

## Court Residential Treatment Centers: Selected Observations

Roger L. Poulsen and Frank Lozito

### ABSTRACT

The Court Residential Treatment Center (CRTC) is an alternative to incarceration in a structured, community-based client-centered treatment milieu. Then West Texas Regional Adult Probation Department (now West Texas Community Supervision and Corrections Department) has been in the vanguard of CRTC-related initiatives with the El Paso program established in 1978. Findings about the promise and positive aspects of milieu therapy in community residential therapeutic community settings are reported as well as gaps and needs concerning milieu therapy in criminal justice affiliated programs and settings. The latter have real world criminal justice system practical exigencies, and special population client characteristics, which require particular attention to planning, staffing, organizing, directing, and controlling as well as the conduct of additional clinical outcomes research to further identify and document practical, useful, and cost effective interventions.

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34th Judicial District Court  
41st Judicial District Court  
65th Judicial District Court  
126th Judicial District Court  
168th Judicial District Court  
171st Judicial District Court  
205th Judicial District Court  
210th Judicial District Court  
243rd Judicial District Court  
327th Judicial District Court  
346th Judicial District Court  
County Court at Law No. 1  
County Court at Law No. 2  
County Court at Law No. 3  
County Court at Law No. 4  
County Court at Law No. 5  
Culberson County Court  
Hudspeth County Court

**Introduction**

The Court Residential Treatment Center (CRTC) is an alternative to incarceration in a structured, community-based, client-centered treatment milieu. The West Texas Regional Adult Probation Department has been in the vanguard of CRTC-related initiatives with the El Paso program established in 1978. Some observations and issues regarding the CRTC concept have been gleaned, and reported as follows, from the criminal justice system background and interface of the writers, the West Texas Regional Probation Department experience, and additional sources as noted.

**Selected Observations**

1. A fundamental and primary task in the effective establishment and successful continuing operation of a CRTC concerns the development of legitimation, sponsorship, and networking with national, regional, and in particular, priority local constituencies, officials, and representatives. The multifaceted aspect of the CRTC concept necessarily encompasses judges and criminal justice system personnel, administrators, other public officials, clients, and client families, academic and other resource experts, volunteers, and indeed total resident and local community program support (McSparron, 1980).

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Accordingly, constituencies need to be readily informed relative to the worthwhile program purpose, value, and attendant goals and objectives. Moreover, a cohesive, unified focus in community-based correctional programs is needed to counteract a nebulous public image (Czarnecki, 1983). In particular, the value of the judiciary is recognized relative to its key role and acknowledged significance for program formation, support, and development. Although findings about cost of community-based programs have sometimes been characterized as inconclusive (McSparron, 1980), it is likely that they are less expensive to operate than state institutions (Greenberg, 1975). This contention is bolstered within a perspective of long-range planning wherein one goal of local community-based programs is to reduce growth and promote the phaseout of some other components of the traditional criminal justice system (Blackmore, 1978). Thus, emphasis upon the programs' visible humanitarian treatment/prevention value, supplemented by potential CRTC cost benefit/cost effectiveness projections versus hard data about incarceration costs, may be useful as a demonstrated example of accruing tangible and practical community benefits.

2. Consideration of the multifunctional possibilities of CRTC's should be balanced in relation to the central program purpose and assessed needs. Within the perspective of other severely constrained physical and program resources in the contemporary criminal justice/penal system, the CRTC can be delegated a contingency role as a relief mechanism to ease overcrowding. However, the distinctiveness and integrity of the CRTC therapeutic milieu concept, contrasted to "warehousing" and/or custodial-only program structures, should be manifest in program purpose. Similarly, this differentiation is

