

48167

Chapter VI
Assessment of Probation Treatment Issues

Janet R. Storti

Probation as a treatment has a dual responsibility: it must provide and implement measures of rehabilitation for the offender and simultaneously provide protection for the community. The existing model in corrections for treating offenders who are classified as "sick" and therefore in need of remedial care, advocates treatment that promises a cure. The treatment must "cure" the backlog in the courts, the crowded conditions in the prisons, provide for an assimilation of the offender into the community, somehow rehabilitate him, and assure the public that this operation is smooth, without repercussion, and actually successful.

Do we want correctional treatment to answer to rehabilitation, revenge, reform, retribution, or resocialization? Probation as a correctional treatment and alternative to incarceration functions, in the eyes of the community, as a rehabilitative measure. The definition of treatment itself is, however, at best confused and applied to behavior patterns that have no definitive source. Whatever seems to produce adequate results is repeated but rarely empirically tested. Performance expectations are not considered.¹

Claude Mangrum suggests that treatment in the probation setting function is a ". . . systematic application of resources to the resolution of the client's problems to the end

that behavior is changed sufficiently to enable him to live in his community without destructive conflict."² Accepting this as a premise from which designs and strategies can be formulated to meet the demands therein and implement the objective to alter an individual's behavior leads us to the very core of probation and the setting within which its functions are performed.

An external view of probation reveals the structural demarcation Reichert calls formal and summary probation: direct supervision distinguishing the former from the latter, with a provision in summary probation allowing the court to sentence the offender for his original offense if he re-engages in any criminal activity.³ The internal view reveals what Cunningham calls a crisis: a crisis situation may have produced the criminal act from the outset, a crisis succeeds upon its discovery,⁴ and the offense is treated with what Mangrum calls a "crisis intervention."⁵ The resolution of the client's problems, altering negative behavior patterns, or establishing clear lines of supervision to execute either formal or summary probation are remotely possible within this framework. The life span of a crisis situation is eternal if it is nurtured; preventative measures to inhibit its regeneration must replace the current haphazard application of probation services.

Implicit in the present idea of correctional treatment is the objective of reducing recidivism. The offender's be-

havior must be reoriented into a socially acceptable and productive life style, amenable to his environment and alien to criminal activity. What is available to the probationer to assist him in this metamorphosis is meager.

Treatment in the probation setting is coercive in that the probationer is mandated by the court to report to his probation officer according to a prescribed schedule; failure to do so might invoke a violation. The very nature of the probationer's relationship with his probation officer is tenuous and the actual time they are exposed to each other is minimal. Therefore, the probability of establishing the kind of rapport that would foster a workable contingency support system is remote. At best, the verbal interplay between the two persons will focus on the probationer's accountability with respect to his family commitments and job responsibilities. The opportunity for the probationer to begin to develop the tools for accepting the responsibility for his actions and thereupon affecting a behavioral change amenable to society's expectations is confined to previous limitations. The pressure to succeed, however, is intense.

A number of treatment modalities have been explored and administered in the probation setting in an attempt to counteract the tentative quality of the officer-client relationship and establish a base for the rehabilitative process. Probation departments frequently use counseling to unmask the client's problems and devise strategies to eliminate them.

The most common techniques within this treatment modality include individual and group counseling, vocational upgrading and job placement.

The assumption that vocational counseling reduces the likelihood of recidivism has origin in the overall stabilizing effect of employment. Employment enables the probationer to experience financial security and develop confidence in his own capabilities and sense of self.⁶ The majority of offenders are unaware of what is available to them with respect to employment opportunities, community resources and training programs, and how to approach a prospective interview to sell themselves.

Essential to the success of vocational counseling is providing a goal that is realistically attainable for the probationer. It is important that he experience results that are immediate and tangible. "Dangling the carrot" or promising glittering opportunities that exceed his reach, or the opposite extreme of insisting that he accept menial jobs, negatively reinforces his feelings of hopelessness.⁷

As the offender searches for employment, he is consistently confronted with having to present a resumé of life experience that is not conducive to much more than what his history indicates: commonly, an individual with low skills, a criminal record, a risk perhaps to the safety and security of the other employees and commodities on hand, and an individual who may be conspicuously "different" from the majority.

Confronted with having to find employment against these odds merely compounds the offender's predicament and deepens his depression.

Vocational counseling should aim not only to improve the employability of probationers, but to elevate how they see themselves within their environment and in the wake of society's competition and expectations. Just having a job will not alleviate the stigma of having a criminal past, nor reform and rehabilitate the offender into a model citizen. The process for change must begin within the offender. Through the help of the probation officer, a survival kit equipped with tools and skills the offender can utilize to secure a job and stabilize his home environment must be an integral part of the process. It is essential that the probationer see the results of his efforts in successive and graduated achievements, so that he will believe he is capable.

