975; Miller and Eisler, 1976; Nathan, 1976; Kissin, 1977). As a therapist, the author used a number of therapies in treating clients with various chemical dependencies. Success was enjoyed but never to the extent desired. It was not until the author stopped using the previously mentioned therapies and began paying attention to addicts as people and to how they operate that a much higher treatment success rate was achieved. Looking at the rising cost of chemical dependency, including the loss of production to industry, spiraling legal justice costs, and the high cost of hospitalization and treatment, it became increasingly clear to the author that a consistently higher rate of success would have to be realized.

## Concept

One of the major problems in treating the chemically dependent is their ability as manipulators (Brill,

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1963 and 1973; Barrish, 1972). In his personal experience, the author has found the addict to generally demonstrate above average intelligence. Taking these factors into consideration, a system of treatment was needed that could cut through the addict's manipulative skills, resistance, and sophisticated defensive and offensive mechanisms.

Another phenomenon encountered by therapists is the resistance stage in treatment. Manipulation is used to intimidate and throw the therapist off the desired track of convincing the addict to accept and maintain sobriety. As a rule, addicts do not voluntarily seek therapeutic help for their substance problems (Chafetz, 1975; Kissin, 1976; Leach and Norris, 1977). However, motivated clients frequently exhibit a kind of introspection—an honest look at themselves in the mirror. The "bottoming-out syndrome," as it is described by some clients, is followed by the same kind of introspection and rapid progress toward abstinence and sobriety. "Bottoming out" is when the user hits an extreme depression which brings about a new awareness and motivation to stop using drugs and take the necessary steps toward a better life. In witnessing this process, the author began to realize that if a systematic treatment approach could be developed, outlining the major components describing the addict per se and specifying the steps toward becoming an ex-addict, no matter what the chemical dependency, a higher success rate could result.

Although such a process might be multifaceted, the system would have to clearly point out the reality of chemical dependency and promote sobriety as a lifestyle. The approach would require some punch to it—a confrontational methodology which drives home the truth yet allows for dignity. Every component, as well as the general guidelines toward change, must be described in simple terms understandable to the layman.

### Systems Therapy

A complete diagram of Systems Therapy is located in figure 1. The two corresponding systems—the Old Self (Addict) and the New Self (Ex-addict)—outline antipodal profiles. Each system consists of three major subcomponents: Behavior, the Physiological Self, and the Psychophysiological Self. Change is described as a four-pronged treatment approach leading from the Addict system to the Ex-addict system.

The Old Self is a closed system insulated by the addict's denial and abnormal lifestyle. Growth can only occur provided it corresponds with the main theme: a life of chemical dependency. Any ideas counter to the main theme are discarded or deterred

from penetrating the system. Expansion within the system continues along the reinforcing framework of drug-taking. Behavior incompatible with drug-taking becomes less important and less a part of the person. In contrast, the New Self is open to any opportunity life presents, as is any normally healthy person. An ex-addict must never forget, however, the potential threat of chemical dependency as a deterrent against positive living. Health and happiness can be enjoyed but abstinence from any chemical dependency must be the cardinal rule.

### Behavior

Thirteen aspects of behavior are present in each system. The first, *Activities*, is composed of three broad categories: job, school, and sports, which are carried out poorly or not at all. It is important to confront the individual with the simple but unavoidable truth. Chemical dependency ultimately prevents any functionalism in these categories.

