The Evolution of Probation: The Historical Contributions of the Volunteer

Don't Throw the Parole Baby Out with the Justice Bath Water.

LEAA's Impact on a Nonurban County

Developments in Shock Probation

Family Therapy and the Drug Using Offender

Alternate Direction in Correctional Counseling

Services on a Shoestring

Assistance to Federal Prisoners

Six Years Later: The Legal Legacy
Federal Probation
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This Issue in Brief

The Evolution of Probation: The Historical Contributions of the Voluntary—In the second of a series of four articles on the evolution of probation, Lindner and Severance trace the volunteer/professional conflict which emerged shortly after the birth of probation. The authors reveal that volunteers provided the courts with probation-like services even before the existence of statutory probation. Volunteers were also primarily responsible for the enactment of early probation laws. With the appointment of salaried officers, however, a movement toward professionalism emerged, signaling the end of volunteerism as a significant force in probation.

Don't Throw the Probate Baby Out With the Justice Bath Water—Allen Breed, former director of the National Institute of Corrections, reviews the question of parole abolition in light of the experience provided the courts with parole-like services even before the existence of statutory probation. Volunteers were also primarily responsible for the enactment of early probation laws. With the appointment of salaried officers, however, a movement toward professionalism emerged, signaling the end of volunteerism as a significant force in probation.

LEAA's Impact on a Nonurban County—LEAA provided funds for the purpose of improving the justice system for 16 years. To date, relatively little effort has been made to evaluate the impact of LEA on the delivery of justice. In this article, Professor Robert Sigler and Police Officer Rick Singleton evaluate the impact of LEA funds on one nonurban county in Northwestern Alabama. Distribution of funds, retention and impact are assessed. While no attempt has been made to assess the dollar value of the change, the data indicate that the more than one million dollars spent in Lauderdale County did change the system.


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The Legal Legacy

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All phases of prevention and correctional activities in delinquency and crime cases within the fields of interest of FEDERAL PROBATION-The Quarterly wishes to share with its readers all constructive, worthwhile points of view and welcomes the contributions of those engaged in the study of juveniles and adult offenders. Federal, state, and local organizations, institutions, and agencies—both public and private—are invited to submit any significant experiences or findings related to the prevention and control of delinquency and crime.

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Three modes of interaction characterizing the inter-
face between probation professionals and the offen-
sers' families are described.

Toward an Alternate Direction in Correctional Counselling—While examining some of the problems in
correctional counselling, e.g., authority, resistance to change, etc., this article calls for an alternative to
traditional therapies. Dr. Ronald Holmes recognizes the need to move toward a model of counselling which
reduces the importance of traditional therapeutic values and stresses the need for humane relationships.
This model encourages an equal relationship between the counsellor and the client, an examination of conscious determinants of behavior, and a belief in the client's ability to change.

Victim Services on a Shoestring—The criminal justice system is currently demonstrating more con-
cern about the victims of crime. Robert M. Smith, probation and parole officer for the State of Vermont, writes that although we in corrections oftentimes do not become involved with offenders until long after some crimes were committed, we still can play a significant role with regard to victims. Furthermore, some of these interventions do not require additional resources; rather, it is a matter of rethinking our own attitudes.

Medical Services in the Prisons: A Discreditable Practice—This article by Professor James T. Steenburg reviews the provision of medical services in prisons and the growing involvement of the courts. Studies reported in the literature raise serious questions as to the quality and quantity of such care. Traditional approaches would suggest amelioration of the situation by providing more and better care. However, the consideration of alter-
natives to the present delivery system is examined in this article, as exemplified by the developing drug and alcohol treatment system. Importantly, the resolution of the problem is defined in terms of ser-
vice system design and redesign. Additional needed research and analytical studies are identified.

Legal Assistance to Federal Prisoners—Legal Aide Attorney Arthur B. Guzwey describes the duties of the visiting attorney to the Federal Correctional Institution, Milan, Michigan from February through October 1981. Commencing in April, a total of 136 interviews were conducted with 126 inmates during visits taking a total of 71 hours. Prison authorities felt this service would assist inmates in (1) pursuing their criminal cases; (2) coping with prison grievances; and (3) resolving private legal matters. This paper addresses, experimentally, these problems and the merits of legal consultation.

