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# The Problem Oriented Record Used in a Probation Setting

BY ROBERT M. SMITH

*Probation Officer, Burlington, Vermont*

**P**ATIENT files characteristically have been collections of raw data which the physician has been left to fathom, hoping to find what he's looking for without having to review too much extraneous material. Furthermore, medical problems are usually patterned and developmental. Thus, an accurate medical history should be initiated as soon as possible with as much relevant data as possible, and that medical history should always be available to serve that patient and his or her physician.

The above is certainly an oversimplified description of a complex set of variables. Nonetheless, it serves to illustrate important parallels in the areas of emotional disorder and deviant behavior. Those in the social services have done no better in their reporting of case histories; social casework problems are patterned as well.

## Background

The Problem Oriented Record (POR), discussed in this article as it pertains to a probation setting, is being developed and researched by Lawrence L. Weed, M.D.,\* and his staff at the University of Vermont College of Medicine. Professor of Psychiatry William Woodruff, who is also a consultant to the Burlington District Probation Office, and the former supervisor of that Office, Avery J. Smith, were initiators of a demonstration project using the POR for adjudicated offenders.

One may ask why all the fuss over a system of casework reporting? For reasons which will hopefully be more apparent throughout this article, the POR is more than just a recording system, it is a casework design. Here then are the essential components of the POR as they pertain to probation.

\* Dr. Weed is professor of medicine and professor of community medicine at the University of Vermont. He is also director of the Problem Oriented Medical Information System Laboratory (PROMIS) at the College of Medicine. The primary reference material for this article comes from Dr. Weed's book, *Medical Records, Medical Education and Patient Care*, the Press of Case Western Reserve University, Cleveland, 1969.

## The Minimum Data Base

Every social service agency has an intake process wherein hopefully the data presented will be relevant so that the particular agency can best serve the client's needs. It is no easy task to compile a thorough case history. Try to imagine the double difficulty of dealing with a client who does not want to involve himself with an agency, such as is the case with a probationer.

It is important to understand that no matter how extensive intake may be, the data will be expanded throughout the client's relationship with the agency. The central question then is what data are important to meet the minimum needs of the client and agency?

Raw data such as name, age, and occupation of the probationer's father is more important if the probationer was recently ordered to leave the home than if the father has been dead 10 years. Or is it? The point is we must be aware of the dynamics of the situation. Any good caseworker understands this. It is a time-consuming process. Nonetheless, as in the medical model, the sooner a problem is diagnosed, the better the results may be.

Aside from the obvious data, we have included the following areas in our minimum data base:

*Legal history.*—Not only are we concerned about prior convictions, but the circumstances that existed prior to, during, and subsequent to past offenses and the offense in question: The statement of the offender versus the arrest report. Whom was he with? Was there chemical abuse at the time? Did the offender know the victim? Again, the key word is dynamics. What was the network with other people or things that existed at the time?

*Family (parental and/or marital) relationships; significant other people.*

*What is important to the probationer.*—We should be more concerned with how a probationer may regard his work, rather than a job title. This pertains to past as well as present employment. Recreational interests are important, particularly

the customary, that is, how does one pass the time?

Certainly, *financial, medical, psychiatric, and educational histories* are important. At the risk of repetition, again developmental histories rather than raw data are what is needed.

*Chemical experimentation or abuse.*—In Vermont, correspondingly large proportions of offenses are alcohol-involved. One could spend lengthy periods of time developing a probationer's drinking history/other drug history. It would be quite time-saving if we could expect a reliable response to the question, "Do you have a drinking/other drug problem?" We cannot. Thus, "trigger" questions are very important, not only in the area of chemical abuse where there is much stigma, but in developing other histories as well. It is beyond the scope of this article to deal at great length with the diagnostics of chemical abuse. Nonetheless, it is extremely important to get a "picture" of one's drinking/other drug habits. Implicit in their abuse is loss of control which increases the likelihood of repeated criminal offenses.

The reader who is familiar with the system of probation may have already noticed the similarity of the minimum data base with the presentence investigation. The inevitable conclusion is that a probation officer should establish as much care with a probationer's case history as if he were writing a court investigation of the person. I can visualize many a raised eyebrow at that last statement because of the extra work. Nonetheless, if we accept the premises that (1) deviant behavior is usually patterned and (2) a case history of an offender should be obtained as soon as possible, today's misdemeanor may not otherwise become tomorrow's felon.

