

X Probation **A** Administrative **M** Management **S** System

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X STATUS REPORT ON NUTRITION AND PROBATION

ADMINISTRATIVE OFFICE OF THE COURTS
STATE HOUSE ANNEX, TRENTON, NEW JERSEY

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MAR 22 1979

ACQUISITIONS

STATUS REPORT ON NUTRITION AND PROBATION

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March, 1979

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Philip L. Bonnet and Carl C. Pfeiffer, "Biochemical Diagnosis for Delinquent Behavior," in Ecologi-Biochemical Approaches to Treatment of Delinquents and Criminals

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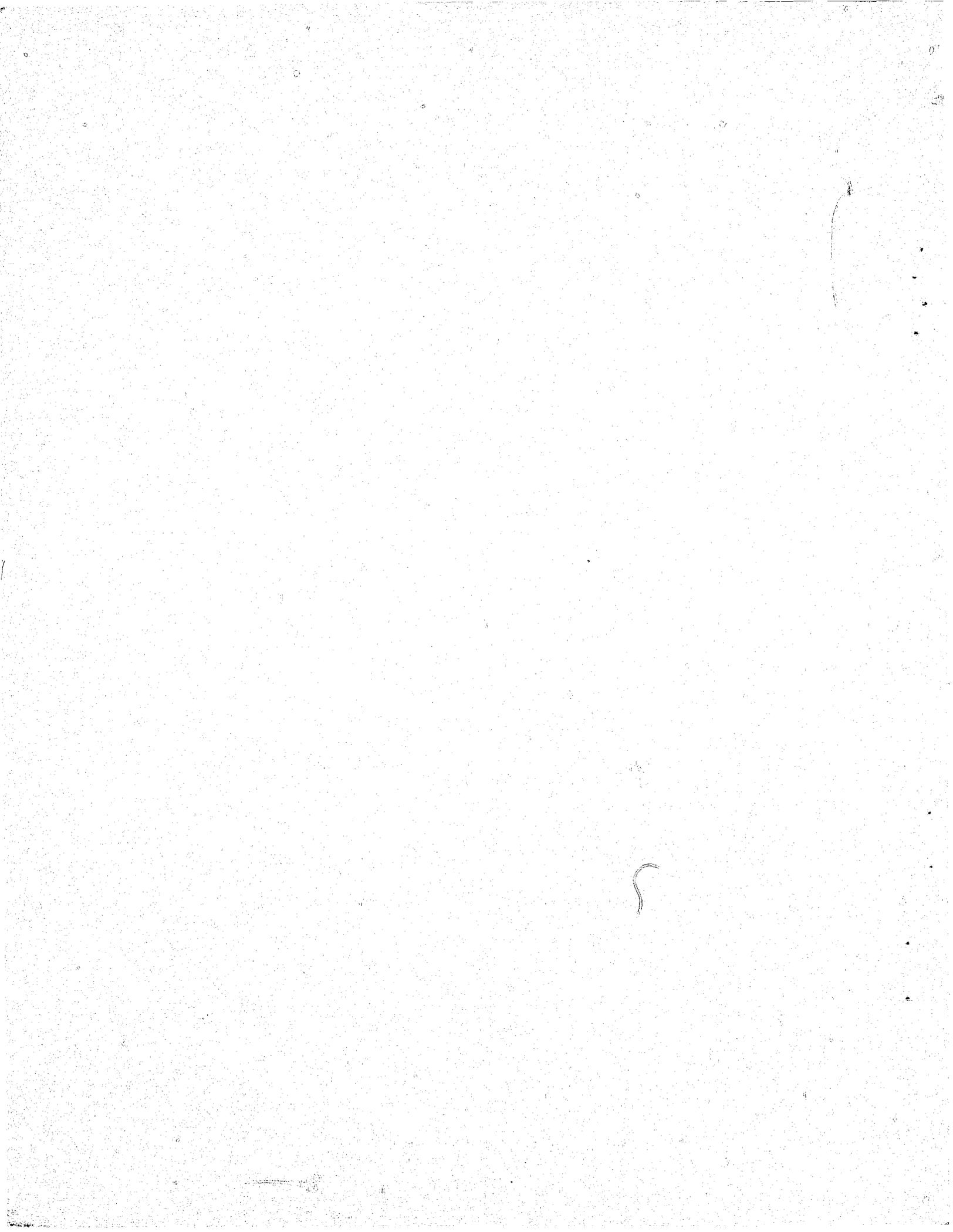
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A	1978 Directory of New Jersey Resources Food Assistance, Diet Counseling and Nutrition Information
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EXECUTIVE SUMMARY

