

Federal Probation

Structuring the Exercise of Sentencing Discretion in the Federal Courts ⁸³¹⁷⁰ Brian Forst
William M. Rhodes

Zero-Sum Enforcement: Some Reflections on Drug Control ... ⁸³¹⁷¹ P. Andrews
C. Longfellow
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Inreach Counseling and Advocacy With Veterans in Prison ... ⁸³¹⁷² Bruce Pentland
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MARCH 1982

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This Issue in Brief

Structuring the Exercise of Sentencing Discretion in the Federal Courts.—Brian Forst and William Rhodes report results of a major study of Federal sentencing practices, focusing on highlights that have special relevance to the probation community: survey results on the purposes of sentencing, an analysis of recent sentencing decisions, and an analysis of the information contained in the presentence investigation report. The survey revealed that Federal probation officers and judges, on the whole, regard deterrence and incapacitation as more important goals of sentencing than either rehabilitation or just deserts. The judges individually, on the other hand, are divided over the goals of sentencing.

Zero-Sum Enforcement: Some Reflections on Drug Control.—This article reflects upon the dilemmas in drug control efforts and suggests that current policy and practices be reviewed and modified in order to evolve a "more coherent" approach to the problem. The authors critique the methods of evaluating drug enforcement efforts and provide a series of rationales that can be employed in the decisionmaking process.

Inreach Counseling and Advocacy With Veterans in Prison.—A self-help model of direct and indirect services is provided through a Veterans Administration veterans-in-prison (VIP) pilot program. Authors Pentland and Scurfield describe objectives and methodology of the program, including the formation of incarcerated veterans into self-help groups, organization of community-based resources into VIP teams that visit the prisons, serving veteran-related issues and services such as discharge upgrading and Agent Orange, and a diversionary program for veterans in pretrial confinement.

The Probation Officer and the Suicidal Client.—This article by Federal probation officers Casucci and Powell attempts to provide the probation officer with enough information to be able to

recognize and deal effectively with the suicidal client. The authors furnish an overview of the problem of suicide, a profile of the suicidal client, and the therapeutic response of the probation officer in this crisis situation.

An Experiential Focus on the Development of Employment for Ex-Offenders.—U.S. Probation Officer Stanley S. Nakamura of the Northern District of California states that a concerted effort

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has been made in his District to establish an employment program that would provide real assistance to those clients interested in working. Integrity, friendship, patience, professionalism, trust, placement, and followthrough are the basis of a successful employment program, he concludes.

Alienation and Desire for Job Enrichment Among Correction Officers.—Responses to a correction officer opinion survey suggest that C.O.'s hold attitudes toward their job that are similar to those of other contemporary workers, report Hans Toch and John Klofas. Like other urban workers, urban C.O.'s tend to be very alienated; like workers generally, most C.O.'s are concerned with job enrichment or job expansion.

BARS in Corrections.—Evaluating the job performance of employees is a perennial problem for most correctional organizations, according to Wiley Hamby and J.E. Baker. The use of Behaviorally Anchored Rating Scales (BARS) appears to be a viable alternative for evaluating the performance of employees in corrections, they maintain.

Redesigning the Criminal Justice System: A Commentary on Selected Potential Strategies.—Selected strategies are highlighted by Attorney Tommy W. Rogers which would appear worthy of consideration in any contemplated alteration of the criminal justice system. Suggestions are made concerning modification of the criminal law detection and apprehension strategies, improving the administrative and judicial efficiency of courts, redressing system neglect of victims, and utilization of research in planning and legislation.

Strategies for Maintaining Social Service Programs in Jails.—Social services within jails and community-based alternatives to incarceration are vulnerable to cutbacks, asserts Henry Weiss of the Wharton School in Philadelphia. His article suggests a number of strategies for maintaining the improvements in service delivery that have been so painstakingly won over the past 15 years.

Promises and Realities of Jail Classification.—The process by which jails reach classification decisions has rarely been studied due to the preoccupation of the field with predictive models, assert James Austin and Paul Litsky of the National Council on Crime and Delinquency Research Center. The authors' opinions expressed in this article are based on their findings of a comparative process study of four jail classification systems.

Crime Victim Compensation: A Survey of State Programs.—Compensating crime victims for injuries sustained as a result of their victimization has evolved into a highly complex practice, report Gerard F. Ramker and Martin S. Meagher of Sam Houston State University. Their study showed that the state compensation programs in existence today are subject to similarities in certain organizational characteristics and also appear to share certain disparities.

Probation Officers Do Make a Difference.—This article by Marilyn R. Sanchez of the Hennepin County (Minn.) Probation Department examines the successful interaction between probation officer and client. Her article discusses a three-issue model for feedback from probationers: (1) the "exit interview" with the probationer, (2) presentations in schools, and (3) the postprobation checkoff list.