The Monroe County Pilot Project (MCP) in Rochester, New York, discovered the importance of "human upgrading" in its attempt to reduce recidivism through vocational upgrading. The researchers concluded that a favorable bias in successful outcomes on probation may be due to factors relating to a probationer's self-concept and suggested a correlation between a reduction in criminal activity and the amount of time a probation officer spends with his client, counseling and working towards improving the client's sense of self. The probationers in their program received low ratings in goal

orientation, motivation, and self-esteem despite their gains in education and employability. A causal relationship between self-esteem and life style was hypothesized.⁸

A probationer is more apt to succeed on probation if he is employed and thus reducing the time he spends in trouble with the law.⁹ (Of course, to conclude that employment is the sole cause of reducing recidivism would be presumptuous.) The Probation Employment and Guidance Program (PEG), like the Monroe Pilot Project, aimed to raise the level of employment in previously unemployed or underemployed probationers and thereby to reduce recidivism. Again, it was reported that the amount of time a probation officer spends with his client administering an increased dosage of attention lessens the time the probationer will spend in trouble with the law.¹⁰

The treatment involved in these projects included a determination as to the type of employment the probationer wanted, an assessment of his previous experience and available resources, and the design of strategies for goal attainment. The Pilot Project used diagnostic services to accomplish this goal, and the PEG employed the services of five volunteers from a rotating pool of twenty-five who comprised their Employment Guidance Council.¹¹

Each project relied on an experimental design to test the effects of its treatment. The treatment for the probationers in the PEG group concentrated on getting the client the "right" job -- not just any job.¹² The Monroe Pilot

Project staff organized three components within their design to effectively upgrade a probationer's employability. The aim of the vocational component was to ensure successful job placement, the education component's intention was to upgrade academic levels, and the counseling sector focused on establishing "job survival skills" and the reduction of communication barriers.¹³

Both projects were successful in significantly upgrading the employability of their clients and in securing job placement. Neither project was able to significantly correlate a reduction in recidivism with vocational counseling and improved employability; however, probationers in both experiments spent less time in trouble with the law. The "employment failures" in PEG's experimental group committed crimes less frequently than their counterparts in the control group. The treatment administered to the experimental group accounted for the observed differences at each level. The differences were significant only in the sense that the probationers would have experienced no increase in employability had they been left alone.¹⁴ Unemployment in the Monroe Project was reduced in the Referral Groups; however, there was no significant difference between them.¹⁵

Employment while on probation was not significantly correlated with a reduction in recidivism, according to the aforementioned projects, but the Job Bank in Bergen County, New Jersey, and the Vocational Rehabilitation Agency in con-

junction with the United States Probation Office in Chicago, demonstrated that employment was an important predictor of outcome success on probation. Other predictors of outcome success for the Job Bank experiment included whether or not the probationer lost his job due to arrest, total convictions and drug counseling.

Assignment to the Job Bank, employment, was the most important predictor of outcome success in the Bergen County study and a determining factor for successful termination from probation. The Vocational Rehabilitation Agency, likening its hard core unemployed offender to a disabled individual, in that both have handicaps that could incapacitate them, witnessed seven out of ten of the probationers receiving their treatment sustain a job or training or a combination of both for a year after the completion of the program.¹⁶

The results of these projects clearly indicate that employment and vocational upgrading are only a part of the rehabilitative process. There is a need for further research in the areas of self-concept, self-image, and self-esteem among the offender population, particularly with probationers, and how their view of themselves affects their reorientation back into society.

Exactly what embodies the catalyst that sparks either the deviant behavior or the change to a more normal behavior pattern is unknown. What is known and obviously shared by the majority of the offenders, however, is an overall feeling

of inadequacy and indifference to the probability of success.

The problem areas of each study are cited in the evaluation results. The Program Employment and Guidance Program revealed that although the experimental group surpassed the control group on each measure of employment success, the effects of the treatment are modest and lessen with time at each interval measure. A twelve month follow-up would confirm the findings relevant to the correlation between avoiding criminal activity and time employed. The speculation was that a "better program" could positively influence recidivism. What is meant by a "better program" is not qualified.¹⁷

Because of a deficit in referrals for the Monroe Project, an equal and random assignment of probationers to the experimental and control groups was impossible. Three problem areas were cited: a low referral rate of total participants, insufficient amount of time to measure program impact, and probationer descriptions and outcome results predicted on different time spans.¹⁸

Random assignments for treatment were not made to the Job Bank nor the Vocational Rehabilitation Agency. In the Vocational Rehabilitation Agency, probation officers were given the responsibility of making the determination for eligibility.¹⁹ The Job Bank clients were existing members at the time of the study. Not having a random assignment to the Job Bank precludes the correlation of intelligence, motiva-

tion and socio-economic factors with outcome success on probation. Success may have been due to specific characteristics of the probationers and not to employment.²⁰

Treatment in probation is not confined to employment and vocational upgrading. Experiments designed to work with the deviant behavior patterns and personality configurations among the offender population have utilized the dynamic of group counseling and the exclusive effects of the one-to-one relationship in individual counseling. Group and individual counseling should create a comfortable milieu wherein the client is able to freely vocalize his problems and fears, and with the aid of his probation officer, begin to confront them and seek solutions.

Group interaction effects a positive change in behavior. The principle responsibility for conduct rests with the group.²¹ Each member of the group operates as an individual as well as an integral part of the collective whole to establish the conduct norms that are acceptable or unacceptable. The rudimentary behavioral changes that originate in the group are nurtured therein in preparation for their ultimate functional test in the community.