1. Probation services should become more aware of and sensitive to nutrition issues.
2. While correcting poor diets is no panacea for criminal and delinquent behavior, the literature suggests that improving nutrition does ameliorate behavior in many instances.
3. Numerous government agencies at Federal and State levels have acted on nutrition information to establish nutrition-related programs in several areas.
4. Probation administrators should assess the health needs of their personnel and promote preventive medicine through incentives for good nutrition and physical fitness.
5. An exhaustive review of literature pertinent to nutrition and probation should be conducted.
6. Probation services personnel should participate in nutrition research projects of other agencies.
7. Probation administrators should research probationer nutritional needs.
8. Probation services should establish ongoing relationships with local, state, regional and national nutrition-related agencies.
9. Probation officers should be educated about and made responsible for nutrition-related services for probationers generally and probationers with special nutritional needs particularly.
10. Judges should be educated about the import of nutrition for probation.



1

INTRODUCTION

In May, 1978, Judge Arthur J. Simpson, Jr., Acting Administrative Direction of the Courts, received a letter from an interested citizen who included an article on the positive effects of improved nutrition on probationers. The writer of the letter commented, "I respectfully urge that nutrition be explored and the respective county officers be given enough data and support to encourage them in this effort." Subsequently Judge Simpson referred the matter to Probation Administrative Management System (PAMS) staff for review, and work began in late June.

Numerous constraints have prohibited a comprehensive review of the matter. The literature in this area is extensive and requires careful analysis. Many voices are competing for a following in nutrition and one must discern among them with great care before arriving at definitive conclusions.¹

¹ A review of the use of megavitamin therapy in psychiatry is illustrative of this need for caution. The review concluded, "The credibility of the megavitamin proponents is low. Their credibility is further diminished by a consistent refusal over the past decade to perform controlled experiments and to report their new results in a scientifically acceptable fashion. Under these circumstances this Task Force considers the massive publicity which they promulgate via radio, the lay press and popular books, using catch phrases which are really misnomers like 'megavitamin therapy' and 'orthomolecular treatment,' to be deplorable." "Megavitamin and Orthomolecular Therapy in Psychiatry: Excerpts from A Report on the American Psychiatric Association Task Force on Vitamin Therapy in Psychiatry," Nutrition Review, Supplement (July 1974), p. 47.

Nevertheless, we are prepared to propose some policy implications that can reasonably be expected to result from a more exhaustive analysis of the import of nutrition for probation. This Status Report will outline the work that PAMS staff has done, describe the nutrition programs of other human service agencies and identify some policy implications for probation services that follow from our research.

The stimulus to prepare this report was provided by phone calls from a nutritionist and a health educator in the New Jersey Department of Health on November 28, 1978. One of these two health professionals (who happens to be a Volunteer Probation Counselor) emphasized the urgency of the matter. He noted that the juvenile with whom he works seems to never have breakfast. After contacting the probation department, this volunteer found little interest in or knowledge of such concerns on the part of probation officers. This raises several interesting questions, among them: How many juveniles on probation eat inadequately? How does that affect the problems these juveniles present? Are probation officers aware of the implications of nutrition for themselves and for their clients? Are probation officers aware of nutrition services in their communities and do they use them? What do these issues imply for judicial awareness and action?

2

PAMS RESEARCH ACTIVITY

Introduction

Since the project began PAMS staff have been able to contact only a few persons and collect bibliography and research reports. First, we wrote letters seeking advice as to methods for exploring the issues. We contacted over thirty nutrition and health care professionals, among them, professors at schools of medicine, editors of related journals, researchers in private institutions and administrators in pertinent Federal and State agencies. Much correspondence ensued including receipt of extensive bibliographies and some research reports. It has not been possible to review all of the literature that has been received.

The letters also generated two important personal contacts. First, PAMS staff consulted Margaret Zealand, State Nutrition Consultant, and Andrew McCray, State Consultant in Community Health Organization, both in the New Jersey Department of Health. The second interview was with Howard N. Jacobson, M.D., and Marilyn Schorin, R.D., M.P.H., who are affiliated with the Department of Community Medicine at the College of Medicine and Dentistry of New Jersey. This contact led to communications with John M. Atthowe, Ph. D., of the Department of Psychiatry as well. All persons identified in this paragraph have generously made themselves available to PAMS on nutrition matters

generally and, more specifically, have reviewed working drafts of the data gathering instruments for the Probation Management Information System.