### The Initial Problems List

Upon completion of the data base, the probation officer (and hopefully, the probationer) should be able to conceptualize problem areas.

Inevitably, the question "What is a problem?" arises. Defined operationally, any excess or deficiency of behavior as it may relate to a future criminal offense is a problem. In all cases, anything which is perceived to be a problem by the probationer must be included in the problems list. Indeed, being on probation may very well be a problem for an offender, if for no other reason than he dislikes its restrictions.

The ideal casework relationship exists when the

offender and probation officer agree on problem areas. Unfortunately, because of a variety of reasons, an offender may not even consider himself to have problems. It is for that reason that the probation officer will usually define more problem areas. This fact is yet a further reminder of the need for an appropriate minimum data base.

All problems should include the approximate date of onset. Surely, the young alcohol abuser will be treated differently than the alcoholic with cirrhosis.

If a problem has been resolved, it should remain on the problems list but designated as solved. Perhaps a more appropriate term would be "dormant" rather than "solved." It is entirely possible that a problem will manifest itself again at a later date.

There are problems which deserve more attention than others. Such problems should be noted as primary. There may also be secondary problems which are related to the primary ones.

Finally, there may be problems which are temporary and those which are unsolvable.

An illustration of a problem list follows:

- Problem 1: Mr. \_\_\_\_\_ states that he finds the restrictions of his probation agreement nonsensical.  
 Problem 2: Repeated alcohol abuse (alcoholism?) resulting in arrests (primary).  
 Problem 3: Unemployment (temporary).  
 Problem 4: Budget problems (secondary to 3).  
 Problem 5: Stomach ulcer (may be secondary to 2).  
 Problem 6: Mr. \_\_\_\_\_ attempted suicide once when incarcerated, #/ #/71.  
 Problem 7: Divorced #/ #/72 (secondary to 1).

It should be noted that the problems list will probably be revised throughout the period of probation. More than often, it will be expanded. A possible frequent problem is an incomplete data base. If there is information which is important and not immediately obtained or available, this certainly is a problem. Incorrect diagnosis is a problem as well. Pity the poor fellow who has a brain tumor and is prescribed Darvon for his "headache." Pity the poor probationer who becomes violent when intoxicated but is thought of as "sowing his wild oats." The point is with a good minimum data base and the subsequent problems list, we are starting to develop an honest system of casework reporting, a "professional conscience," if you wish, that is beginning to tell us whether or not we are doing our job.

### Casework Progress Notes

It is hoped that the probation officer will deal with the total number of problems whenever he meets with the probationer. Each problem should be addressed in the record individually, thus, as-

suring that the probation officer follows through on his casework plans. If he does not, then the discrepancy should be "staring him in the face." When one considers the many problems most probationers have, it is easy to see how the probation officer can ignore certain problem areas.

The best way we have found to prevent such haphazard casework is to include under each problem a *Narrative* section which includes the probationer's statement concerning the problem (or in many cases what he does not consider to be a problem). In addition, objective data should be included.

An *Assessment* section should follow. Any discrepancies between the probationer's statement and the available data should be noted, and the probation officer should interpret the meaning of those differences. Furthermore, and this is the "name of the game," an estimate as to what effect the particular problem has upon possible recidivism is appropriate.

Finally, there is the *Plan* section which is intended for the specific problem.

Let's return to the problem list illustrated before and use it again within the context of the casework progress notes.