The pressure of group attendance is weighted in the direction of social conformity.²² Attendance is mandatory and punctuality enforced. Group stipulations are in concert with what the working world deems unsatisfactory -- poor attendance and tardiness. Intolerable to the group is a par-

participant who embodies apathy and indifference. The group is a model and means for individuals to make constructive changes that will positively alter their lives in the community.

Attitudinal changes are witnessed and comprehensible in the supportive environment of the group.²³ The sexual offender, for example, made positive, significant changes in his social adjustment.²⁴ The group allows social isolation to be overcome more readily. The sexual offender, particularly the exhibitionist, is quick to withdraw as a result of abject humiliation due to his action. Communal acceptance within the group is the beginning of the future and probable re-acceptance of family and society.²⁵

The probationer is able to see and communicate with individuals who have similar problems and histories; the environment fosters the recognition that his problems are not unique.^{26, 27} The situational similarities may evoke an awareness in other areas where offenders share common fears and goals, an awareness that will ultimately engender communal support and assistance in establishing goals and realistic expectations.

The basic guidelines for group counseling are as follows: participation is mandatory, less than twenty individuals hold membership, the group meets at regular intervals and specified times, and membership remains unaltered. Adhering to the guidelines is crucial to the establishment of

trust and support among the members, and their responsibility for structuring and maintaining conduct.²⁸ Utilizing this technique, the Special Offenders Clinic, an outpatient treatment facility for sexual offenders and assaultive offenders, sought to resolve the relationship between anti-social behavior and emotional problems through group therapy. The treatment was predicated on a balance between a strict probation approach and therapeutic approach. Weekly group psychotherapy sessions were mandatory.²⁹

Exhibited behavior in each group therapy session was divided into thirty-five measurable categories that were rated by the therapist during the initial phase of the treatment and at the termination level. Probation officers measured each patient in six areas indicative of social adjustment according to the same time contingency. The overall effect of the Special Offenders Clinic with respect to group therapy, recidivism, and social adjustment, is more successful in treating sexual offenders than assaultive offenders.³⁰

Active participation in group counseling was part of the treatment plan that facilitated the process of social adjustment in the Multiphasic Diagnostic and Treatment Program. Offenders were required to jointly formulate a contract with the staff wherein a treatment plan was devised. The purpose of the program was two-fold: to decrease the probability of recidivism and to allow the community to better understand the offender and its own role in the resocial-

ization of the offender. Seventy-five percent of the offender population achieved success.³¹

The group process encourages each member to confront his problems in an environment that is both critical and supportive. The difficulties experienced by offenders are shared to demonstrate that each one is not alone and abandoned in his plight. He is in company with others who empathetically understand, and who are willing to accept the responsibility to change their own negative behavior patterns and those of their peers.

Functioning as a cohesive unit does not occur in the preliminary stages of the group. The Vocational Rehabilitation Agency found that, "Discussions about offenses and similar difficulties with employment seemed to have a very pronounced effect in helping them to function as a group."³² By the end of each four-week session, much concern was demonstrated among them and mutual assistance exhibited. The group was able to help each other develop a vocational plan within realistic expectations and to support members who had experienced rejections with a revised plan and encouragement to begin again.³³

The report in 1967 from the National Council on Crime and Delinquency lists counseling as one of the three major elements of probation supervision and treatment. Based on the report, the University of Maryland, assuming that counseling techniques known to probation are effective, utilized

group and individual counseling as their differential treatment modalities to measure behavioral change and personality factors. Counseling was done in small groups, in a traditional or individual relationship, as part of the treatment, or not administered at all to the control group. The criteria for client change included: employment, absence of arrests, stable family life, and general adjustment to society.³⁴

Data were insufficient to reveal any differences in behavior as a result of the treatment mode. Results were sufficient enough to raise concerns about the expenditure of manpower in conjunction with an assessment of needs. More research within an operating rehabilitative setting was suggested.³⁵

The Santa Clara County Adult Probation Department tested the effect of two high-impact, short-term motivational treatment programs designed to reduce adult (felony) probationer recidivism against what is currently attributed to traditional counseling in their regular division. Two experimental groups and two control groups constituted the four comparison sections. The basic requirements for selection into each of the four programs were as follows: felony probation cases sentenced and released within a particular time frame, and serving jail sentences of at least four months as a condition of probation.³⁶

The control groups received traditional client treat-

ment methods. The experimental groups tested different areas: the Zzooommm program was designed to change self-image, set goals, and increase self-understanding; the Heimler Scale measured an individual's perception of frustration and satisfaction, and was followed by a three-month treatment phase called "the Slice of Life."³⁷

The results do not conclusively support the superiority of any of the programs in the following areas: recidivism, employment, and self-concept. The author concludes that small samples and the absence of an experimental design hamper clear interpretation of recidivism and other outcome data.³⁸

Changes in client behavior as a result of personality configurations in combination with the treatment modality and the causal relationship therein were studied. The differential success of treatment on the basis of clients' personality traits demonstrates no greater improvement in one treatment mode as contrasted with the other. No significant correlation between treatment modalities and behavioral change was exhibited.^{39, 40}

Poor research methodology inhibits a clear assessment of any treatment modality. Even the traditional treatment methods are not defined, operationally or in the context wherein they appear. Exactly what constitutes traditional probation is not contained in the studies; however, it is measured, criticized, and utilized as a universally accepted

and comprehensible entity.