Nutrition and Anti-social Conduct

There is widespread and growing interest in, discussion of and research on the relationship between nutrition and anti-social behavior. By "nutrition" we mean (1) the quantity of food consumed (e.g., do school children always get a breakfast?); (2) the kinds of food consumed (e.g., do children have well balanced meals, or do some meals consist of coke and potato chips?); and (3) quality of food consumed (e.g., are the vegetables one consumes grown in rich soil and full of nutrients? To what extent does the way one prepares food reduce nutrient content?). The notion that "you are what you eat" is being taken more and more seriously. While correcting poor diets is no panacea for criminal and delinquent behavior, the literature suggests that improved nutrition does ameliorate behavior in many instances, e.g., schizophrenia, depression, some anti-social behavior and other problematic conduct.² Not only are such problematic behavioral expressions sometimes affected, but eating better enables persons to feel better as well as to be more alert and energetic. They are thereby

² See Leonard J. Hippchen, ed., Ecologic-Biochemical Approaches to Treatment of Delinquents and Criminals (New York: Van Nostrand, 1978); Leonard J. Hippchen, "Biochemical Approaches to Offender Rehabilitation," Offender Rehabilitation, 1:1 (1976), pp. 115-123; J. I. Rodale, Natural Health, Sugar and the Criminal Mind (New York: Pyramid Books, 1977); and Alex Schauss, The Orthomolecular Treatment of Criminal Offenders (Berkeley: Orthomolecular Medical Society, 1978).

freed to live more creatively and affirmatively. This is one step beyond merely reducing undesirable behavior. With this summary in mind we will now review the impact that nutrition awareness has had on government agencies.

3 NUTRITION IN OTHER HUMAN SERVICE AREAS

Introduction

In July, 1968, Congress established the Select Committee on Nutrition and Human Needs. The Committee held hearings and issued reports on a broad range of issues related to nutrition for almost a decade. The vast amount of time and energy invested by the Committee illustrates the importance of ameliorating nutrition awareness and practice. Some of the programs human service agencies have established to comply with this awareness will be noted in this section in order to illustrate the extent to which the importance of nutrition is being emphasized by human service agencies.

Education

Federal legislation has provided the impetus for developing nutrition services in the schools in a variety of ways. While the reasons for such legislative action are many, one is that children who have breakfast do better at school than children who have no breakfast. One Federal program designed to attack this particular problem has been the School Breakfast Program. Breakfasts are made available

to school children and evaluations have indicated that school performance is improved thereby.³

Other federally assisted programs under the administration of the New Jersey Department of Education are the School Lunch Program, the Commodity Distribution Program, the Special Milk Program, the Child Care Food Program and the Summer Food Program.

Congress has recently required the establishment of a nutrition education component for students, food service supervisors and teachers. The New Jersey Department of Education is currently recruiting people in order to meet the new guidelines for child nutrition. This will include a state coordinator and one person for each of the four regional Education Improvement Centers.

Nutrition in Public Institutions

The New Jersey Department of Health has published diet guidelines for the use of all residential institutions in New Jersey. One of these is the New Jersey Diet Manual,

³ State of Florida, Department of Citrus, Relationships of Hunger and Malnutrition to Training Ability and Behavior (Lakeland, Florida: Florida Department of Citrus, 1978), pp. 12-13.

revised edition (1976). The Introduction states the purposes of the manual as follows:

This manual was compiled for use by physicians, dietitians, nurses and food service supervisors in hospitals, nursing homes, extended care facilities and other institutions in New Jersey. Every effort has been made to stress the maintenance of optimal nutrition and to supply all the basic substances required by the body in health and disease. The diets included were tailored with this intent, taking into consideration the modifications imposed by disease or physical conditions.

Any hospital or health facility seeking licensure for operating a medical institution must agree either to use the New Jersey Diet Manual or to have a substitute manual approved before the license is given. Once an institution has been licensed, inspectors for Medicare and Medicaid make periodic visits to ensure compliance.

A more specialized food service manual has been developed to provide guidelines for a specific group of residential institutions. This is the Diet and Menu Planning and Preparation Manual for Narcotic, Drug Abuse and Alcohol Treatment Centers, revised edition (1978).

Institutional Corrections

Health care in correctional institutions has been one of the most active areas of correctional litigation in this decade. Rights to basic medical services are being affirmed by State and Federal Courts (e.g., Todara et al vs. Ward et al, 565 F.2d 48[1977]). Discussion of the issues is resulting in an ever increasing body of case law and related literature. Standards are being issued

both in terms of institutional health care⁴ generally and food service⁵ specifically.