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

Inreach Counseling and Advocacy With Veterans in Prison

BY BRUCE PENTLAND AND RAY SCURFIELD, D.S.W*

THE MAJOR elements of a rehabilitation oriented "inreach" pilot project for incarcerated military veterans are described: sponsorship of incarcerated veterans in self-help groups, organization of community resources into a team that brings services into the prison system, diversionary program for veterans in pretrial confinement. Services are provided within the framework of a "reality counseling" approach, including specialized services for military veterans—such as postcombat stress readjustment issues.

Scope of the Target Population

It has been estimated that there are about 22,500 prisoners within the California State correctional system¹ and probably between 25 percent and 33 percent are veterans who have served on active duty in the U.S. military. Nationwide, it is projected that there are about 130,000 incarcerated veterans² in state and Federal facilities. In California alone, this means that over 5,000 (estimated) veterans are serving time in state and Federal facilities. One can assume that equivalent percentages of inmates/veterans exist within city and other local facilities, not to mention those veterans who are on parole or probation. This is a sizable group who are potentially in need of specialized understanding and interventions—particularly veterans of the Vietnam conflict—to assist in their rehabilitation needs.

In addition, there are serious fiscal considerations. It costs approximately \$13,000³ per year for each incarcerated veteran's upkeep. We are currently in a time of shrinking governmental resources and budgets which affect mental health and rehabilitation programs significantly. It behooves everyone concerned with rehabilitation services to incarcerated persons, and to veterans, to begin to identify and utilize methods for providing a comprehensive range of services in the most economical and effective manner possible.

*Mr. Pentland is Veterans in Prison Program coordinator, Brentwood Veterans Administration Medical Center, Los Angeles, California. Dr. Scurfield is chief of the Vietnam Veterans Resocialization Unit at the Center.

The Veterans in Prison (VIP) Program utilizes a model of self-help within the prisons, and joint VA and community agency VIP teams that service incarcerated veterans. It is one approach to integrating the seemingly competing demands for a range of specialized services for incarcerated veterans in an era of reduced fiscal resources.

Veterans in Prison (VIP) Program

In July of 1977, a pilot project was established at the Brentwood Veterans Administration Medical Center located in Los Angeles, California, as a part of the Vietnam Veterans Resocialization Unit within Social Work Service. It is important to note that the Veterans Administration Department of Medicine and Surgery (e.g., medical centers and clinics), is authorized to extend medical or mental health services only to incarcerated veterans who were on an inpatient or outpatient status with a medical center or clinic at the time of arrest. Incarcerated veterans who can arrange with the correctional facility having jurisdiction over them to visit a VA medical center or clinic are entitled to the same services as any other veteran, regardless of incarceration status. In recognition of the large number of incarcerated veterans and their special needs, the VIP Program has been providing "inreach" rehabilitation oriented services to these individuals on a full-time, pilot project basis. Currently, there are VIP Programs at six long-term incarceration facilities, as well as at two central jails and two civil commitment facilities.⁴

The VIP Program consists of two full-time staff persons from the Brentwood VA Medical Center. One staff person is involved as the coordinator of

¹Memorandum sent to the California State Senate Finance Subcommittee #3 and to members of the California State Assembly Ways and Means Subcommittee #1, dated May 18, 1979.

²Percentages generally agreed upon during the Oversight Hearings on Issues Related to Incarcerated Veterans, United States Senate, July 11, 1979.

³L.A. Times, Monday, June 8, 1981, "Model Prison System Regenerating," John Hurst.

⁴Tehachapi State Correctional Institution (on both the medium and minimum security sides); California State Institution for Men at Chino (on the main yard); California State Institution for Men—East (a protective custody facility); California State Institution for Women; Wayside Honor Rancho (a Los Angeles County facility—programs are conducted on both the maximum and minimum security sides); The Los Angeles County Central Jail (men) and Sybil Brand Institution (women); and at Warm Springs Rehabilitation Center and Acton Rehabilitation Center (Los Angeles County Health Department facilities).

the VIP Programs at the various correctional facilities. As the VIP coordinator, one of the primary functions is to serve as the recognized community sponsor and consultant for a Veterans in Prison self-help group at each of the facilities (where allowed). In turn, each correctional facility appoints a correctional staff person as the "inhouse" sponsor of the VIP group. The VIP group is based on a peer, self-help model of organization. There are elected officers of the group who facilitate the self-organization of veteran inmates through regularly scheduled meetings where veterans discuss areas of mutual concern, organize recreational/social activities and facilitate the attendance and participation of interested veterans with the VIP community resource team that visits the facility on, usually, a monthly basis.⁵