Studies that utilize individual counseling as a treatment modality will make no attempt to qualify it; the references to individual counseling are ambiguous and given "when needed," used with matters of "concern" to the client, or as "therapeutic counseling" and "advice giving."⁴¹ The content of these sessions is unknown; the duration and frequency of each is not mentioned. What is expected in terms of outcome results is as nebulous as the treatment modality itself; yet, individual counseling is considered to be an integral part of treatment in probation, used continuously, and billed as an effective technique.

Exactly what we are treating is unknown and yet it must reshape the deviant behavior in the offender and satisfy the public's demand for protection against crime. Individual, group, and vocational counseling seem to account for functional improvements in the offender's life style, but is the success he experiences directly related to the treatment because it was mandated as a condition of his probation, or would he have been equally as successful if the treatment were optional and he chose it freely? It is unlikely that offenders will volunteer for treatment after breaking the law. Accepting the responsibility for one's actions and pursuing avenues to effect a change in that which is undesirable is not common among criminals.

Richard Parlour's contention is that sociopathic clients

who break the law must be coerced into treatment.⁴² Claude Mangrum believes in NTN or No Treatment Needed, based on the assumption that for some individuals, the arrest, initial detention, and appearance in court will sufficiently deter the offender from any further indulgence in crime.⁴³ A brief return to jail as a motivation to prevent recidivism is advocated by Parlour's clinicians who believe it should be incorporated into the treatment process as a device for rehabilitation.⁴⁴ Contained in these theories and assumptions is the effort to distinguish punishment from treatment, fulfill society's expectations and demands for safety, and "cure" the offender of his deviance.

Robison's statement on the matter is somewhat of a rationalization: punishment and treatment are not opposites, but coexist in the correctional setting; there is a need for the restriction of freedom (punishment) to administer treatment.⁴⁵ That assumption is in opposition to the medical-psychiatric model which purports treatment to be useless unless it is voluntary.

Advocates of behavior modification manipulate their system of punishment and reward for negative and acceptable behavior respectively into a concentration on giving positive support and incentives to shape new behavior patterns, and in lieu of punishment, omit the desired result. They believe their premise for operation is an effective alternative to typical counseling and coercion techniques.

Success has been demonstrated in programs where each type of treatment, voluntary and involuntary, has been applied. Participation in the Special Offenders Clinic for the sexual and assaultive offenders was mandated as a direct court order. Close probation supervision was administered to maintain regular attendance. The results of this type of treatment positively affected recidivism, measured in the number of convictions and arrests for crimes that were related and unrelated to the offender during and after treatment, and the number of incarcerations that occurred at both times.⁴⁶

The Goals for Girls Project actually tested whether voluntary or mandated treatment affected the results of their experiment in casework with female probationers. Sixty-eight participants were randomly assigned to an experimental and a control group. Probationers in the experimental group met with a Deputy Probation Officer who discussed referral to a private volunteer counseling service. If the probationer resisted, she was encouraged to attend through supportive counseling. A flat refusal made participation mandatory. Probationers in the control group were not directly referred to Family Service, nor encouraged to participate.⁴⁷

Significant changes in conduct with respect to improvement were noted in the experimental group, but not in the control group. The results challenge the assumption that treatment must be voluntary in order to be successful, since

improvement in the experimental group occurred among those who were encouraged to participate in the project and among those who were told it was a requirement of probation.⁴⁸

There are limitations on generalizing the findings, and they stem largely from the research methodology; the absence of a control group in the Special Offenders Clinic, a recognized shortcoming by their evaluators, inhibits the results.⁴⁹

Further research in establishing the premise on which treatment in probation is based is crucial to its survival. One of the inherent conflicts therein revolves around the issue of social work versus social control.⁵⁰ Simultaneously addressing the law enforcement community and the therapeutic community is not always reconcilable. Treatment is neither voluntary nor involuntary, but an adaptation of both when behavior can be shaped by instituting a system where rewards and the absence of rewards serve as the catalyst for change in an environment that is fundamentally coercive. Probation is not a free enterprise. The very question of whether to apply voluntary or involuntary treatment evokes a moral issue that is essentially a realistic one and a challenge to our present correctional institutions and aftercare.

Are we prepared to treat only the offenders who have demonstrated that they have no free will, and therefore are not responsible for their criminal actions, and punish the offenders who commit crimes of their own volition? If that is the intention of the criminal justice community and the

public, then inadvertently we have satisfied both the classical school of thought and the positive school by offering rehabilitation and retribution as a joint package deal.