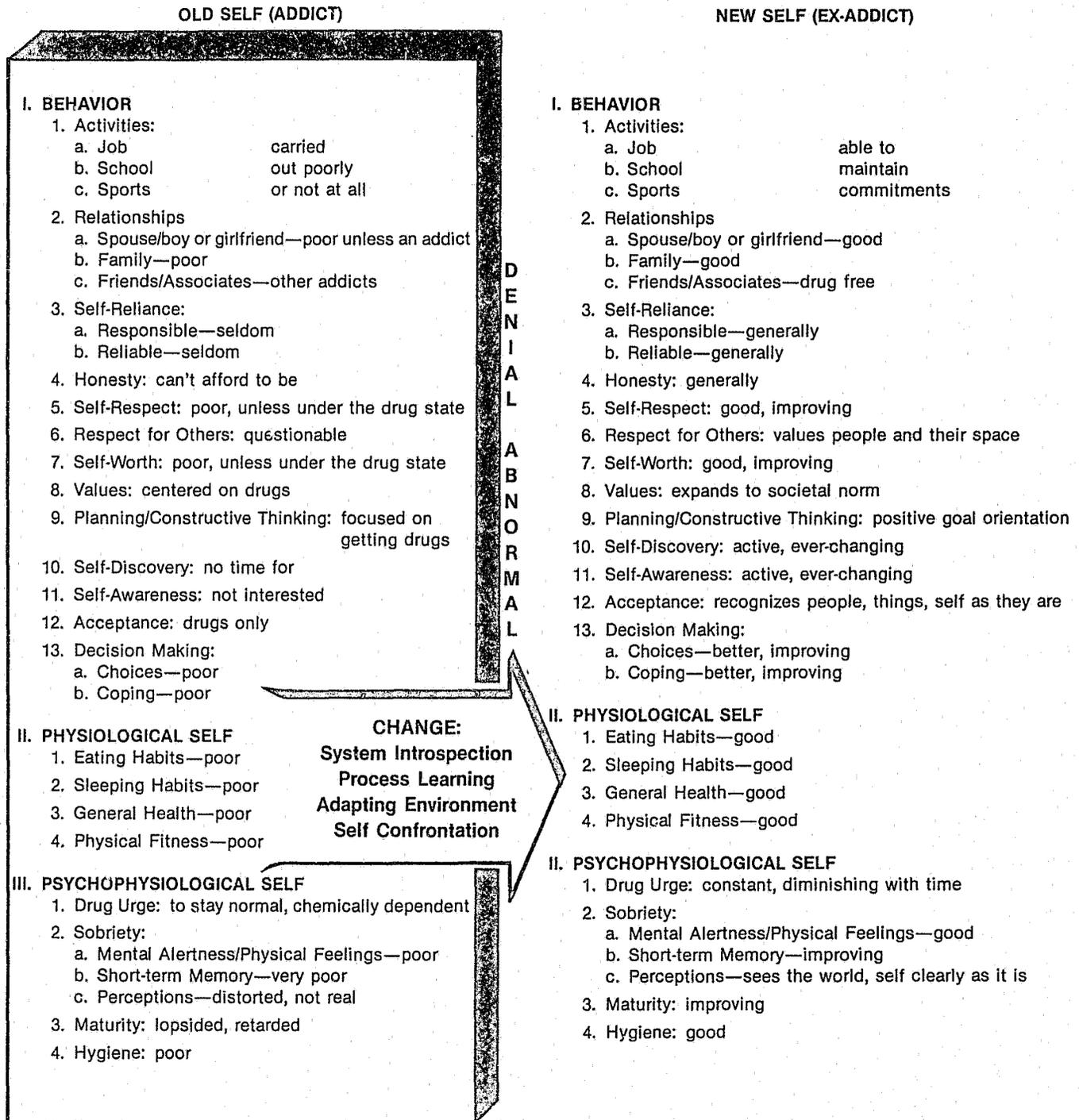
*Relationships* focus on the spouse, boyfriend or girlfriend, family, friends, and associates. The spouse, boyfriend, or girlfriend is usually another addict. Otherwise, the relationship is poor. Relationships with family are generally poor because of their lack of acceptance of the addict's chemically dependent lifestyle. Friends and associates are addicts, brothers and sisters cut from the same cloth looking for the ultimate high and never finding it. In short, the user doesn't get along with or feels inadequate around people who refrain from indulging in addictive chemicals.

*Self-reliance* can be simply explained. The addict is seldom responsible or reliable, except in the continued use of chemicals. This is why addicts tend to avoid close relationships with nonusers who might expect more from them. Another aspect is *Honesty*, an elementary yet broad concept. Applied in specific circumstances, the guidelines for treatment are simple. One either is honest or is not. Still, honesty covers every major facet of living. Unable to afford the concept, the addict's life is based upon a series of lies intended to hide the drug-taking from others who might object or want him to stop. Lies are also used to gain money or access to the desired chemical.

*Self-respect* becomes harder to find and could lead the therapist to believing its apparent lack is one of the motives for substances abuse. Generally speaking, it is not. Under the drug state, an acceptable set of feelings generating self-respect are in place (Findley, 1962; Alford, 1981). *Respect for Others*, whether they use chemicals or abstain, does not exist. The addict seldom has time to acknowledge or respect others. Busy within a life of drug-taking, the

# FIGURE 1. SYSTEMS THERAPY

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addict recognizes other people only in accordance with their compatibility in the lifestyle. Others have no value to the addict unless they contribute to the goal of obtaining chemicals or can be exploited for such purposes.