The VIP coordinator's second major function is to coordinate and maximize the involvement of a "team" of public and private community agencies that bring services to the VIP group members through regularly scheduled visits to the correctional facility. The organization into VIP teams of such already existing community resources concerned with services to incarcerated persons serves a number of objectives. One objective is to provide an onsite comprehensive, one-stop range of services readily accessible to inmates that no single agency could adequately provide. A second objective is to serve as the community resource liaison contact with the correctional facility staff. This accomplishes two purposes. The prison staff generally prefer a single person to communicate and deal with in terms of both screening requests from community resources, and in coordinating participation at the various community agencies. The VIP coordinator provides these functions.

Also, the VIP coordinator works and is familiar with all of the major local, state and Federal facilities in the greater Los Angeles area; thus, the

⁵At a number of facilities, the VIP coordinator first had to provide one-to-one services with individual inmates for a period of time in order to establish a good track record with the correctional facility officials and with the inmates. Only at that point did a number of the facilities then agree to allow the formation within the prison of VIP groups; there tends to be a concern, if not outright distrust, among the inmates in particular at most facilities over the formation of self-help groups.

⁶The Center for Veterans Rights (a private agency that serves as an advocate for veterans and provides help with discharge upgrading and Agent Orange, post-traumatic stress disorder and other disability claims); the University of California at Los Angeles—Education Opportunity Center (for help with educational matters, including financial aid); the California State Department of Veterans Affairs (discharge upgrading, VA claims and informing incarcerated veterans of their VA benefits and rights); the Disabled American Veterans program (general VA information, disability and Agent Orange claims); the Career Planning Center (job placement and development assistance, located within the VA Regional Office in Los Angeles); and the Brentwood VA Medical Center (information and counseling and coordination of the VIP program, and referrals to various medical and mental health benefits and services).

coordinator insures the optimal distribution of scarce community agency resources into teams specifically tailored to the needs of the veterans at each correctional facility. Therefore, each agency involved with the VIP program either makes regular visits as a part of the VIP team, or accepts inquiries referred to them after the prison visit by the VIP coordinator.

Each agency is a specialist in the provision of services that address one or more of the needs of incarcerated veterans. The agencies involved currently include state, nonprofit, Federal, and local grass-roots programs.⁶ It is important to note that the makeup of these "teams" is not static. As changes occur within the contributing agencies, this affects the extent of their ability to participate within the VIP program.

The second counselor from the VIP program is involved in providing services in conjunction with the Forensic Mental Health Unit (FMHU), a Los Angeles County Mental Health program. This program is located at the Los Angeles County Central Jail and is geared to providing psychiatric assessments and recommendations regarding inmates who have a significant psychiatric condition. This VIP counselor was placed with the FMHU in July of 1980, following meetings between the FMHU and Brentwood VAMC staff concerning ways to improve working relationships between these two systems. The VIP counselor meets with identified male and female veterans currently in the Central Jail or at Sybil Brand Institution; he assesses the veterans' needs and motivation to participate in a mental health diversion program (psychiatric or substance abuse) either at a Veterans Administration medical center or at other community agencies.

The main thrust of this VIP/FMHU program is to provide such services to veterans in pretrial confinement status; a second service is to facilitate Brentwood VAMC or other VA staff liaison with the Central Jail facilities when a current VA psychiatric or substance abuse in- or outpatient is incarcerated. It is important to note that psychiatric screenings are also provided to insure that persons who should remain in the correctional system do so and are not inappropriately diverted to mental health programs. Many times the information possessed by a staff person at one of the VA medical centers can be most useful in effecting an appropriate decision. The VIP counselor also works closely with the courts, public defenders, public prosecutors and other legal personnel, as well as with the correctional system, VAMC evaluation and admission staff, other mental

health workers, and family and significant others concerned with the inmate/veteran. All of these contacts are necessary to effect meaningful linkages between these three large and complex systems—the Veterans Administration, the Los Angeles County Jail, and the Los Angeles County Health Department. It is probably safe to say that this is the first systematic and effective programmatic relationship that has been maintained among these three large institutions.