While there is substantial difference between a prisoner who has access only to an institutional physician and a probationer who has less restricted access to medical services, it is not unreasonable to speculate that some of the principles emerging from litigation on health care of prisoners will have implications for probation services. We may expect a fall-out from this litigation over into probation such that questions of rights to medical treatment for probationers will probably be raised sooner or later.

Probation

Barbara J. Reed, the Chief Probation Officer of the Municipal Court of Cuyahoga Falls, Ohio, pioneered the

⁴ American Public Health Association, Standards for Health Services in Correctional Institutions (Washington, D.C.: APHA, 1976). Commission on Accreditation for Corrections, Manual of Standards for Adult Correctional Institutions (Rockville, Md.: American Correctional Association, 1977). Edward M. Bucker and Richard D. Della Penna, Health Care in Correctional Institutions (Washington, D.C.: NILECJ, 1975).

⁵ National Sheriffs' Association, Handbook on Food Service in Jails (Washington, D.C.: NSA, 1974). A number of research publications have been issued by the Morris County Office of the Sheriff on dietary needs of their jail inmates. State and county custodial institutions must comply with the diet standards discussed in the preceding section.

practice of using nutrition to assist probationers. Mrs. Reed began using nutrition in the early 70's and since that time has gained no small amount of publicity. Her work has been noted by the Wall Street Journal⁶ as well as Prevention⁷, a journal of nutrition. In addition, Mrs. Reed testified before the Select Committee on Nutrition and Human Needs of the United States Senate.⁸ In response to the interest generated by these and other public forums, she has prepared a handbook in order to describe "How one probation officer uses nutrition to improve the health and maintain the attention of clients referred by the courts."⁹

Mrs. Reed bases her program on the notion that some anti-social behavior is a result of biochemical

⁶ Timothy D. Schellhardt, "Can Chocolate Turn You Into a Criminal? Some Experts Say So," June 9, 1977, reprinted in Select Committee on Nutrition and Human Needs, Diet Related to Killer Disease, V-Mental Health and Mental Development, Hearing of June 22, 1977 (Washington, D.C: U.S. Government Printing Office, 1977), pp. 27-29.

⁷ "The Court Where Junk Food Goes on Trial," Prevention, 30:5 (May 1978), 52-59. It should be noted that this journal is not widely accepted by professional nutrition/dietary associations.

⁸ "Statement of Mrs. Barbara Reed, Probation Officer, Cuyahoga Falls, Ohio," in Diet Related to Killer Diseases, V-Mental Health and Mental Development, op. cit., pp. 54-68.

⁹ Back to the Basics, mimeographed, September, 1977. Mrs. Reed's work and claims are viewed with a degree of caution by the nutritionists with whom PAMS has consulted. It is recommended that her work be considered suggestive rather than authoritative, especially since her credentials are those of a layperson, not a nutritionist, and her program has not been scientifically evaluated.

imbalances resulting from malnutrition. She cites numerous cases in which remarkable changes in behavior resulted from revised diets and/or orthomolecular psychiatric care. In recent correspondence to PAMS, Mrs. Reed commented, "Departments in several states are now developing a similar program and finding the same results we have been getting over the past seven years. Looking at the horrible eating habits is so basic and simple that it has been overlooked by the field of corrections."¹⁰

Mrs. Reed's program is briefly described as follows. The intake process includes a nutritional assessment focusing particularly on symptoms of hypoglycemia and diabetes. Depending on the results of the analysis, clients may be encouraged to eliminate refined sugar and flour from their diet, follow a recommended diet, undergo a glucose tolerance test, and/or present themselves to an orthomolecular psychiatrist. When necessary, the Court can order any of these suggestions as conditions for probation such that non-compliance can result in revocation of probation.

Finally, Mrs. Reed notes that there are several positive results of improved diets. Aside from the reduction of anti-social behavior, clients simply feel better when they eat better. And when the client feels better,

¹⁰ Reed to Lee, 22 July 1978.