Jeffery and Jeffery contend that the criminal justice system does not deter and the therapeutic system does not rehabilitate. Essentially, we have no theory of criminal behavior that will allow us to treat criminals and prevent crime; therefore, if treatment is to be a function of criminal law, it should create a model based on the scientific analysis of behavior.⁵¹ Presumably, from a scientific analysis of behavior, effective treatment will come; however, in what context do we apply it? On what grounds do we manipulate and alter someone's behavior, to what degree and with whom?

An example of how the Criminal Justice System works with these issues is visible in the treatment of drug-addicted offenders. The system does not allow an individual to partake in the use of drugs, but will allow the administration of a synthetic drug, methadone, to curb or terminate an existing addiction to the more potent opiate, heroin. At what point do we establish the limits that distinguish the rights of an individual to use drugs and under what conditions? Is drug use sanctioned only when the Criminal Justice System is the donor?

At least two models to treat drug addiction among offenders are available to correctional staff: treating it as

a metabolic disease that requires methadone maintenance or utilizing casework techniques with a comprehensive referral system, with appropriate social services and medical agencies. Adequate case analysis to determine the kind and intensity of supervision needed by the probationer should be a part of each treatment modality.⁵²

Treating heroin addicts on probation and parole with methadone was the subject of a study that wanted to accomplish two goals: to stop criminal behavior and to assist the addict in functioning as a normal, productive citizen in society. The Methadone Maintenance Program established contrast and patient groups that were matched in the following areas: arrest frequencies, age, ethnic background, and month of admission to the program.⁵³

Seventy-two percent of the offenders made good adjustments, were retained in treatment, and eventually were discharged from probation or parole. Approximately seventy percent of the probation-parole patients remaining in the treatment were employed, in school or functioned as homemakers; thirty percent were supported by others, looked for employment, or received public assistance.⁵⁴

The authors conclude that methadone treatment is not a cure-all for the addict; however, they have documented success in the following areas as a result of the treatment: voluntary retention of patients, decrease in criminal activity, and an increase in productive behavior.⁵⁵

Success is also demonstrated in programs that utilized the casework approach, incorporating intensive supervision, counseling, education, referrals, and rehabilitative treatment to aid drug addicted individuals. Supporters of this technique believe that drug abuse is a symptom and a cause of social and personal disabilities that requires a comprehensive treatment of the offender in his environment to stop the criminal behavior.⁵⁶

The Drug Unit in the Philadelphia County Department of Probation experimented with two types of supervision to assist the probationer addict to develop drug-free periods, reduce crime and recidivism among said population, and enhance judicial dispositions by providing pre-sentence evaluations and related services. Random samples of probationers in the following types of supervision were comparatively examined: Drug Unit and General Supervision, both of which contained addicts; and General Supervision, containing non-drug users.⁵⁷

The latter two groups received traditional probationary treatment. The drug unit received intensive supervision, counseling, education, referrals, and rehabilitative treatment. The treatment effectively reduced overall criminal recidivism as compared to the general supervision drug group and non-drug group, and maintained more stability in the community than the general supervision drug sample. The overall evaluation of the Drug Unit reached favorable conclusions in the area of treatment, social service, and administration.⁵⁸

The Post-Prison Addictive Treatment Program for criminal recidivists with drug abuse problems was designed to reduce criminal recidivism by connecting resources for treatment inside the prison with social service agencies in the community. The treatment involves a joint effort to assess the problems and needs of the offender and refer him to the appropriate agency for services.⁵⁹

The results of the follow-up study concentrated on drug use, re-arrest, employment, retention in treatment, and cooperation with supervision. The Post-Prison Program successfully serviced three-quarters of its population in the areas intended and achieved a fifty percent successful outcome rate.⁶⁰

Both of the aforementioned programs achieved success using an adaptation of the casework model to treat drug offenders. The methadone maintenance program also achieved success; however, it was derived on the basis of applying a synthetic drug which in and of itself creates a dependency, treating the symptom and not the cause of the drug addiction.

A third method, based on an empirical set of principles and on a par with the behaviorist school, administered a behavior modification program to adult drug offenders in an attempt to alter their propensity for criminal offense. The program was sectioned into three phases, each one representing a higher level of achievement, wherein credit and verbal

support were given to the probationers if they successfully performed particular graduated behavioral tasks. Each acquisition of positive feedback and credit ultimately resulted in a predetermined reduction in total probation time. The consequences for failure consisted of non-payment of credit or demotion to Phase I.⁶¹

The pilot study designed two formats: an "own controlled" group and a contingency management program that was tested against a regular caseload using "counseling" techniques. The subjects for the experimental testing were randomly chosen from a transfer pool of probationers who were arrested for crimes involving drug abuse and classified by their probation officers as third level or "most difficult cases."⁶²

The probationers in the contingency management group successfully decreased the number of arrests and violations while on probation as opposed to the control group, and demonstrated positive behavior by maintaining a higher rate of employment and attendance at scheduled meetings as compared to the control group.⁶³

There is sufficient evidence to support the positive effects of a one-to-one counseling relationship where clients receive a fair amount of attention and support from probation officers. Undoubtedly, the credit and verbal support given to the probationers in the behavior modification program contributed to their achievement in the program, but "how much"

in a quantitative sense and in what proportion in light of the ultimate goal of a reduction in probation time is unknown. The study does not indicate that the researchers considered how influential the probability of a shortened probationary term would affect the clients' motivation and behavior in the experiment. The environment was conducive to the classic con-game, where the offender will "go along with the program" because the end results will bring precisely what he wants. It may be naive to think that a drug offender's primary concern is treatment and its long-term effects at the time of an impending incarceration. The all-consuming characteristics of the addiction rarely provide the wherewithal for future planning. A well-known characteristic of a drug user is his desire for immediate gratification; however, that does not preclude his ability to allay the intensity of the craving if the pot at the end of the road is near gold.