reflected in a self-conscious commitment, through the contributions of all staff and clients, of total program and proper environmental factors, to the fullest extent and utilization possible in a comprehensive treatment plan (Clark, 1965). To this end, CRTC emphasis can be directed toward formulation of core program elements which might include such socioecologic-related areas as social skills, affect training, life skills programming (to include educational, e.g., GED, and vocational linkages), and development of treatment intervention strategies through the modality of a therapeutic milieu. A desired concurrent byproduct of the CRTC programmatic treatment focus is rehabilitation and prevention by short-circuiting career criminal advancement and deterring recidivism. As a corollary, program planning should be based upon, and gauged according to, ongoing needs assessment of the client/client population and ideally tailored to unique program purpose, staff, and resource requirements and limitations. Nevertheless, the process of program development should not necessarily include an automatic reaction to the pressures of special interests. Development of any program component, for example one focused upon the reported importance of cultural subgroups and ethnic identity (French, 1980), needs to be carefully scrutinized as one element of an interrelated system. Accommodation and evolution of program segments should occur only with a view toward the likely consequences and costs of achieving client and program goals, potential compromises in integrity of purpose, and undesired changes in client control and in the provision of directed growth toward self-actualization. Change should most often be made where there is necessary and sufficient reason to do so, not for the sake of change itself, and not without consideration of other possible system effects.

3. The leadership and staff requirements of a CRTC should reflect the unique nature of the program concept. Positive personal attributes such as empathy, warmth, leadership ability, intuitive perception, and intelligence should, in combination with other attributes in some unknown mix, form a composite of role model qualities. Of import at all staff levels is the personal commitment and capability to function and thrive in an interdisciplinary correctional treatment team setting. The CRTC can be an intense, emotionally charged, learning style of treatment involvement.

Backgrounds of the program leadership, and in particular that of the Director, should ideally circumscribe professional and theoretical training as well as applied experience in the disciplines of administration, clinical treatment concepts, clinical program development, clinical program management, and kindred areas of criminal justice, health, and/or behavioral science. Grounding in administration should focus upon the basic management functions of planning, staffing, organizing, directing, and controlling. Strength in interpersonal relationships, political acumen, and fiscal management is requisite. In addition, knowledge and skills in organizational development and applied managerial theories and concepts, such as situational leadership and management by objectives, are advantageous. Too often in the criminal justice system the acknowledged theoretical worth and relevance of administrative training, knowledge, and skills have not been translated into practical opportunities for upgrading among personnel. This contention has been reported in the literature (Cheek, 1983; Cressey, 1959) concerning the role of the correctional officer as manager. Selecting leadership with requisite training is not only a preventive measure, relative to background

deficits, but also assists in providing a qualified leader and role model who can serve as a catalyst in stimulating additional appropriate inservice staff training and development activities.

4. CRTC networking with experts and community resources will avail the program of various potentially positive benefits. For example, liaison with academic Health Sciences Centers, in substantive areas such as psychiatry and behavioral science, will likely be of mutual advantage to the client/patient, University Health Sciences Center, and CRTC. Provision of emergency crisis management services, primary care, or supplementary services (e.g. diagnostic consultation, psychopharmacologic or other chemotherapeutic intervention) through fee for service, preferred provider arrangement, or other service reimbursement mechanism, will enhance CRTC service, technological capability, and quality of client care. The CRTC client population provides the potential for a salient applied clinical care experience as supplemental training and development for interns/house officers and allied health professions staff.

5. Certain common principles and functions, identified and used to characterize therapeutic communities, are useful with regard to consideration of the nature of a CRTC therapeutic treatment milieu. The underlying theoretical framework is a melding of psychosocial philosophies. One of these centers around a client learning process with emphasis upon more effective social skills, and development of a more secure emotional base, for daily life and vocational functioning (Lehman and Ritzler, 1976). An additional philosophical component is based upon a psychodynamic hypothesis which directs attention toward the relationship between individual difficulties and interpersonal relations with others as amenable to discussion, understanding, and