"counseling is easier and is retained. Depression is relieved, judgement improves, and self-discipline improves."¹¹

Law Enforcement

While developments in the field of corrections have focused on health care of clients, the concern in the field of law enforcement has been on health care of staff. There is a considerable body of literature that deals with stress, health and the police officer. The lack of good health results from poor nutrition as well as physical unfitness. This in turn leads to sick time, on-duty injuries, limited duty, early retirement and premature deaths. When the personal and system costs of these problems are assessed, programs of preventive medicine, including nutrition and physical fitness components, frequently result.¹²

New Jersey State Nutrition Council

The state Nutrition Council is composed of professional groups and interested parties who work in nutrition. It seeks to integrate nutrition services in New Jersey, to disseminate accurate nutrition information and to educate the public about nutrition. The council promotes an annual Nutrition Week in New Jersey and sponsors public conferences at which topics in nutrition are explored. Anyone can be a

¹¹ Back to Basics, no pagination.

¹² On physical fitness see Physical Fitness Program for Law Enforcement Officers: A Manual for Police Administrators (Washington, D.C.: NILECJ, 1978).

member of the Council upon payment of the annual membership of \$10.00.¹³

Other Nutrition Programs

The New Jersey Department of Health has published a directory of nutrition programs in New Jersey.¹⁴ The directory includes the programs that have been identified above as well as the following programs: Food Stamps, Nutrition Programs for the Elderly (Title VII), Meals on Wheels, Diet Counseling Services, and WIC (Women, Infants and Children). These programs are administered by various state and local agencies and further demonstrate the extent to which nutrition is a major health concern.

Now that we have noted some of the impacts that nutrition awareness has had on some government agencies, how does nutrition impinge upon probation services?

4

IMPLICATIONS FOR PROBATION SERVICES

Nutrition Among Probation Personnel

Nutrition is no respecter of persons and its import should be considered for both probation personnel and clients, not clients alone. There are numerous advantages

¹³ Inquiries may be directed to this year's Chairperson, Alice M. Wittsten, Bergen County Health Department, 355 Main Street, Hackensack, New Jersey 07601. (201)646-2600.

¹⁴ 1978 Directory of New Jersey Resources for Food Assistance Diet Counseling and Nutrition Information. See Appendix A.

in promoting nutrition education among probation personnel. Aside from the possible reduction of absenteeism, the morale of the staff may be improved. This can only enhance the quality and quantity of services provided by probation personnel. Finally, solid nutritional knowledge and practice on the part of the probation officer lays the groundwork for identifying and addressing nutritional needs of clients, not to mention the good example that is thereby provided.

Therefore, it is suggested that probation service staff be educated about nutrition for the benefit of themselves as well as their clients. This may be complemented by promoting physical fitness.¹⁵ Probation administrators should assess the health needs of their personnel and promote preventive medicine through incentives for good nutrition and physical fitness.

Research on Probation and Nutrition

- A. An exhaustive review of literature pertinent to nutrition and probation should be conducted. This would result in a document to be used as a reference tool for (1) proposing and establishing programs and (2) pursuing further research. This research would assess the import of preventive medicine through nutrition and physical fitness for both staff and clients.

¹⁵ One Senior Probation Officer recently commented that now that he is playing basketball regularly his attitude and performance at work have improved.

- B. Probation administrators should research probationer nutritional needs. An example of a relatively simple research project is an assessment of breakfast eating practices among juveniles and the correlation thereof with ongoing problematic conduct.
- C. Probation services personnel should participate in nutrition research projects of other agencies. For example, as we noted earlier in this report, Dr. Jacobson and others of the College of Medicine and Dentistry of New Jersey hope to secure funds for a project in which a tool for accurately assessing dietary intake would be developed. The instrument they hope to develop is one that could be administered by a probation officer as a diagnostic tool. Therefore, it would be appropriate to have input from probation professionals to ensure that the instrument could be used in probation services. It might even be desirable to involve populations of probationers in testing the instrument. Not only would this ensure validity for the probationer population, but it would also provide specific data from which an assessment of the presence of a nutritional problem among our clients can be made. The existence of this tool would also enable research into the relationship between nutrition and client performance to be conducted.

Participation of Probation in Gathering and Disseminating Nutrition Information

Probation services should establish ongoing relationships with local, state, regional, and national nutrition-related agencies. For example, probation departments should form liaisons with nutrition services in their respective jurisdictions. In addition, probation personnel should participate as members of state and local nutrition councils and advisory committees that have a nutrition component. An example of this would entail seeking membership of probation professionals on the State Advisory Council on Child Nutrition Programs.

Training

The implications for training are many and only a few will be noted here.