Major Services of the VIP Program

Overall, the VIP program recognizes that the incarcerated veteran is a person who has a range of rehabilitation needs that are characterized and compounded by the fact that the individual has the status of both correctional facility inmate, and military veteran. Within the framework of the VIP group at each facility, the VIP community resource team makes a range of services available to those veterans who are willing to take advantage of the services offered. One set of services offered relates to the inmate in his/her status as a military veteran:

Discharge Upgrading.—Many incarcerated veterans are in need of discharge upgrading. This service assists veterans with other-than-honorable discharges from the military to apply for a change in their discharge status to under-honorable-conditions. Less-than-honorable discharges are overrepresented among minorities, and among incarcerated veterans. Oftentimes, the basis for which a less-than-honorable discharge was initially given may be contested on procedural and/or substantive grounds; for example, having received an undesirable discharge because the

⁷The legislative purpose of both P.L. 96-466 and P.L. 96-385 is to prevent "double dipping," i.e., the incarcerated veteran is already receiving food, clothing, housing and medical care at the expense of a governmental entity—either local, state or Federal. It can be argued that since subsistence is already taken care of, then to have the VA also pay the inmate for these expenses constitutes both waste and perhaps a "reward" for being incarcerated. PL 96-466 does allow for the VA to pay all educationally related costs (books, tuition, etc.) that is not paid or provided for by the correctional system. Dependent benefits, if allocated prior to October 16, 1980, will be paid. P.L. 96-385 does provide for the continuation of some disability benefits while incarcerated—a veteran with an award of 20 percent or more will have the award reduced to 10 percent during incarceration as of the 61st day of incarceration; a veteran with a 10 percent benefit will have the award cut in half during incarceration. However, dependents can contact the local VA regional office and seek Death in Compensation (DIC) benefits in lieu of these reduced benefits if the DIC benefits will be greater during the veteran's incarceration. It is ironic that if a veteran is hospitalized for treatment of a service-compensable condition (for example, a psychiatric disability), the VA will increase the award to 100 percent during the hospitalization. This is in spite of the fact that the veteran is receiving food, shelter, and treatment from the federally funded VA medical care system.

⁸It is important to note that such restrictions affect veterans only while incarcerated, or in certain circumstances while in work release or half-way house programs. Veterans still can utilize whatever VA benefits they are otherwise entitled to upon release from confinement.

veteran admitted to usage of nonprescription drugs—and yet committed neither a crime *per se* nor was there dereliction of duty. Thus, veterans are advised of their rights and when there are possibly legitimate grounds to contest, the VIP counselor facilitates veterans' efforts to apply for an upgrade in their military discharge status.

VA Benefits.—Information and application assistance regarding various benefits and rights available to veterans is another important area of service to incarcerated veterans. This area of need and service is complicated and perhaps made even more necessary in light of the implications and restrictions recently imposed by legislation on incarcerated veterans. *Public Laws 96-385 and 96-466* limit both the payment of VA educational benefits while incarcerated, and the receipt of service-connected disability benefits.⁷

Previously, incarcerated veterans were able to obtain, for example, full educational benefits for attending VA-approved, full-time vocational or educational training courses while incarcerated. From the VIP experience, VA educational benefits provided a double incentive to incarcerated veterans. It provided money for the veterans and their families both while incarcerated and upon release. In turn, the more the veterans felt that they still were a contributing part of the family unit, the more likely that the family unit would remain intact. This would of course frequently increase the chances for a successful reentry with the family, and reduce the chances of returning to prison. Receiving benefits while incarcerated also provided a method whereby the veterans could get viable "practice" working within the system to taste the rewards possible, e.g., serving time and concurrently bettering themselves through taking advantage of VA-approved training or educational programs. It also was tangible proof that society indeed had not "abandoned" them.

Legislation restricting veterans' benefits while incarcerated certainly is understandable and rational from a legal perspective. However, the authors of this article would suggest that not only do these restrictions emphasize punishment (from the inmate/veteran viewpoint), but because of this they can be detrimental to the rehabilitative process. "I served my country, and now they are taking away what I was told I would get by successfully completing my military obligation."⁸ The VIP approach emphasizes to the incarcerated veteran that he/she has not permanently "lost" VA benefits by explaining the reasoning behind these laws, but in effect that they are in a situation where they must defer temporarily taking ad-

vantage of such benefits—until release from prison.

Unless the veterans understand the rationale for these laws (e.g., to prevent "double dipping"), and have an opportunity to vent their feelings regarding these new restrictions, incarcerated veterans can become so turned off to "the system" that they will refuse to take advantage of their VA benefits at a later time, even though still entitled to them!

Another impact of this legislation is that in other regions of the U.S. where there are no VIP programs, the only VA resource accessible to incarcerated veterans is veteran's benefits counselors or other personnel from VA regional offices. However, regional office staff in the main who visited prisons have been concerned with benefits' information dissemination. Now, VA regional office staff have been directed, at their discretion, to eliminate prison visits because of Public Laws 96-466 and 96-385. This will leave both prison staff and the veteran/inmates with minimal or no onsite access to VA resources.