Correctional workers, particularly those who have a background in social work, tend to believe in an alchemist-like dream that will transform the drug-addicted offender or felon into a model citizen, capable of not only adjusting in society but accepting it. The offender, certainly ripe for a little magic, is only too aware of what that kind of blind idealism can produce. The offender's goals involve the "here and now" reality of his identity and precisely what options are available to him. The probation officer, usually from

a totally different socio-economic background than his client, cannot always relate to his needs or even comprehend their full import.

In recent years, correctional centers have solicited the help of volunteers and indigenous paraprofessionals in greater numbers to help alleviate the marked social distance between the probation officer and his client.⁶⁴ Indigenous workers and probationers share familiar histories and life styles; therefore, it is easier for them to establish a rapport than it is for the professional staff and the probationer. Paraprofessionals have been recruited to assist both the probation officer and the client with apparent success.

The Case Aide Project at Chicago (POCA) tested the hypothesis that offenders are served more effectively by indigenous paraprofessionals working in teams with probation officers. Offenders who met the selection criteria for inclusion in the program were randomly assigned to either the experimental or the control group. The treatment consisted of weekly supervisory meetings with the aides and offenders in the experimental group. The control group received regular supervision. Seven outcome variables pertaining to recidivism, employment, housing, marital and family relationships, personal adjustment, and the client's relationship with the probation officer or aide were the basis of comparison for the two groups.⁶⁵

The findings are successful in that the clients were responsive to the involvement and enthusiasm of the aides, a relationship the supervisors commended; but the absence of empirical data to substantiate the results affects the reliability of the project.⁶⁶

The Mexican-American Case Aide Project polled the opinions of the participating officers and recorded a success rate of 89 percent in favor of the use of case aides. The target population comprised active probationers with Spanish surnames. Fifteen adults were randomly selected to be part of the experimental group, along with juveniles, all of whom were subject to receiving services from the Aides. The control group did not receive the special services.⁶⁷

The goals of the project were met in that the Mexican-American community received an improvement of probation services, the probation staff's awareness of said community increased, and the case aides were promoted to full deputy probation officers; however, like the project previously mentioned, problems with the research design discolor the findings. The sample of adults used in the experiment was exceptionally small. Having the adults and juveniles jointly receive the treatment inhibits a clarification of the causal relationship among the variables.⁶⁸

There is a paucity of empirical research on the use of volunteers in correctional treatment; however, a substantial amount of data exist to demonstrate the promising re-

sults in more than one capacity. The Volunteers in Probation have reported studies to substantiate the positive effects an individual counseling session has on the probationer. The amount of attention he receives instills a support and confidence that generates an actual change in behavior. For every staff hour that is spent with an offender, the volunteer spends an additional ten to twenty hours.⁶⁹ This kind of closeness in a relationship promotes the lessening of anti-social attitudes among probationers. In fact, probationers who are not assigned a volunteer have shown an increase in anti-social attitudes.⁷⁰

Volunteers reduce costs, and with the additional service of the volunteer, manpower within the department can be used more effectively and efficiently. They often come equipped with particular skills and specialties to aid both the offender and the department, as well as assist in routine supervision and administrative duties. What is needed to supplement the use of volunteers and indigenous paraprofessionals is a diagnostic service center that will accurately assess and analyze individual cases so that the appropriate treatment can be applied.

Implicit in the treatment of adult probationers is a threefold objective: a reduction or prevention of recidivism, protection of the community, and rehabilitation of the offender. Taken separately, each part of the objective has emerged in varying measures of success. Employment, counsel-

ing, and the use of volunteers and indigenous paraprofessionals individually and collectively, comprise the treatment which in turn is assimilated into numerous strategies designed to implement the objective. A modicum of success has been achieved and directly attributed to a number of treatment modalities, but not enough to substantiate the promotion of a particular method.

Correctional treatment houses the philosophies and practices of the law enforcement community and the therapeutic community. A synthesis of the two is not always possible and therein lies one of the conflicts of probationary treatment in the criminal justice system. Can the law enforcement official and the counselor work in concert to rehabilitate the probationer when their philosophies are often in opposition?

A solidification of the goals and objectives of the criminal justice system would greatly enhance the implementation of treatment modalities that may be incongruent in nature. A firm base for operations, wherein both schools of thought work towards the goal of rehabilitation, can succeed and provide an environment that is receptive to flexibility and change.

Footnotes

¹Claude Mangrum, The Professional Practitioner in Probation (San Bernadino: County Probation Department, 1975).

²Ibid., p. 189.