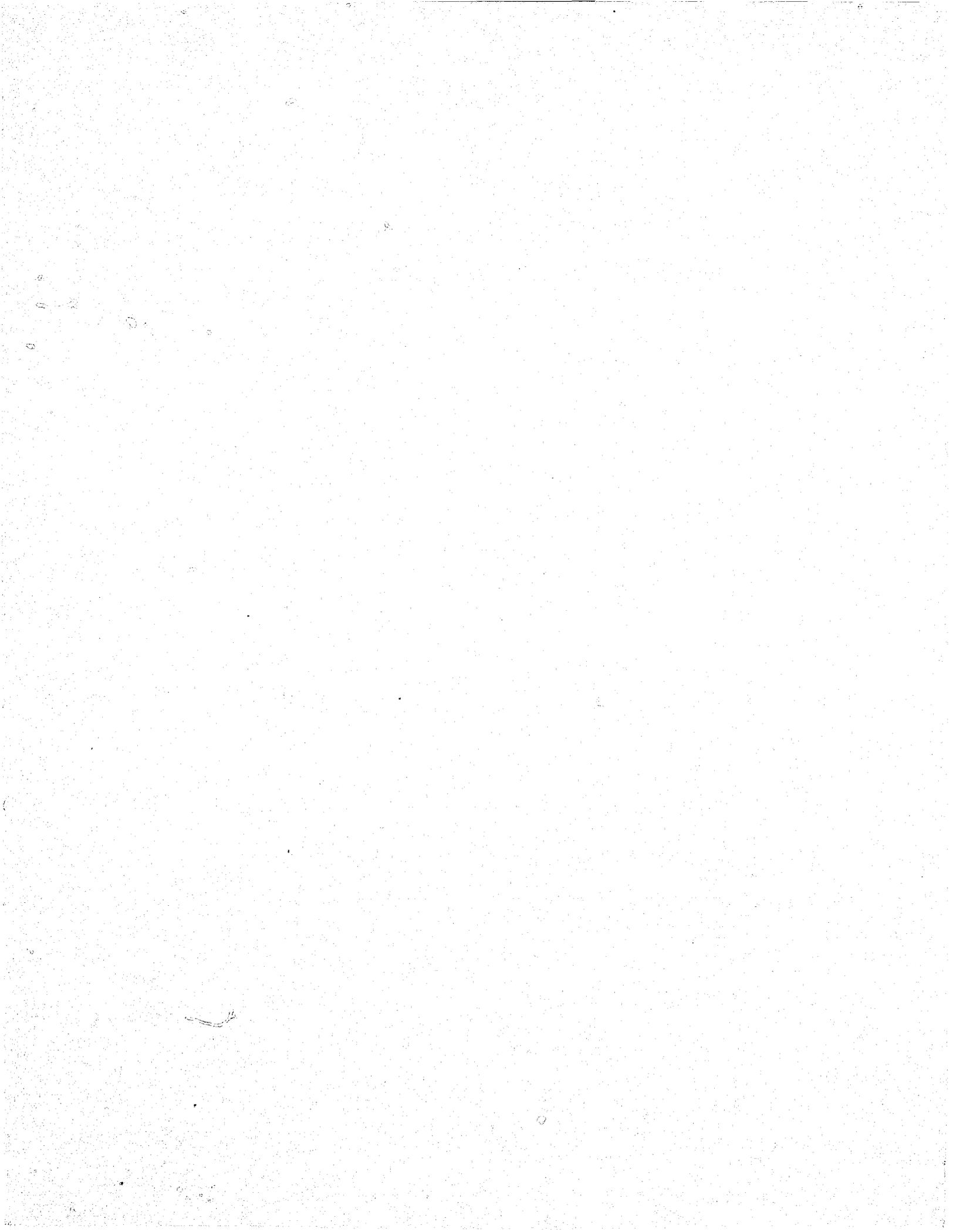
- A. Consciousness raising among probation professionals. Probation officers should be educated about and made responsible for nutrition-related services for probationers. This could be accomplished by (1) including a presentation on nutrition and providing nutrition material and resources in orientation programs, (2) circulating nutrition information among probation officers on an ongoing basis and (3) providing workshops on nutrition at the Annual Institute and at other meetings. Perhaps some recognized nutritionist such as Dr. Howard N. Jacobson could be invited to deliver the keynote speech or lead a workshop. Finally,

- C. Education of clients with respect to good nutrition; and,
- D. Promotion of client participation in food programs.

5

CONCLUSION

This Status Report represents the preliminary findings, conclusions and recommendations of PAMS staff relative to nutrition and probation services. We hope it will stimulate a creative response by probation to the health needs of this society.



END