Agent Orange Claims.—Agent Orange is a toxic dioxin herbicide that was sprayed extensively throughout Vietnam as a defoliant. Growing numbers of Vietnam veterans claim that exposure to this chemical has caused many health problems such as skin condition (chloracne), numbness and tingling in the extremities, liver dysfunctions, multiple birth defects in their children, and so forth. The validity of such claims is hotly disputed by the VA and the major chemical companies that were involved in the production and/or distribution of Agent Orange. In addition, research studies have not yet offered definitive evidence regarding this issue. The Veterans administration has agreed to give medical examinations for Agent Orange claims, and maintain a central registry of such claims in case future evidence results in the VA allowing service-connected disability payments for Agent Orange-related conditions. At present, skin chloracne is the only Agent Orange-related condition recognized as service-compensable.

Advocates for Vietnam veterans have a responsibility to notify veterans of their rights regarding Agent Orange: To file a disability claim with the VA if they were exposed to Agent Orange, and help them with the application; and to refer them to receive a free VA medical evaluation for their physical complaints allegedly related to Agent Orange. Through the VIP program, such examinations can either be scheduled at appropriate VA facilities, if the individual's custody status so permits, and appropriate arrangements can be made to have the prison medical department provide

transportation to the examination. In addition to assistance concerning Agent Orange claims, the VIP team assists the incarcerated veterans to apply for other possible service-connected disabilities that they may be eligible for, such as posttraumatic stress.

Posttraumatic Stress Disorder.—Psychological difficulties following exposure to trauma, such as combat experiences, are recognized in the *Diagnostic and Statistical Manual of Mental Disorders* (DSM III, 1980) under the diagnosis of "post-traumatic stress disorder." This is a subtype of anxiety disorder that veterans who served in heavy combat in Vietnam have been particularly likely to report. The stress disorder is characterized by various psychological symptoms, such as nightmares related to the trauma, and by postmilitary readjustment problems. The specific Vietnam experience, and possible connections and related concerns, will be discussed later in this article in its relationship to the Reality Counseling approach of the VIP program.

Community Reentry Needs.—Other areas of VIP services address needs of veteran inmates preparatory for community reentry. Such needs are similar to those of other incarcerated persons, and include areas like employment upon release, integration with significant others, housing, etc. One of the ways that these needs are addressed is through the use of VIP-sponsored community betterment visits. Inmates are allowed to come out of the prison, with a correctional staff escort, to attend relevant activities for the day, as arranged by the VIP coordinator. The qualifications for these visits are that the inmates be members of the VIP program at the institution, and that they be cleared and approved under existing regulations from the prison. These visits allow the veteran to come into the community and see, with the VIP coordinator, "how the world has changed (or not changed!)." Veterans can explore on a first hand basis employment and other resources. The day typically is utilized for job preparation, job interviews, information gathering, programming for post-incarceration, and so forth.

Goals and Methods of the VIP Program

The overall goal of the VIP program is to "help the veterans to help themselves" towards a successful rehabilitation. Two objectives toward accomplishment of this goal are to effect changes in attitudes, and to help the incarcerated veterans to obtain tangible and needed information, resources and services.

In terms of attitude changes, the major area addressed is that the responsibility for actions and the consequences thereof lie within the individual. The tendency to externalize responsibility to factors outside of the self⁹ is a major issue that is constantly confronted within the forum of the VIP group meetings and/or individual counseling sessions. From the inmates' point of view, he or she can maintain and justify a feeling of alienation from society because "just about the only things I ever got from society were a tax bill and a draft notice. . ."

However, the VIP approach is to not allow inmates to dwell on what *did* happen or *who* was at fault. Instead, the emphasis is on now and the future, e.g., goal setting, action plans to accomplish the goals, and following through on the plans. For example, many incarcerated veterans will quit in the middle of trying to apply for VA benefits, or for a discharge upgrade. Results, at least within the VA system, rarely come as quickly as the veteran would like, incarcerated or otherwise. The VIP program enables the inmates to voice their concerns, supports their tolerance and perseverance, uses "inside knowledge" about the VA system to facilitate processing of the veterans' requests, and in effect gives the incarcerated veteran the opportunity to experience some measure of success that *has been attained through following the rules and procedures of the system*. The importance of positive actions in response to expressed needs, always through "approved channels," is constantly stressed. In spite of restrictions on receipt of VA benefits while still incarcerated, the important factor still remains in the concept of individual responsibility, in helping inmates to develop positive, not self-defeating, attitudes about themselves vis-a-vis society.