The key to a positive feeling of *Self-worth*, as characterized in self-respect, also lies within chemical dependency. A more positive feeling of self-worth is experienced during the drug state. A sense of being more in command of one's life and of accomplishing more is perceived, even though this, in fact, is not true. The pleasurable, positive reinforcing effects of chemical dependency are immediate, while the negative effects are delayed (Wikler, 1968; Bandura, 1969; Miller, 1976; Miller and Eisler, 1976). Thus, feelings of self-worth are poor unless the addict is intoxicated.

Everyone has a system of *Values*. They are learned from family, school, peers, and society at large. Like everyone else, the addict learns them as best as possible. Once chemical dependency begins to manifest itself, the system of values are altered or completely changed to adapt to the new desired lifestyle. Values are centered on drugs and the system of getting and taking them.

Largely, experience in treating the myriad of chemical dependencies has shown that the majority of addicts demonstrated above-average intelligence. As with other people, *Planning and Constructive Thinking* is a part of the life of the addicted. If, say, a heroin addict continually steals up to \$900 per day in merchandise and fences it for \$300 to maintain a daily drug habit, it is difficult to ignore the intense amount of planning that must go into such an endeavor each day for achieving success and avoiding apprehension by the authorities. To the exclusion of almost everything else, planning and constructive thinking concentrates the addict's energies toward one goal: obtaining drugs.

*Self-discovery* usually leads the discoverer to *Self-awareness*. Nevertheless, addicts as a whole are not interested in realizing their potential as human beings. They haven't time. Every waking hour is devoted toward getting the money for getting the chemical to take them once more into oblivion. The only gift or act of giving that the user will truly react to with open token of *Acceptance* is drugs and nothing more.

If planning and constructive thinking exist, there must also be a decision-making process. Again, everyone has one, be it good or bad. *Decision-making* is composed of two parts: choices and coping. The choice for the addict is to use drugs, which becomes the enabling process for coping. Coping in this way

is easier for the addict. The higher the consumption, the less one feels until there is almost no feeling at all, no memory for remembering priorities, dreams, aspirations, loves, bad feelings, problems—anything.

### *Physiological Self*

The Physiological Self contains four major segments: Eating Habits, Sleeping Habits, General Health, and Physical Fitness. All four are highly interrelated and generally poor because of the way the addict lives. Irregularized eating habits are the norm. Sleeping habits are oftentimes interrupted due to the constant reminder that drugs are once again needed. Otherwise, the user risks withdrawal. General health is affected by poor eating and sleeping habits. Alcoholism has been proven to have a direct relationship to hypoglycemia, a low blood sugar disorder brought about by large consumptions of refined sugar (Brennen and Mulligan, 1975; Poulos, Stoddard and Carron, 1976). Extreme antisocial and acting-out behavior can accompany the low blood sugar condition (Schauss, 1979, 1981). Proper diet, vitamin therapy, and abstention from refined sugar is extremely important. Such an approach assists the recovering person in ultimately achieving good physical condition. A healthy mind and body increase the potential for sobriety.

### *Psychophysiological Self*

The Psychophysiological Self is simply defined for the client, serving to distinguish that segment of the self where the mind and body interplay. *Drug Urge* is referred to as either physiological or psychological. What chemically dependent people have to realize is that addiction begins and ends in the interpretative mechanism of the body—the mind. The body is merely a machine carrying out the commands given by the mind. In the long run, the mind ends the addictive process. Until that happens, the drug urge surfaces to remind the user to stay normal; to inject enough chemicals in order to maintain a minimally functional daily lifestyle without experiencing withdrawal.

On many occasions, clients have questioned how sobriety can be included as part of the addicted self. Sobriety is emphasized and divided into three sections to point out the dismal reality of the drug state. To begin, the chemically dependent are not mentally sharp because their bodies aren't healthy. The body registers feeling of exhaustion and fatigue, requiring the brain to direct more of its attention into keeping bodily functions operational, taking away from men-

tal clarity.

