# Court Residential Treatment Centers: Developmental Perspective and Update of Selected Observations

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#### Abstract

The Court Residential Treatment Center (CRTC) concept presents an alternative to offender incarceration. Experiential and historical elements from the writers' previous article are incorporated into an updated evolutionary and developmental perspective. This includes implications and recommendations for generic CRTC/community based residential treatment programs that extend beyond the insularity of a particular program, agency, and/or geographic location.

#### Introduction

The Court Residential Treatment Center (CRTC) provides an alternative to incarceration, in a structured, community based, client centered treatment milieu. In 1978, the West Texas Regional Adult Probation Department, Dr. Frank Lozito, then Director, (in 1993 Texas Probation Departments were renamed Community Supervision and Corrections Departments; CSCD's) (1) was at the helm in establishing the El Paso based Court Residential Treatment Center. The priorities of public safety, service to the criminal judiciary, and client rehabilitative interventions continued under supervisory and enforcement authorities. Innovative and flexible educational approaches, and cost effective therapeutic strategies, utilizing individually appropriate alternative treatment methods and techniques, were utilized. One therapeutic goal was to ameliorate skill deficits, develop adaptive behaviors, and develop coping mechanisms in order to target acceptance of individual responsibility for behavior as a means to help instill and enhance self respect, and a positive self concept, through the rehabilitation process. The array of available services in some CRTC's has expanded to include training for education. vocational, and life skills as well as treatment modules to address issues of substance abuse, emotional, mental, and family deficits (1).

#### Focus

To successfully establish and maintain relevance as an effectively functioning CRTC, it is necessary to earn legitimation through performance accomplishments and collaboration

\*Frank Lozito, Ph.D., former Director, West Texas Regional Adult Probation Department, Culberson, El Paso, Hudspeth Counties. Roger L. Poulsen, Ph.D., M.D.(AM), served as Consultant and correctional treatment Adjunct Advisor to Dr. Lozito. Reprints: Dr. Poulsen, 721 Curecanti Circle, Grand Junction, CO. 81507-9629. This work incorporates some El Paso program historical and experiential elements from a prior Poulsen and Lozito article (4), but with an updated addition of a generic CRTC/ community based programs evolutionary perspective, with implications that extend beyond particular community based/CRTC program, agency, and geographic insularity.

with constituents, local, state, federal and international resources. The multifaceted aspects of CRTC and community based program constructs encompass judges, criminal justice system personnel, administrators, other public officials, clients, families, academicians, additional resource experts, volunteers, and indeed total resident and local community program support (2). Accordingly, constituencies need to be readily informed about 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 (3). In particular, the value of the judiciary is still 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 (2), it is likely that they are less expensive to operate than state institutions (5). Of additional interest, is the always relevant question about cost effectiveness, particularly in light of the variety and burgeoning number of alternative community based programs and the omnipresent issue of recidivism and cost for offender institutionalization. Moreover, although relevant, other variables and dimensions, other than cost, associated with CRTC's/community based programs, may be less objective and can vary according to perception (6), for example, humanitarian aspects regarding program, treatment, and process, as well as attitudes and public image in relation to offender, victim, family, citizen, and program staff. Some of these are not always readily apparent nor easily assessed in either the short or longer term time frames. Nevertheless, over and above singular quantitative measures, other less objective factors should not be ignored among the mix of salient variables. These may provide a tenable supplementary rationale for executive decision making and policies that support use of limited agency and program resources in a daily operational environment. Thus, emphasis upon the program's visible humanitarian treatment/prevention value, in tandem with potential CRTC cost benefit/cost effectiveness data/projections, in contrast to more unidimensional custodial and societal lost productivity costs from incarceration, may be useful. These can be applied to demonstrate tangible and practical multidimensional benefits that may accrue from community based programs. This contention is bolstered within a perspective of long range planning, wherein goals of local community based programs are to reduce growth, control costs, maintain and enhance quality control, and promote the phase-out of some other components of the traditional criminal justice system (7).