Part of the process in achieving success within the rules of the system is learning how to communicate and receive communications in ways that are not self-defeating. All too often, the incarcerated veterans have been totally frustrated in dealing with others.¹⁰ If the veterans make inquiries, they see their desires as being ignored, or

misunderstood. When they feel anger or frustration, there is little understanding of how to express their concerns in a constructive manner. The results oftentimes are misdirected anger and hostility,¹¹ usually compounded by feelings that society holds the power to prevent the inmates from "doing what they know is best" and receiving just rewards.¹² To know how to live and function more effectively within a society that is not always fair, or just, or understanding, is part of the VIP approach toward attitude changes. We are all frustrated by the apparent insensitivity of bureaucracies and society, the apparently endless labyrinth of paperwork, procedures, counter-procedures, and seemingly impersonal attitudes of those "within the system." Since it is frustrating to everyone, to various degrees, in the final analysis it is the individual's own strength and skills that usually spell the difference between "success" (including staying out of prison), and "failure" (including being in prison). Such understandings are basic to the VIP counseling approach, and have their foundations in the concept of the individual's responsibility to him or herself, the family unit, and society.

Reality Therapy as Adapted to the VIP Program

For those familiar with the principles and theoretical underpinnings of "Reality Therapy,"¹³ the VIP counseling techniques, strategies and philosophies are similar in a number of important ways. Reality Therapy postulates that if people feel that they are "nothing" (or in a zero state) and that everyone else sees them in this way¹⁴, then they need take no responsibility for their actions. The incarcerated veteran oftentimes adopts this perspective. Reality Therapy places a primary emphasis on not giving the individual the opportunity to make excuses for his/her behavior. Many inmates will have all kind of "reasons" e.g., excuses, for being in prison. These are usually in the form of blaming others for their lives and thus externalizing responsibility. However, in Reality Therapy, the counselor is not interested in a person's past life as a controlling factor in his/her present situation:

It is not only possible, it is desirable to ignore (his/her) past and focus in the present because contrary to almost universal belief, nothing which happened in (his/her) past, no matter how it may have affected him then or now, will make any difference once he learns to fulfill his present needs. . . .¹⁵

The focus is to try and facilitate the inmates' ability to not only take responsibility for their thoughts and actions, but to drop the facade of

⁹Samuel Yochelson and Stanton Samenow, *The Criminal Personality*, Jason Aronson, New York, Vol. I, 1977, pp. 12, 17, 25, and 249.

¹⁰*Ibid.*, pg. 457.

¹¹*Ibid.*, pg. 345.

¹²*Ibid.*, pp. 277, 282 and Vol II, pg. 7.

¹³William Glasser, *Reality Therapy*, Harper & Row, 10 E 53rd St., New York, N.Y., 1965.

¹⁴Yochelson and Samenow, *The Criminal Personality*, p. 265.

¹⁵Glasser, *Reality Therapy*, p. 13.

their "goodness" and recognize that their past actions have caused pain to others (including family and friends) through the actions that led to their being incarcerated. The focus is not just on the crime(s) for which they were arrested, but on the total life style and all those crimes for which they were not apprehended. The process whereby thoughts affect actions is constantly stressed, more through tasks than by direct counseling; there is just not enough counseling time to spend with each individual. However, by incorporating Reality Therapy techniques within the tasks assigned to the inmate veterans, some change inducements are introduced to the inmate. For example, the inmate is assigned and expected to do all paperwork plus all "inside" arrangements to enable the prison to allow him/her to receive an Agent Orange examination at a VA medical center.

The coordinator is in a difficult position as he must be both judgmental and non-judgmental at the same time. There is a need to indicate to the inmate that while his or her actions may not be condoned, the veteran still is accepted as a person. It is emphasized that lack of agreement with the veteran's behavior(s) is not to say that the veteran is wrong, is personally being rejected by the coordinator, or that the coordinator is right. The fact is that the world has many definitions of what is right, wrong, better, worse, good or bad. These definitions do vary with the times and are not necessarily equally applied to everyone. However, the VIP coordinator is not concerned with labeling behaviors as right or wrong, but in how present thoughts and attitudes affect behaviors; the "why" of the behaviors is really of secondary importance.¹⁶ In addition, because of deep-seated negative attitudes about society, and the tendency to externalize blame onto others, there is a need to be directive and structured in dealing with incarcerated veterans. The VIP approach continues to stress that it is the veteran's own individual responsibility to get out, and stay out, of jail—regardless of what the veteran feels that society does, or is doing, to the veteran.