- Problem 1: Mr. \_\_\_\_\_ states that he finds the restrictions of his probation agreement nonsensical.  
 N: Particularly angered at special condition of probation prohibiting association with his ex-wife. Mr. \_\_\_\_\_'s offense was Disorderly Conduct; was drunk, harassed his wife; claims he's apologized.  
 A: Seems strange that Mr. \_\_\_\_\_ divorced #/ #/72 but still bears ill feelings against his wife.  
 P: (1) Rule out volatile drinking behavior. That is, does he act belligerent to ex-wife only when he's drunk? (2) Instructed Mr. \_\_\_\_\_ that a request to Judge \_\_\_\_\_ to strike that condition of probation is possible if Mr. \_\_\_\_\_ can refrain from intoxication/argument for 1 month's time.  
 Problem 2: Repeated alcohol abuse (alcoholism?).  
 N: 3rd alcohol related offense.  
 A: Incomplete data; unsure if probationer drinking compulsively. At the very least, needs education about alcohol abuse.  
 P: (1) Refer to Mental Health Clinic re: diagnosis; (2) then discuss with probationer type of recommended program.  
 Problem 3: Unemployment (temporary).  
 N: Returns to work as a roofer within a month.  
 A: n/a  
 P: None  
 Problem 4: Budget problems (secondary to problem 3).  
 N: Collecting unemployment.  
 A: n/a  
 P: Refer for food stamps; eligible for 1 month.  
 Problem 5: Stomach ulcer (secondary to problem 2?).  
 N: Takes Maalox. Describes bland diet. Physician is Dr. \_\_\_\_\_.  
 A: Contradiction: bland diet vs. recent intoxication. May in fact be a compulsive drinker.  
 P: Ask Mr. \_\_\_\_\_ for permission to speak with

Dr. \_\_\_\_\_. Suggest possible need for update physical exam. Suggest possible need for antabuse Rx.

Problem 6: Once attempted suicide.  
 N: Occurred #/ #/71 when incarcerated for 6 months during his 2nd month of imprisonment. Mr. \_\_\_\_\_ states he then first learned of wife's decision to divorce him.

A: Appears to have been isolated incident.  
 P: Check prison files. If Mr. \_\_\_\_\_'s story confirmed, consider problem 6 solved.

Problem 7: Divorce #/ #/72 (secondary to problem 1).

N: Says he still wants reconciliation. Wife hasn't remarried. Has visiting rights for two children. This is reason why Judge \_\_\_\_\_'s forbidding him contact with his wife upsets him. (See problem 1.)

A: Origins of divorce unknown. Should be able to see children if it can be arranged satisfactorily.

P: (1) Speak with ex-wife re: Does she consider Mr. \_\_\_\_\_ dangerous? (2) Arrange a chaperone to be present when Mr. \_\_\_\_\_ visits his children on Sunday mornings, e.g., his father-in-law.

It is entirely possible that the probation officer will not be able to treat every problem each time he is in contact with the probationer. If such is the case, he should include case reports on only those problems addressed. The advantage of the POR is that because there is a problem list and numbered problems, we are constantly reminded that they do exist in reality as opposed to existing in a 6-month-old memorandum which was never updated. Again, there is yet another check by which we can measure how well we are doing our job.

### The Peer Review Committee

If we are to truly advance professionally, we must be ever aware that we make mistakes. Next to the probationer himself, our co-workers are our best resource to use in the solving of problems.

A committee of co-workers meets at the Burlington Probation Office for 2 hours each week to hear a case presentation by a probation officer. The case is reviewed in its entirety. Present are as many staff members as possible. There is a chairman to ensure that unrelated conversation be avoided.

I would hope that this brief description of the Peer Review Committee not be interpreted as a small component of the POR. On the contrary, it is the most dynamic and instructive segment. The best illustration of that is when, much to everyone's surprise, a secretary notes a discrepancy in the case. Aside from the possible benefit derived for the probationer, imagine, if you can, the cohesiveness that develops among the staff members. Team casework has become a reality through the POR.

### Problems With the POR

It would be incorrect to say that the adoption of the POR facilitates our jobs. On the contrary, it makes it more challenging because it further demonstrates the complexity of human behavior.

We really don't know much about deviant behavior. The POR does not have the Rx for immediate behavior change—what does? Nonetheless, its implementation in social services deserves much more study and refinement because the POR is a total design; its applicability to all human service needs is complete.

In the approximate year we have been studying the POR, we have encountered obstacles. In the first place, the obvious problem of time is an important consideration. Information gathering for the minimum data base may take anywhere from 1/2 hour to several hours depending on the complexity of the person with whom we are dealing. Nonetheless, we cannot allow rationalization to prevent proper data collection. It is a *premise* that we obtain as much problem oriented information as soon as we can. If one does not accept this, then he is "talking oranges, and we are talking apples."