remediation in a proper environment (Clark, 1965). Milieu therapy presupposes that a proper environment can exert its own characteristic and vital therapeutic force upon those exposed to it (Van Putten, 1973). The CRTG therapeutic milieu, with sanction as a condition of probation and/or parole, differs significantly from the conventional medical treatment oriented model and also the custodial nature of the traditional penal institution. Some characteristics, principles, and functions of a therapeutic milieu include the following: size most effectively restricted to fewer than 100 clients; alternative treatment modalities utilized for problems with noteworthiness of the social methods approach; freeing of communications; frequent daily community client and staff meetings as a forum for consideration of common problems; provision of protected new learning experiences for client ego strengthening; encouragement and reward for positive behavior; confidence in patient capacity for assuming responsibility and initiative; structuring of alternative activities and appropriate work for clients (Clark, 1965). Some additional points have been reported in relation to two very similar scales for assessing psychiatric treatment environments (Moos, 1968; Moos, 1972). One of these, the Community Oriented Program Environment Scale (COPEs), is applicable to transitional community oriented treatment programs and assesses various characteristic dimensions of a therapeutic milieu according to the following subscale categories: "involvement" (client enthusiasm, attitudes, energy, and involvement in day-to-day activities and social functioning); "support" (mutual client-to-client, therapist-to-client, and staff-to-client assistance and encouragement); "spontaneity" (extent of environmental encouragement to act out and freely express client feelings toward others); "autonomy" (facilitating patient

independence, responsibility, and self-direction); "practical orientation" (future orientation, planning, post-release goal setting, vocational training); "personal problem orientation" (encouragement of problem self-awareness, problem/feelings insight and understanding through client and staff discussion); "anger and aggression" (allowance and encouragement of emotional expression and argumentation); "order and organization" (import of regularity, scheduling, orderliness of the physical environment); "program clarity" (client knowledge and expectations of daily routing, rules, procedures); "staff control" (extent and necessity of restrictiveness, control sanctions) (Moos, 1972; Steiner, Haldipur, Stack, 1982).

6. Establishment of a management information system is a program asset in accomplishing CRTC tasks. Incorporation of advancements in hardware (e.g. CRT's, microcomputers, etc.) and software technological capabilities facilitate readily available access to client census data, control functions, and data based management decision making through conduct of research and program evaluation. Program evaluation, although subject to misinterpretation as an administrative threat, or to politically inspired misuse, is a necessary and desirable tool for providing ongoing planning and development inputs.

### Conclusions

Highlights of variables perceived as noteworthy have been mentioned relative to selected observations and issues concerning the CRTC concept. Awareness of the distinctive nature, purpose, characteristics, and requisites of a CRTC is necessary but not always sufficient to insure program success. In a mental health-related context, the failure of an entire therapeutic milieu unit for treatment of schizophrenics was noted in spite of a dedicated



and well intentioned staff (Spadoni and Smith, 1969). Thus, perhaps one of the more critical areas of consideration concerns the desirability of obtaining additional research/evaluation findings, and empirical information, about aspects of the therapeutic milieu for future planning and program development.

Positive aspects regarding milieu therapy have been reported (Klass, Grove, Strizich, 1977; Lehman and Ritzler, 1976), as well as recent work calling for additional research to determine the ideal therapeutic milieu (Steiner, Maldipur, Stack, 1982). Milieu therapy, with its focus on active treatment, has been noted to be of value in preventing institutionalism (Van Putten, 1973). However, there is a gap in the research findings concerning milieu therapy in criminal justice affiliated programs and settings. It has been determined that institutional affiliation has an effect upon programs (Moos, 1974; Price, 1975). Accordingly, given the real world practical exigencies of the daily criminal justice system, the nature of the client treatment referral process and likely duration of client therapeutic exposure in the CRIC, and the quasi-therapeutic community structure of the CRIC, what findings can be ascertained about milieu therapy in the CRIC criminal justice affiliated setting? Finally, an omnitherapeutic milieu for treatment of all forms of mental illness does not now exist. Use of milieu therapy with schizophrenics and borderline cases may result in fixed regressions requiring amelioration by discharge or transfer to a mental health custodial setting (Van Putten, 1973). Thus, how effective is CRIC treatment in view of the client mix and cross section of client aberrations in the criminal justice system affiliated program? For which clients is milieu therapy particularly well suited and most effective?

In conclusion, further documentation is needed, and requisite funding for research and program development is anticipated, to clarify and support the useful aspects of milieu therapy as well as the role of CRTCs as a potentially valuable community-based treatment alternative to client incarceration.

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