Love Canal Six Years Later: The Legal Legacy—It was August 1978 when the New York State Health Commissioner declared a health emergency at the Love Canal site on the outskirts of Niagara Falls, which ultimately led to the evacuation of nearly 1,000 families. For 5 years, Hooker Chemical and Plastics Corporation has used the 15-acre site to dump 21,500 tons of toxic chemicals until it sold the property to the Niagara School Board in 1983. Since 1978 the Justice Department has ini-
tiated a $124.5 million lawsuit against Hooker, and New York State has filed suits totalling $835 million, charging Hooker with responsibility for the Love Canal disaster and other illegal dumping in the area. Issues remain, however, in the assessment of legal responsibility in this case. In this paper by Professor Jay Albenese questions of causation, prosecution, sentencing, and prevention are examined to illustrate the difficulty in doing justice in cases involving the scientific and legal issues raised by exposure to hazar-
drous waste.

The Evolution of Probation
The Historical Contributions of the Volunteer

BY CHARLES LEHNER AND MARGARET R. SAVARESE

A majority of us already know, probation was brought into existence in this country by a relatively small number of dedicated indi-
viduals, most of whom were volunteers. Of course, the very first name that comes to mind is that of John Augustus, who subsequently
in Boston during the mid-1800's earned for him the ti-
tle of "father of probation." But there were other volunteers, both in Massachusetts and other jurisdic-
tions such as New York and Chicago, who followed Augustus in his approach to his work, still on a voluntary basis, winning acceptance for probation in the process and, thus, laying the groundwork for passage of the first official probation laws.

Whereas volunteers had been the undisputed leaders and pioneers during the early stages of the evolution of probation, their role changed radically very shortly after the enactment of probation legisla-
tion. Almost inevitably, the advent of publicly paid professional probation officers led to an eventual diminution of both the volunteers' functions and status within the system. In most jurisdictions, a con-
sistent pattern emerged following the creation of a formal, official probation system; as paid probation officers were hired, increased in numbers, and became professionalized, they often concentrated their organizational efforts on the removal of volunteers from the system and, at the very least, on severely limiting the role and functions of volunteers.

In New York State, for example, the trend toward professionalization was evident during the first decade of statutory probation services and, in many in-
stances, publicly paid probation officers were simply substituted for volunteers. Elsewhere, volunteers were subjected to supervision by professional, salaried probation officers, limited in the scope of their duties and "token volunteers." Most importantly, a number of attacks on the qual-
ity of volunteer work served as a stigma and tarnished the credibility of volunteers as a whole. So

*This is the second in a series of four articles on the evolution of probation.

The Premier Volunteer

Of course, the first and foremost volunteer was John Augustus and his contributions in the early stages of probation in this country overshadow the efforts of all other volunteers who labored during this period prior to the existence of a formal probation system. Although his name is not as commonly known as Augustus, he is properly credited with being the "father of probation," Augustus was the "first to invent a system, which he termed probation, of selection and supervi-

Family Therapy and the Drug Using Offender

The Organization of Disability and Treatment in a Criminal Justice Context*

BY DAVID T. MORAY, JOHN M. VANDEUSEN, AND DAVID WILSON

There has been a sharp growth of conjecture and inquiry concerning the cost and quality of services provided by present institutions, in recent years. Since 1976 it has ventured to say that the current organization of health care in the United States is not adequate to the needs of its own population. We shall attempt to shed light on the structural and treatment processes that are contrary to its own professed mission. We shall focus attention on the interactions observed among identified clients, their families, the criminal justice system, and other developed countries actively involved in the treatment of drug and alcohol-related problems.

In their work with chronic heroin addicts, Stanton, Todd, and associates (1982) demonstrated that the symptomatology of addicts is not an isolated phenomenon. The clients described in this study were typically young adults who had engaged in drug-related behaviors for several years. The addicts were often troubled by a variety of symptoms, including mood swings, irritability, and anxiety. The addicts also reported a history of family dysfunction, including parental conflict, and a history of previous treatments that had failed.

The population in focus consists of probation and parole clients who have been engaged in outpatient family therapy. All of these clients have a history of drug problems, and the therapy is viewed by the institution (probation office) as a useful means of diminishing preventing drug usage. The "disability" at hand is thus comprised of a legal and institutional system, a criminal behavior and a praxis for drug abuse, although no formal diagnostic classification (such as DSM IV) is applied. This leaves considerable latitude for the definition of the problem and goals for treatment. The situation can pose numerous difficulties for all involved, particularly if expectations vary.

A key difference between this population and those described in earlier studies is that families containing a convicted member have often accepted an

Family therapy program significantly reduced the need for hospitalization.