³Irving F. Reichert, Jr., "Why Probation Fails," Judicature 59 (January 1976): 288-292.

⁴Gloria Cunningham, "Crisis Intervention in a Probation Setting," Federal Probation 37 (December 1973): 16-25.

⁵Mangrum, p. 233.

⁶Walter G. Rest, and Ellen J. Ryan, "Group Vocational Counseling for the Probationer and Parolee," Federal Probation 34 (February 1970): 49-54.

⁷Ibid.

⁸Peter S. Venezia, "Report on: The Effect of Vocational Upgrading upon Probation Recidivism; A One-Year Evaluation of the Singer Graflex Monroe County Pilot Probation Project" (Davis, California: National Council on Crime and Delinquency Research Center, [1972]). (Mimeographed.)

⁹Kenneth L. Klockslem, and Robert D. McGinnis, "Report to the Bergen County, New Jersey Probation Department: Probation and Employment" (Ramapo, New Jersey: Ramapo College, [1976]). (Mimeographed.)

¹⁰James E. Phillips, "Report on the Probation Employment and Guidance Program: An Evaluation of Impacts on Employment and Recidivism" (Rochester, New York: Monroe County Department of Probation, [1975]). (Mimeographed.)

¹¹Ibid.

¹²Ibid.

¹³Venezia.

¹⁴Phillips.

¹⁵Venezia.

¹⁶Rest and Ryan.

¹⁷Phillips.

- ¹⁸Venezia.
- ¹⁹Rest and Ryan.
- ²⁰Klocksien and McGinnis.
- ²¹Alexander Basin, Louis Berlin, and Alexander B. Smith, "Group Therapy with Adult Probationers," Federal Probation 24 (1960): 15-21.
- ²²Rest and Ryan.
- ²³Joseph J. Peters, and Robert L. Sardoff, "Psychiatric Services for Sex Offenders on Probation," Federal Probation 35 (September 1971): 33-37.
- ²⁴James Olsson, "Final Evaluative Report: An Outpatient Treatment Clinic for Special Offenders" (Hunt Valley, Maryland: State Division of Parole and Probation, [1975]). (Mimeographed.)
- ²⁵Peters and Sardoff.
- ²⁶Herbert Vogt, "An Invitation to Group Counseling," Federal Probation 35 (1971): 30-32.
- ²⁷Idem, "Group Counseling in Probation," Federal Probation 25 (1961): 49-54.
- ²⁸Basin, Berlin, and Smith.
- ²⁹Olsson.
- ³⁰Ibid.
- ³¹Sunil B. Nath, "Evaluation: Multiphasic Diagnostic and Treatment Program Planning and Evaluation" (Tampa/Miami: Florida Parole and Probation Commission, [1975]). (Mimeographed.)
- ³²Rest and Ryan, p. 51.
- ³³Ibid.
- ³⁴George L. Marx, John F. Giblette, and Jane A. Stockdale, Counseling in Probation and Parole: A Research Report (College Park, Maryland: University of Maryland, 1969).
- ³⁵Ibid.
- ³⁶"A Two-Track Demonstration Project to Reduce Proba-

tioner Recidivism" (San Jose, California: Santa Clara County Adult Probation Department, [1973]). (Mimeographed.)

³⁷Ibid.

³⁸Ibid.

³⁹Marx, Giblette, and Stockdale.

⁴⁰"A Two-Track Demonstration Project."

⁴¹Marx, Giblette, and Stockdale.

⁴²Richard R. Parlour, "Behavioral Techniques for Sociopathic Clients," Federal Probation 39 (March 1975): 3-11.

⁴³Mangrum.

⁴⁴Parlour.

⁴⁵James Robison, "The Effectiveness of Correctional Programs," Crime and Delinquency 17 (January 1971): 67-80.

⁴⁶Olsson.

⁴⁷Allen P. Webb, and Patrick V. Riley, "Effectiveness of Casework with Young Female Probationers" (Pasadena, California: Foothill Family Service, [1969]). (Mimeographed.)

⁴⁸Ibid.

⁴⁹Olsson.

⁵⁰Ibid.

⁵¹C. Ray Jeffery, and Ina A. Jeffery, "Psychosurgery and Behavior Modification: Legal Control Techniques versus Behavioral Control Techniques," American Behavioral Scientist 18 (May-June 1975): 685-722.

⁵²President's Commission on Law Enforcement and Administration of Justice, Task Force Report on Corrections (Washington, D.C.: U.S. Government Printing Office, 1967).

⁵³Vincent P. Dole, and Herman Joseph, "Methadone Patients on Probation and Parole," Federal Probation 34 (June 1970): 42-48.

⁵⁴Ibid.

⁵⁵Ibid.

⁵⁶Mildred K. Klein, "Maintaining Drug Abusers in the Community," Federal Probation 36 (June 1972): 18-26.

⁵⁷Seymour J. Rosenthal, "Report on the Evaluation of Philadelphia County Department of Probation Drug Unit" (Philadelphia: Temple University Center for Social Policy and Community Development, [1974]). (Mimeographed.)

⁵⁸Ibid.