Two possible means of reducing the problem of time are (1) the standardization of an abbreviated language and (2) the use of paraprofessionals to collect data. The medical profession has used these two resources for years. Social service agencies have just begun to develop volunteer services on a scientific basis. We can just as well train volunteers in the gathering of information.

Another concern is that of negative reinforcement. When a probationer has many problems, their delineation may be overwhelming. Fortunately, this is not true in all cases. Where it does exist, I suggest that this is yet another problem for the problems list. Seem contradictory? On the contrary, to those who become unusually dependent, withdrawn, or angry when confronted with a series of problems, the plan should be to introduce positive variables to gain a rapport by which the many problems can be discussed at some future date. It should be done this way only *because they need it to be that way*. For those probationers in the majority, we do not have to boost their egos. They certainly recognize this; we should as well. They would recognize as insincere (and rightly so) any effort to patronize them. They know it is our job to address problems.

Volunteer services are becoming an ever expanding resource in social services. Their relation-

ship to an offender is usually one-to-one. Training workshops for POR must then be developed.

A problem identified as "possible" is inadmissible in the medical model. For the time being, indefinite terms such as "possible" and "probable" must be included. Medical knowledge for purposes of diagnosis is much further advanced than the same research in the social sciences.

Finally, the probationer and probation officer may have different goals. This is the one area which is in part incompatible with the medical model. The patient *sees* a physician because he or she is ill and expects the physician to work with him or her. The probationer is *sent* to the probation officer and in many cases prefers that the probation officer not work with him or her. Of course, this difficulty is not inherent in the POR alone, rather it is true in the system of probation as a whole. The ends are qualitatively the same in as much as the patient and physician hope to see the patient healthy as soon as possible, and the probationer and probation officer hope to see the probationer successfully complete probation as soon as possible, but the means may be fundamentally different. Whereas the patient may comprehend that his or her education in the complexity of the medical problems will aid in his or her recovery, this is not necessarily viewed in the same light by the probationer. The only alternative is to ignore those complex problems and deal with crisis as it may occur. Are we prepared to do that?

This discussion of the problems with the POR certainly reflects the possible bias of this writer. There may be other deficiencies which a skeptical reader may uncover. We welcome any criticism and ask that any such be addressed to us and sent to the Probation Office, 39-43 Pearl Street, Burlington, Vermont 05401. We novices have spent approximately 1 year trying to develop a novel approach. We expect and hope for further refinement.

### New Directions for the POR

I referred to the presentence investigation before when discussing the minimum data base. Many of our judges want more than a character sketch of an offender due for sentencing. They look upon the probation officer to identify community or institutional resources and try to make sentence compatible with those resources and the need to punish.

The summary section of the presentence in-

vestigation affords the opportunity for a problems list and initial plan for each problem, and the probation officer's recommendation should follow those plans as nearly as possible.

A recurring theme throughout this article has been quality control. It exists in the intake process with a thorough collection of data. The problems list assures that no one problem will be ignored. The progress notes demand that we address a plan for each problem (even if the plan is "no plan"). Finally, the peer review committee provides the consideration for alternate planning.

The peer review committee has the capacity for regular case review. Traditionally, the case audit has been the province of the supervisor. More than often, the probation officer was considered to be doing his job if he provided a periodic report (usually monthly) in which he summarized events. The peer review committee can randomly select cases for review. If the purpose of a case audit is to insure that a probation officer is doing his job, a scientific sample of cases is more time saving and qualitatively as good as a sketchy

perusal of all cases. Furthermore, a time-consuming task has been lifted from the supervisor, and he, as a member of the peer review committee, can still review the efficiency of individual members of the staff.

Finally, the POR peer review committee affords training opportunity. The knowledge and attitudes of our co-workers are not made known to us in a haphazard way, but in a systematized way.

By way of a summary, current knowledge of resources and techniques is available to us on a regular basis through the peer review committee. A "memory system" is incorporated in the case-work progress notes and problems list (I don't wish to ever again rely *solely* on my recollections of an individual probationer during his supervision and treatment). The constant review of the origins and development of problems is assured by a good minimum data base.

The POR, then, is a casework design as it should be. It needs refinement as any new approach does. We need only to listen, learn, and implement or modify. The foundation is strong.

Looking at the Law

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