Secondly, *Short-term Memory* is poor and continues to deteriorate until every major aspect of life is affected. This phenomenon is always evident regardless of the addiction. Findings in the study of hypoglycemia and low blood sugar problems reveal a direct causal relationship between brain dysfunction and the condition of low blood sugar (Fredericks, 1969). Apparently the brain is impaired without sufficient blood sugar nutrients and the condition diagnosed as neurosis, psychosis, or schizophrenia (Jones, 1935; Hoffer, 1975). As previously mentioned, extreme antisocial acting-out behaviors can also accompany low blood sugar levels (Schauss, 1979, 1981). Thus, if the blood sugar nutrient supply to the brain is distorted, behavior is distorted (Yaryura and Tobias, 1975; Buckley, 1979; Schoenthaler, 1981). Chemical dependency is quite often accompanied by high refined sugar consumption; the catalyst causing low blood sugar. Very possibly, chronically insufficient blood sugar levels could contribute to poor short-term memory and the problems of mental clarity.

Thirdly, *Perceptions* of self and the surrounding environment are distorted and disconnected from what is real. An example often given is the experience of one client who had been addicted to cocaine. A businessman in the antique record field, he did all of his volume by mail order and was a self-taught typesetter able to generate his own flyers for notifying buyers nationwide of his stock for sale. On one particular evening, he was developing a new flyer while intoxicated on cocaine. After running off a copy of the newly developed flyer, he was satisfied with the quality and retired to bed. The next morning, he happened to examine the flyer again. It was as though a third grader had done the work, yet the night before it had looked perfect. He now has the flyer hanging above his desk as a reminder of the distortion which accompanies the drug state.

According to medical science theory, the human being is an electrochemical-magnetic composition (Swanson, 1960; Pfeifer, 1964). Cell structural change occurs via a chemical change which also fosters individual physiological, emotional, and mental growth (Casey, 1962; DeRobertis, Francisco, DeRobertis, 1975). Maturity then occurs through chemical change, but can be disrupted over the years by the constant bombardment of addictive chemicals. Instead of a gradual process of maturation, the addict's rate of maturity is lopsided and retarded due to the interfering chemicals. An alcoholic or a heroin addict may both have become dependent at the age of 18, yet 30 years later still exhibit some of the behaviors typical of an 18-year-old.

*Hygiene* was added as the final component of the therapy to remind the chemically dependent how much attention they must pay to what is really happening to them. Many allow themselves to degenerate to a very unhygienic existence, even though they are aware of proper hygiene. Chasing addictive chemicals becomes a full-time pursuit to the exclusion of everything else, including hygiene.

### Change

Change from chemical dependency is, of course, the desired goal. A four-pronged treatment approach is used to achieve this goal. The two systems, addict and ex-addict, serve as polar indicators. Emphasis on learning the truth—no matter how unpleasant—continues to be pointed out, so that a client can accept and benefit from the addict antitype as a lesson. Systems Therapy, in part, is a teaching model designed for learning not only the truth about chemical dependency, but a way out as well. Once the truth is accepted, learning commences through a step-by-step process necessary for the change.

*Systems Introspection* entails looking at the 13 behaviors and applying each for its degree of presence in the individual's actions. The physiological self and the psychophysiological self are analyzed in the same manner. Here is where the truth begins. The ugly reality of chemical dependency is scrutinized. No punches are pulled and avoidance is not accepted. Excellent confrontational skills are needed. The person must feel as though systems introspection has been a personally rewarding experience.

After reality sinks in, the work gets under way. *Process Learning* involves the client "getting the system right," becoming the ex-addict in the general sense as described in figure 1. The individual applies the degree of identity with the ex-addict polar type.

*Adapting Environment* examines all of the contributing factors encompassing a life of chemical dependency—the way a person thinks, the realization, the denial, how these thought patterns reinforce addiction and shape the environmental shell in which the addict lives. Avoiding certain habitats, such as the bar, the corner, the area where other addicts gather to socialize, drink, or make the score, is an unavoidable task for the client. Old friends should be forgotten if they continue to be users. New friends who do socialize through chemical abuse are now the desired companions.

Finally, *Self Confrontation* should become an important part of daily living. The individual must be honest enough each day to make a realistic appraisal of successes (including sobriety) and failures. This

is also an approach for analyzing "wins." Everyone likes to win at something. When the client is regularly carrying out self confrontation, the therapist is no longer needed. The client is maintaining sobriety and leading a successful life.

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