## **Developmental Perspective**

Since inception of CRTC's, perhaps evolution is more apparent, not so much with regard to their concept and nascent stages of development, but rather in relation to the context of the larger criminal justice system, in some locations, and selected entities and elements within the operational environment for CRTC's/community based programs. For example, in Texas May, 2000, there were reportedly thirty nine community corrections facilities, including a half dozen combination facilities with different bed types and combinations of categorical programs (1). Expansion of alternative community based programs, in addition to CRTC's, reveals Substance Abuse Treatment Facilities (SATF's), Restitution Centers (RC's for offenders with problems satisfying court ordered financial obligations and unemployment issues), Local Boot Camps (LBC's based upon military basic training and applicable to first time offenders), and Intermediate Sanctions

Facilities (ISF's for supervision of violators as a court incarceration option short of revocation and institutionalization) (1). Also, in 1993, Texas converted sentencing laws through origination of a new felony category (State Jail Felony) to circumvent prison for low level property and drug offenders (1). Other changes/issues have occurred that may impact CRTC's/community based programs. Some of these are: increased public awareness and media publicity concerning offender and victim rights within the framework of civil and individual rights and "entitlements"; heightened community and political pressure for public safety and law enforcement; effective but humane treatment modalities for rehabilitation, with heightened monitoring and closer scrutiny of specifics by the public, professionals, and clients/client families and friends; required administrative capability to demonstrate positive outcomes for return on taxpayer investment. Additional developments reflect refinement and redesign of community based programs. As an example, Texas state efforts have included professional and staff skill set training, innovation and improvement in utilizing research based treatment approaches and validated program curricula (e.g., proposed experimental aural-visual channels of learning) (4,8), risk assessment to gauge and appropriately match offender and level of program intensity (8), and evaluation of treatment needs for inclusion of interventions that circumscribe values, peers, problem solving, criminal behaviors, and relapse (8).

#### Leadership

Personal qualities, attributes and skills requisite for CRTC/community based program leaders and staff are enumerated and previously discussed by the authors (4). Planning, staffing, organizing, directing, and controlling remain as cardinal managerial principles not uncommon to effective leadership. Nonetheless, intervening sociopolitical and economic variables, both internal and external in origin to a particular program, present shifting issues and challenges to CRTC/community based program staff.

#### **Management Information Systems**

In the sphere of community based residential programs, and indeed the world, changes and exponential advances in information technology such as the internet, and electronic data processing, have direct impact upon daily tasks in various CRTC's. Informational boundaries of whatever type and kind are sometimes penetrable, receding, or absent. Accordingly, program issues and confidentiality take on new concerns about access via freedom of information, transparency policies, and occasional uninvited intrusions. Community based programs are not free from the possibilities of complications resulting from awareness, publicity, intrusion and/or scrutiny of special interests.

# **Program Evaluation**

Evolutionary developments within the criminal justice system, localities, the larger society, and CRTC/community based programs, have sometimes resulted in reconsideration and realignment of priorities in view of competition for funding and allocation of limited resources among alternative programs and agencies. Accordingly, there is a shift in program evaluation from a desirable need to a mandatory priority for program and management decision makers.

# **Community Based Court Residential Treatment**

Not unrelated to program evaluative research is the importance of treatment strategies. methods, and techniques for CRTC's/community based programs. Given its significant role, a summary review and update of current best practices includes certain common identifiable principles and functions, useful in characterizing therapeutic residential communities. In a CRTC, the target of alternative treatment interventions circumscribes variables of documented salience and priority for selected offenders within the criminal justice system, e.g., substance abuse (8). Underlying the CRTC therapeutic treatment milieu is a theoretical framework melding psychosocial philosophies (10,11). One of these variables centers upon 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 (9). An additional philosophical component is based upon a psychodynamic hypothesis which directs attention toward behavioral patterns vis-à-vis the relationship between individual difficulties with self concept/actions and interpersonal relations with others as amenable to scrutiny, discussion, analysis, synthesis, understanding, and remediation in a proper environment (12). Milieu therapy presupposes that a proper environment can exert its own characteristic and vital therapeutic force upon those exposed to it (13). The Court Residential Treatment Center 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, each with corresponding treatment issues and concerns (14). 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 (12). Although various practitioners, organizations, facilities, institutions, and systems may utilize different treatment plans, philosophies and methodologies, a common goal is to seek a desired therapeutic response to behavioral, medication, or other interventions, at efficacious treatment/dosage levels based upon careful individual client diagnosis and evaluation for behavioral modification (10,15,16). Some additional points have been reported in relation to two very similar scales for assessing various psychiatric treatment environments (17,18). 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-toclient, 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) (18,19).