⁵⁹"Final Report on the Evaluation of the Post-Prison Addictive Treatment Program" (Philadelphia: Temple University Center for Social Policy and Community Development, [1974]). (Mimeographed.)

⁶⁰Ibid.

⁶¹Robert L. Pokalow, and Ronald M. Doctor, "A Behavioral Modification Program for Adult Drug Offenders," Journal of Research in Crime and Delinquency 11 (January 1974): 63-69.

⁶²Ibid.

⁶³Ibid.

⁶⁴Donald W. Beless, and William S. Pilcher, "Probation Officer-Case Aide Project" (Chicago: U.S. Probation and Parole Office, [1970]). (Mimeographed.)

⁶⁵Ibid.

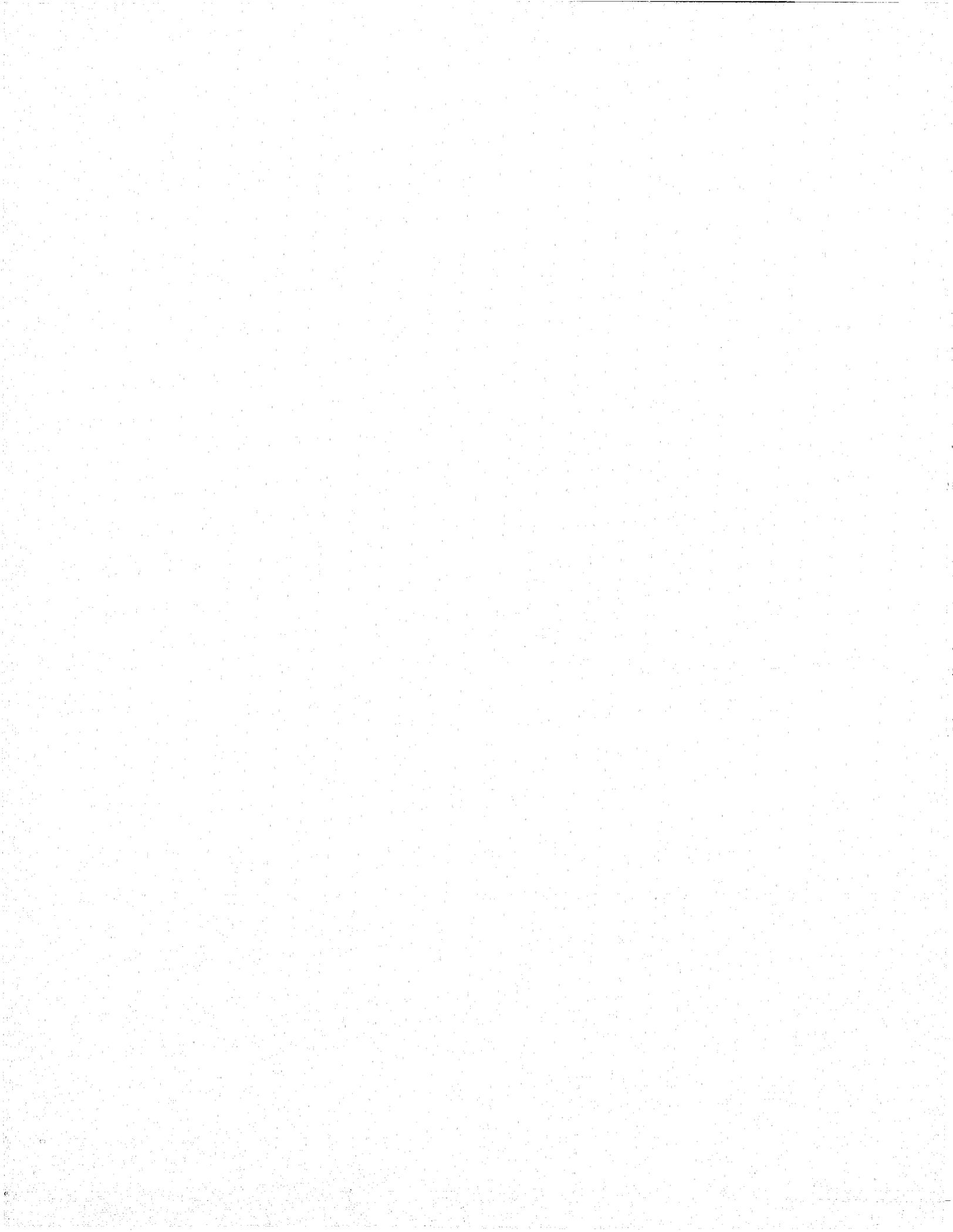
⁶⁶Ibid.

⁶⁷"Yolo County (California) Minority Probation Aides: An Evaluation of the Mexican-American Case Aide Project" (Woodland, California: Yolo County Probation Department, [1973]). (Mimeographed.)

⁶⁸Ibid.

⁶⁹Joseph Ellenbogen, and Beverly DiGregorio, "Volunteers in Probation: Exploring New Dimensions," Judicature 58 (January 1975): 281-285.

⁷⁰Ivan H. Scheier, "The Professional and the Volunteer in Probation: An Emerging Relationship," Federal Probation 34 (1970): 12-18.



END