In their work with chronic heroin addicts, Stanton, Todd, the present authors, and other colleagues have built the treatment approaches of both Haley and Minuchin. Addiction is viewed as bound-up with an effort on the part of the family of origin to maintain a dysfunctional homeostasis (Stanton, Todd and Associates, 1982). Here, turmoil within the family is detoxified by a refocusing of attention on a series of mini-crisis provoked by the addict and his habit. Those who have worked with heroin addicts may be familiar with this phenomenon, marked by continual shifting in and out of drug treatment and other services.

The phrase "pseudo-individuation" is used by Stanton, Todd, Fearon, Kirchhofer, Kleiman, Mowatt, Riley, Scott, and VanDeusen (1978) to describe the addict's untenable involvement in the family of origin, in which he/she either clearly "in-side" or "out-side." Developmental and social factors pressuring for a separation are apparently countered by conditions within each family, which present a complete transition from taking place. Haley (1981, Stanton et al. 1982, Minuchin et al. 1976) all describe the onset of the disability as functioning to allay or dampen stresses at other loci in the family. These stresses most often were to involve the parents, or the parents and an extended family member (e.g., grandfoster).

Clinical understanding has expanded to include institutional correlates of dysfunctional processes in families containing a seriously disabled member. In working with substance-abusing young adults at the time of first hospitalization, Haley and colleagues (including Mowatt), noted that the psychotic break occurred at a time when the young person was expected to separate from his or her family of origin and function as an autonomous adult. A critical life event was usually impending, such as graduation from college or professional school; marriage; advancement in a career; etc. A family approach to psychotherapy was developed by Haley, which consisted of placing the parents in charge of the young person upon discharge from the hospital. This was seen as a way of attaining a stabilizing of hierarchies within the family, conducive to therapeutic resolution of the turmoil associated with the young person's separation from the family. Haley (1982) has described the system's capacity to maintain the symptom by continual shifting in and out of drug treatment and other services.

The situation of treatment is positive when compared with families in which a crisis did not occur during treatment. The subject of this article is a further development of this conceptual framework, based on our recent work with criminal offenders assigned to family therapy and other forms of treatment for drug problems, and the therapy is viewed by the institution (probation office) as a useful means of diminishing preventing drug usage. The "disability" at hand is thus comprised of a legal and institutional system, a criminal behavior and a praxis for drug abuse, although no formal diagnostic classification (such as DSM IV) is applied. This leaves considerable latitude for the definition of the problem and goals for treatment. The situation can pose numerous difficulties for all involved, particularly if expectations vary.

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*This article was prepared for presentation at the session on Applying Mental Health Research: Transformations of Disability Within Formal Care Systems, at the 21st Annual Meeting, American Anthropological Association, December 3-7, 1986, Washington, D.C. Copyright is reserved by the authors. The article should not be copied, distributed or cited without permission from the authors, who can be contacted at: Resources for Human Development, Inc., 120 West Lancaster Avenue, Ardmore, Pennsylvania 19003 (215) 968-6400.

Figure 1. Opportunities for Entanglement of Participants at Various Levels in the Criminal Justice System

![Figure 1. Opportunities for Entanglement of Participants at Various Levels in the Criminal Justice System](image-url)
untenable compromises for a much longer period of time. Several of the clients we have seen in treatment have been in their forties and still maintained an untenable compromise for a probation officer to probation officer. Is this so strong? In their work with addicts’ families, these patterns occurred among families in treatment during and after treatment.

Professional care-givers enter, knowingly or not, into relationships with that the compromises adopted by families containing involved in family therapy, suggesting that the “enmeshed-inactive mode,” which perpetuates or worsens an already tenuous system, is most representative of drug use, involving for an effect with his parents and the parole officer and the immediate crisis was alleviated.

As the client improved in therapy, his mother began to complain of hyperventilation and his wife began drinking heavily, with periodic blackouts. The client drifted between his own home and his parents’ home during this time, depending on which of the parents was willing to put up with his issues. Eventually, he was referred for treatment.

Subsequently, the therapist worked with the client and his wife on improved understanding of their marriage. The wife expressed interference from her mother on a matter of marital discord. The therapist received a call from the mother in which she confirmed this, that the mother-in-law was exerting influence in the family. In a subsequent meeting with the therapist, the situation was clarified, and it became clear that the mother-in-law was the one interfering. The client’s wife was not willing to take this seriously, and the marriage was in danger.

As he recovered, the client’s job and living conditions improved. Once the family had stabilized, the wife was willing to work on her own issues and the marriage began to improve.