## Discussion

In spite of evolution within the criminal justice system, and some developmental changes in CRTC program content and continuum of services, CRTC's/community based residential programs are in general a viable alternative to prison for offenders, e.g., CRTC programs in Texas (20). Present day operational environments include issues and challenges exacerbated by contemporary pressures. Nevertheless, the process of program development is not ideally based upon automatic concessions in response to demands of special interests, without justification. Development of a program component, such as that focused upon cultural subgroups and ethnic identity (21), needs to be carefully scrutinized as one element of an interrelated system and treatment plan. Accommodation to pressure, and evolution of program segments, should only occur with a view toward the likely consequences and costs of achieving client and treatment program goals, potential compromises in integrity of purpose, and undesirable alterations in client control and 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, absent consideration of other possible system effects. Sharpening and improving appropriate application of attitudes, knowledge, skills, and actions through in-service training, continuing education, case study use, and organizational information exchange, within and outside the catchment area, may benefit participants. Awareness of possible resources for joint venture affiliation with community, volunteers, and experts (for instance, academic medical centers like the Texas Tech El Paso satellite program) merits attention of program administrators.

Advancements in management information systems and information technology are crucial to community based programs/CRTC security and client confidentiality. Investigation and use of security firewall software as well as computer programs to facilitate data retrieval and reduction are recommended. In addition, principles of human subjects research protections and peer review can be extended, as applicable and if desired, to the criminal justice system and community based program domain.

CRTC treatment exploration and innovation can draw upon a robust resource base applicable to the therapeutic milieu in the residential community setting (Cenikor Foundation games, Synanon groups, reality therapy, cognitive behavioral therapies, rational emotive therapy, t group sensitivity training, et al.).

The topics of cost control and funding of community based programs is a continuing issue that requires additional work. One proposal for study in Texas concerns the Ohio model where a county account funding system, excluding community safety incarcerations, funds state incarceration of its offenders. Diversion and community treatment programs may be supported with unexpended county funds (20).

In order to remain competitive, and retain as well as enhance status in the armamentarium of correctional treatment alternatives, CRTC and community residential programs require solid management, improved cost containment, and responsive program innovations to meet changing community and offender priorities. Moreover, program development must be anchored in a theoretical but practical conceptual framework grounded in findings from quality program evaluative research. Management and other user confidence levels, relative to research findings and outcome measures, can be elevated by attention to and application of the scientific method with adherence to applicable steps in the research process. The existing body of knowledge from evaluative research findings is too often clouded by issues that include but are not limited to: unclear and/or imprecise problem statements and operational definitions, poor research design (e.g., small N, ambiguity in protocol that limits reliability, replication, and other than face validity, lack of equivalent and appropriate comparison groups, absence of a control group, ex post facto measurement at a single point in time without a baseline of research results providing a benchmark from which to gauge progress, and evaluative research that is post hoc in nature without a priori formulation and statement of program and research goals and objectives). As a result, exchange and comparison of useful quality empirical research data and information for decision making is thereby limited. Deficits are sometimes neglected or ignored in administrative follow-up or lack of the same.

Findings have been reported to indicate that CRTC's and Restitution Centers (RC's) produce a less favorable ratio of offender diversions from prison per 100 beds than do Intermediate Sanction Facilities (ISF) and Substance Abuse Treatment Facilities (SATF). These results note the salience of local discretion as a key variable in program effectiveness (20). For heuristic purposes, in order to provide additional relevant suggestions for future residential program development, the need for other evaluative research investigations is indicated to clarify what treatments/interventions are most effective, for whom, and at what costs. To this end, employment of formative and summative program evaluation research, and general systems analysis approaches, are assets (22,23,24).