All of the preceding tactics and strategies in counseling are basic to the VIP program. However, one additional ingredient is crucial as well—trust. How does one continually confront inmate/veterans regarding their individual responsibilities, and also generate trust? The most direct way seems to be through demonstration of concern by a willingness to act with and on behalf of the

veterans. This is accomplished in a number of steps. First, the coordinator is a model of consistency and immediacy—*always* being at the prison at the regularly scheduled times; always doing what is promised, etc. Secondly, the resources included on the VIP team are carefully screened by the VIP coordinator, and are required to make a specific commitment (sometimes in writing) regarding what services will be provided, when and by whom. If the resource is not good, and reliable, it is removed from the team. Thirdly, there is active followup when necessary outside of the prison walls, e.g., "walking a claim through" at the VA regional office, or advocating on behalf of a veteran to various agencies. Fourthly, timely feedback is given to the inmate about the claim or inquiry—by telephone, in writing and/or in person during the next prison visit. Finally, some positive results are essential. All of the above-mentioned steps are relatively meaningless if the coordinator/VIP team and inmates' combined actions do not produce at least some tangible accomplishments for a number of the veterans. Accomplishments may include applying for and actually receiving a discharge upgrade, or a veteran's benefit. However, at times the "accomplishments" may be nothing more than receiving positive "strokes" from the VIP coordinator and from oneself for putting forth sound, reasoned and persistent efforts, and having a better understanding of negative factors beyond one's control. It is not always necessary—or possible—to get just what one wants and at the time one wants it; but, it is necessary to get a response that addresses the issue — and learn from the process.

The Vietnam Experience and Reality Counseling

In contrast to "pure" Reality Therapy, which completely negates all historical material, there is discussion of some past experiences with incarcerated veterans. Notably, this occurs with the Vietnam experience. Indeed, Vietnam-era veterans (veterans who served in the military from 1964-1975) comprise about 80 percent of the VIP caseload. Many of the Vietnam veterans have had little or no positive opportunity to ever discuss their Vietnam or homecoming-from-the-war experiences which oftentimes have burdened the veteran with feelings of guilt over what he/she did or didn't do, or vivid memories about traumatic experiences that are carried around as long as 10 or 15 years later. There are a number of unique and controversial aspects surrounding this Vietnam experience. It was an unpopular war at home; there

¹⁶Yochelson and Samenow, *The Criminal Personality*, pp. 10 (footnote) and 24.

were widely publicized alleged war atrocities; most soldiers did not feel any ideological or national commitment to support their participation in the war. At best, there was an unwillingness on the part of many Americans, including oftentimes family and friends of the Vietnam veteran, to talk or encourage the veteran to talk about his/her war experiences; or, if they did talk, others would blame or otherwise criticize the veteran's role in the war. Other Vietnam veterans faced outright hostility back home; for example, some vets were advised to delete Vietnam from their job resumes, others were actually called "baby-killers" or "dope crazed Vietnam veterans."

In addition to the hostile reception, and or the lack of positive support from the home environment, the veterans themselves perhaps had and still have substantial conflictual and unresolved memories and feelings relating to their participation in the war—and about the "unwelcome home" so many received. It is common for Vietnam veterans (not just those who are incarcerated) to be disillusioned, bitter, and angry at society, the government, family and friends for either sending them into the Vietnam conflict, and then not supporting, "honoring," or being willing to listen to them upon their return. This is in sharp contrast to the "hero's welcome" accorded World War II veterans, the Iranian hostages, etc. (many a Vietnam veteran broke down and cried while watching the almost frenzied adulation that the hostages received when arriving back in the U.S.). The fact that many service organizations outright rejected or were less than happy about Vietnam veterans joining their organization—and in many cases this feeling still persists in 1981—only further alienated the Vietnam veteran. A recently published study further spotlights this problem; combat veterans are significantly overrepresented among Vietnam veterans who are having postmilitary readjustment problems, including incarceration rates higher than for veterans not in combat.¹⁷

Because it has been so difficult for many veterans to "put the war behind them," many do need a supportive environment in order to begin to sort out and attempt to make some sense of what they did, what happened to them while in Vietnam

and afterwards, and what it might have to do, if anything, with their current situation and state of mind. The discussion of historical (e.g., Vietnam and homecoming) material does allow the possibility for the inmates to dwell on these past subjects, or to find excuses for past or current behaviors. Thus, some very clear ground rules must be established prior to accepting historical input. The VIP coordinator will listen to accounts dealing with current stress that seem to be bothersome or at least partly connected to stressful experiences encountered in Vietnam or in the transition from military to civilian life. For example, a veteran had a very close friend killed in Vietnam and continues to blame himself for his friend's death (e.g., one form of "survivor's guilt"). In such situations, the past event is not accepted as an excuse for present behaviors. The emphasis at all times is that there may be reasons for the veteran being in jail, but never an excuse. Rather, the focus is on taking care of the "unfinished business" relating to the Vietnam or homecoming experiences, accomplished at least partly through ventilation of repressed feelings and memories. (This process might result in referral for more indepth psychotherapy). Then it is essential to move on to deal with what is going on today, and what the incarcerated veteran needs to do to better take care of his or her needs and wants.