In this mode, difficulties emerge from the absence of a capacity on the part of the helper or helping system to maintain a sense of distance and separateness from the troubled client and family. Rather than resolving problems, the helper’s actions seem to perpetuate them. A relevant concept from the family literature in Bowen’s (1966) notion of “fusion,” which refers to a lack of psychological differentiation among family members, is demonstrated by continued confusion of roles and responsibilities, lack of autonomy, etc.

To illustrate this kind of treatment we offer the case of a client with a fifteen-year history of psychiatric difficulty. He had initially broken down near the start of gradation, was referred to a family therapist, and was arrested for petty theft. Although the family did not provide him with a bed, the therapist was useful for one year, his marriage ended, and he was asked to repay a debt. Two years later, there was no repetition of the situation. The family therapist and the client’s parents were unable to maintain contact, and demonstrated by continued confusion of roles and responsibilities, lack of autonomy, etc.

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The Enmeshed-Inactive Mode

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The Introspective- Reactive Mode

What distinguished the mid-range from the enmeshed-inactive extreme, is a capacity on the part of the helper to increasingly separate from the client and family. Where more than one helper is involved, however, there is still a tendency for fragmentation between professional helpers, in which each seeks to the others as the source of blame for a case not going well. This frequently takes the form of the therapist or supervisor placing the burden of blame on another helper. It is thus to help the helpers to the child welfare system, which permitted them to maintain a sense of distance and separateness from the troubled client and family.

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by the ability of the therapist to contain and resolve within the family, the turmoil that can be expected to ensue after any noticeable improvement on the part of the offender. Such progress generally indicates that increased movement toward separation will follow, perturbing the family homeostasis and thereby increasing uncertainty and stress among the other family members.

Treatment of families operating in this mode achieves success when the detouring of family conflict through engagement of the justice system is blocked, and developmental issues within the family (frequently "frozen") since the time of the client's initial difficulty are followed. The following case illustrates an effective intervention with a system functioning in a separate-active mode.

The client is a 25-year-old male, who was first arrested while a junior high school student. His father died when the client was 14, and before that time the client had done well in school and was relatively happy with his family life. Following the father's death, the client's mother became involved in a series of bitter arguments with her son, who had insisted that he move into the grandmother's residence. As is typical of many families with no added member, issues of separation and individuation had not been resolved between the parents and extended family members (Bowen, 1979). The client's mother's own family situation, with her discord either with the stepfather or her own parents, had not greatly added to her husband's stress. The couple then placed the unmanageable situation of having to keep alive the idealized memories of their son's first marriage. From then on, the client found himself at times, as he described it, "acting like his father and his stepfather." He also resided in the presence of two fathers, through his own failure, three unhappy women: grandmother, mother, and his own wife.

The therapy followed two stages resolution of the dysfunctional ambivalence in the family system which maintained the client's failure; and individuals work with the client to resolve issues of grief and ambiguity. The parents, the client and his wife were initially seen jointly with the probation officer, who identified for the family the requirements of the client's parole that he1 need full-time employment, drug-free status and attend weekly therapy sessions. The duration of therapy was 21 months. The probation officer's "rehabilitation officer" role was clarified after the client's death. The client's mother, at the point of the client's death, was arrested for abuse, and her drug use was stabilized although at this point the client had taken

We wish to emphasize that the fragmentation of helpers exhibited in the interpersopative-active mode is not indicative of true separation, but more appropriately viewed as a variant form of the problem one which can be susceptible to resolution by stages, the institutional and familial recognition of the interactions with one another, while joining in a unified effort to contain and resolve them. The primary focus returns to the client and his/her disability as, by stages, the institutional and familial coalition is uncovered. This approach is illustrated in the following case:

At our view, the process of intervention occurring around offenses may be examined from three perspectives: 1) the process of systemic, 2) the process of individual, and 3) the process of symbolic. These three levels are highly interwoven and must be integrated to provide a comprehensive treatment program. This study is based on the premise that the treatment of the offender is only one aspect of the treatment of the family.
problem of the criminal, and following this approach through catharsis will be rehabilitated and re-
turned to society as a contributing member of the
community.

Regardless of the claims made the psychiatrists,
psychotherapists, social workers, and criminologists
in the dynamic model, it can be safely stated that the
success rate predicted upon treatment has not been
overly successful. Marvin stated:

With few and isolated exceptions, the rehab/shift efforts that
have been reported as far have had no appreciable effects on
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Vocational and Academic Counseling

Not all counseling takes the form of a psychological/psychiatric inventory. Vocational
education can be successfully argued as a form of counseling. It lacks in essence the traditional
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there are many vocational programs which are so poorly run, the materials overly anticipated and
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