Last, a Spanish philosopher suggested the value of learning lessons from mistakes of the past in order to avoid future perils (25). Therefore, a CRTC/community based residential program development and problem solving focus, which employs a contemporary unit of analysis to reexamine previous issues, problems, and past solutions, may produce fresh ideas and innovations. Collective efforts to reconsider history in light of current circumstances and a situational perspective may benefit extension and enhancement of effective Court Residential Treatment Center/alternative community based residential program efforts to benefit offenders, communities, and the larger society.

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# **Reference List**

- 1. Armbrister K, Duncan R, Nelson J, et al.: Texas senate committee on criminal justice interim report charge 5:1-43, Nov. 1, 2000.
- 2. McSparron J: Community correction and diversion; costs and benefits, subsidy modes and start-up recommendations. Crime and Delinquency 226-247, Ap. 1980.
- 3. Czarnecki A: Building consensus in community corrections. Corrections 86-88, June 1983.
- 4. Poulsen R, Lozito F: Court residential treatment centers: selected observations. West Texas Regional Adult Probation Department Research Monograph Series 1-11, May 1984.
- 5. Greenberg F: Problems in community corrections. Issues in Criminology 6, Spring 1975.
- 6. Broadstock M, Brinson D, Weston A: The effectiveness of compulsory residential treatment of chronic alcohol or drug addiction in non-offenders. Health Services Assessment Collaboration, HSAC Report 1(1): 1-157, 2008.
- 7. Blackmore J: Minnesota community corrections act takes hold. Corrections 53, March 1978.
- 8. White B, Nagy G, Johnson G, et al.: Report to senate criminal justice interim Committee; Texas community-based substance abuse treatment program 1-38, March 2002.
- 9. Lehman A, Ritzler B: The therapeutic community inpatient ward: does it really work? Comprehensive Psychiatry 17: 755-761, 1976.
- 10. NIDA InfoFacts: Treatment approaches for drug addiction. National Institute On Drug Abuse: Rockville, Maryland 1-4, August 2006.
- 11. DHHS Publication No. (SMA)97-3159: The national treatment improvement evaluation study. U. S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment, Office of Evaluation, Scientific Analysis and Synthesis 241-242, 1997.
- 12. Clark D: The therapeutic community—concept, practice, and future. British Journal of Psychiatry 111: 947-954, 1965.
- 13. Van Putten T: Milieu therapy: contraindications. Archives of General Psychiatry 29: 640-643, 1973.
- 14. Butzin C, Martin S, Inciardi J: Treatment during transition from prison to community and subsequent illicit drug use. Journal of Substance Abuse Treatment 28(4) 351-358, 2005.
- 15. NIDA InfoFacts: Treatment for drug abusers in the criminal justice system. National Institute On Drug Abuse: Rockville, Maryland 1-3, October 2006.
- 16. NIDA: Principles of drug abuse treatment: a research-based guide. National Institutes of Health, Publication No. 00-4180, U. S. Department of Health and Human Services 1-2, 1999.
- 17. Moos R, Houts P: Assessment of the social atmospheres of psychiatric wards. Journal of Abnormal Psychology 73:595-604, 1968.
- 18. Moos R: Assessment of the psychosocial environments of community oriented psychiatric treatment programs. Journal of Abnormal Psychology 79:9-18, 1972.

- 19. Steiner H, Haldipur C, Stack L: The acute admission ward as a therapeutic community. American Journal of Psychiatry 139:901, 1982.
- Fabelo T, Ygnacio R, Barbee A, et al.: Trends, profile and policy issues related to felony probation revocations in Texas. Criminal Justice Policy Council 1-101, May 2002.
- 21. French L: An analysis of contemporary Indian justice and correctional treatment. Federal Probation 19-23, Sept. 1980.
- 22. Suchman E: Evaluative Research. New York, Russell Sage Foundation, 1967, 1-186.
- 23. Weiss C: Evaluation Research: Methodology for Assessing Program Effectiveness, Englewood Cliffs, New Jersey, Prentice Hall, Inc., 1972, 1-160.
- 24. Bertalanffy L von: General systems theory and psychiatry. American Handbook of Psychiatry 3: 705-721, 1959.
- 25. Santayana G: The Life Of Reason, Reason In Common Sense, New Jersey, Scribner's, 1905, 284.

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