Clearly, dealing with unresolved issues related to past traumatic experiences is a significant deviation from the concept of Reality Therapy. However, it is felt that this is necessary because of the substantial negative and unresolved impact that the Vietnam experience often has had on current functioning, and in alienation from the larger society. It is likely that this is the first time that anyone, let alone someone in an authority position who is also a Vietnam combat veteran, has ever been willing to talk in a nonjudgmental manner with the veteran about this period in the inmate's life. And, on the other hand, the Vietnam veterans themselves are prone to put up barriers and be reluctant to discuss Vietnam or its aftermath with anyone—except perhaps with another Vietnam veteran. Thus, the opening up of such discussions can result in a beginning foundation of understanding and trust between the inmate and the VIP coordinator.

Discussion of combat experiences proceeds along a chronological line. Counseling usually begins at feelings and events surrounding induction into the military, and proceeds through basic training to Vietnam and postmilitary experiences.¹⁸ General questions about feelings,

¹⁷The Center for Policy Research, Inc. *Legacies of Vietnam: Comparative Adjustment of Veterans and Their Peers*, March 1981.

¹⁸Tom Williams (ed.) *Post-Traumatic Stress Disorders Among Vietnam Veterans*. Disabled American Veterans: 1980. This book is available free to any therapist or counselor; it is the most definitive publication to date regarding the treatment of traumatic stress among Vietnam veterans. Telephone (618) 441-7300, or write to: National Communications Department, Disabled American Veterans, P.O. Box 14301, Cincinnati, Ohio 45214, to order one or more copies. Bulk orders are possible.

emotions, etc., are not asked nor are they gone into. The same is true of motivational issues. What is discussed are the acts themselves, and the accompanying experiences. A perspective is placed on the time and the place in which such acts occurred and how they affect the veteran's current life.

Conclusion

From the experiences gathered during the past 4 years in working with incarcerated veterans, the following facts stand out: There presently exist a sufficient number of community resources (local, state, and Federal governmental programs, and nonprofit agencies) to provide services to incarcerated veterans. Such veterans now number about 130,000, or approximately one out of three inmates being held in state and Federal facilities; about one-half of these are Vietnam or Vietnam-era veterans.¹⁹

What seems most needed are not new programs, but the development of a framework acceptable to the VA, community agencies and to the correctional systems, to include these programs within a larger effort of coordinated services accessible to incarcerated veterans. Correctional staff, by and large, are willing to allow viable programs into the

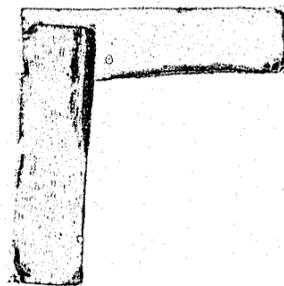
prisons to aid the veterans. However, it is imperative that the VA provide more than pamphlets, or information dissemination. The authors of this article contend that the VA must assume the role of front-runner in the field of rehabilitation programs for veterans in prison. The tools are available. What is needed is the desire and understanding to use them to maximum effectiveness, both for the incarcerated veteran and for society as a whole. Such utilization can, at the least, reduce recidivism, therefore saving tax dollars, and provide a tangible service to veterans which require minimal or no increase in governmental budgeting to provide such services. In the case of the Vietnam veteran, understanding of the nature and ramifications of the Vietnam and homecoming experiences is an additional factor necessary for optimal rehabilitation of a number of incarcerated veterans.

The VIP program began as a pilot project to provide limited, direct services at two prisons. It now has expanded to include a range of direct and indirect services at six prisons, two central jails, and two civil commitment facilities—with a VAMC staff of only two. Such expansion has resulted from application of a self-help model of rehabilitation, and by organizing already available resources into a cohesive rehabilitation team. The potential exists for even further refinement and development of VIP programs—reduced staffing and budgetary cutbacks notwithstanding. Can we afford not to make such a commitment?

¹⁹Bruce Pentland, "Incarcerated Veterans Do Not Fit the Stereotype," *The Military and Veterans Minority Observer*, February 1981 and April 1981.

FOR SOME TIME now direct counseling efforts have been the methodological scapegoats in criminal justice for their failure to deliver what they promised 20 or 30 years ago in terms of altering the course of criminal careers. There is no question that social workers and other mental health practitioners naively promised too much, but the claims that casework is a "dead-end" as far as criminal justice is concerned or that psychotherapy in general is "ineffective" can be challenged.

—GLORIA CUNNINGHAM, PH.D.



END