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Supervising the Chemically Dependent Person

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REGARDLESS OF their attitudes or theories about causes of chemical dependency, United States probation officers are required to provide "treatment" for chemically dependent offenders. At the least, placing a person under a "drug aftercare" condition mandates special supervision and requires diagnostic and assessment skills to enable appropriate treatment.

Whether a client's use of drugs or alcohol (separated only for specificity) is considered circumstantial, recreational, medicinal, compulsive, intensive, or experimental, the person under a drug aftercare stipulation must be assisted in accepting the need for specialized handling so that whatever treatment needs exist can be provided and so that differential diagnosis will preclude inappropriate referrals, lingering and counter-therapeutic treatment, and needless and time-consuming efforts by the probation officer.

In this regard, two of the most important functions faced by a probation officer are screening and assessment. Screening can be defined as "the process by which an individual's eligibility to participate in a program or treatment modality is determined." In mental health or chemical abuse treatment programs, this manifests itself in criteria for acceptance (e.g., some programs "screen out" individuals with a history of violence or people who are not motivated for treatment). In the probation system most of the "screening" is done for officers. Those people who are on probation or parole and who have drug aftercare program or alcohol aftercare program stipulations "must" participate.

There is, however, another screening process which should occur—separating the "historical user" from the true chemically dependent person. "Historical users" are those individuals who have a "history" of drug and alcohol use or abuse and who may have come in contact with the court system, but who have not been diagnosed as chemically dependent (as compared to a person whose use of chemical substances renders him or her dysfunctional in major life areas and who cannot stop the use of those substances despite periods of remission).

Whenever a drug aftercare client is presented to a probation officer for supervision, the officer should raise three essential questions:

1. Is this person a chemically dependent person?
2. To what degree must this person participate in an aftercare program? (Does this person really need a full year of drug aftercare)?
3. Should I be the person doing the treatment or supervision (based upon my own attitudes or skills)?

One of the biggest mistakes probation officers can make is to assume that all drug aftercare clients must go through treatment or supervision in exactly the same way. Chapter 10 of the administrative manual for Federal probation officers advises that minimum standards of treatment must be met while a client is in one of three phases of the drug aftercare program. However, it does not mandate that all drug aftercare clients go through all phases of drug aftercare, and it does not mandate that all drug aftercare clients remain in treatment for a year. There is significant flexibility which should be used to implement appropriately therapeutic and cost-effective services.

In addition to the screening process, which, if possible, should include both qualitative and quantitative analysis (using objective instruments) to properly evaluate a person, the intake, orientation, and assessment processes should be used to enhance the evaluative process.

Moreover, it is usually at these stages of evaluation that the probation officer will initially encounter client "resistance." How you handle that resistance will be an important part of working with your client and will, for all practical purposes, determine whether or not a therapeutic relationship will develop. In turn, this could affect a client's motivation to be involved in therapy.

Intake is the administrative process by which we explain and complete all of the forms that are necessary for a client to be admitted to a program or to begin the supervisory process. In probation and parole it entails:

1. Reading, explaining, and signing the general conditions of supervision.
2. Explaining and signing the appropriate special conditions paperwork.
3. Completing all authorization forms.
4. Clarifying district boundaries.
5. Initiating restitution, fine, and assessment schedules.
6. Identifying and completing other appropriate forms.

Orientation can be defined as describing to the client the general rules and goals of supervision or treatment. In the case of the drug aftercare client this also entails discussing: a. program expectations; b. client expections; c. client rights; d. program coordination efforts; e. confidentiality issues (levels of disclosure; and f. financial obligations (if applicable). Orientation also means learning from the client, becoming "orientated" to his or her attitudes, fears, ability to understand, and other variables that could affect his or her decision-making processes. During orientation it is also important to explain "why" the special conditions exist and how the client feels about having these conditions. It is important that the client be told that he or she will be informed when he or she is failing to fulfill the expectations that have been imposed and will be given an opportunity to rectify technical violations (if possible), as long as such opportunity is consistent with the safety of society and reasonable therapeutic expectations. It is essential that the parolee or probationer be ensured that the purpose of supervision is more than just following rules to protect society; that it is to help him solve problems, particularly if he has a problem as devastating as chemical dependency.

Often, the person with a drug aftercare condition does not understand the reason for the condition, particularly if he or she has been locked up for several years and may not have exhibited the dysfunctional behavioral repetoire which is characteristic of the chemically dependent person. The drug aftercare client must be made to realize that the purpose of drug (alcohol) aftercare is to help assess exactly what needs the client does have. In addition, it is a prophylactic measure to give the client an opportunity to adjust to the pressures of returning to the community without relapsing into the use or abuse of chemicals. The client must also realize that relapse occurs long before the person uses the first drug or takes the first drink. It is manifested by certain behavioral patterns or indicators that are specific to each individual, and it is important to learn what these are.

In the process of explaining these important elements to the client it is important not to fall into "communication inhibition." This can occur in a number of ways. There are, however, a few that are more prominent with probation and parole officers:

Interrupting the Client

Psychologically, an interruption is any verbal or nonverbal activity initiated by the interviewer before it is clear that the respondent has finished the thought he or she is expressing.[1] This can take the form of insufficient time intervals, bodily movements, facial expressions, and noises such as pen tapping, finger tapping, excessive paper shuffling, etc.

Lack of Interest in the Client's Perspective

Often, in our haste to "get the job done," we tend to promote our mandates and opinions without "listening" to what the client is really saying. As a result, we either didn't hear what the client said, or what he or she said often seems superfluous to the rules and requirements with which he or she is faced.

Threatening the Client

This usually takes the form of:

1. Inappropriate use of authority
   a. demanding
   b. threatening with violations
   c. projecting hostility

2. Ego Threats
   a. making the client feel "impotent" by ensuring that he realizes that "you're the boss"
   b. loss of control—not compromising with the client about things that affect his life (this usually results in anger and represents the client's attempt to regain control)
   c. reduced self-esteem.

The probation officer often assumes that the client continually is going to have to be told and made to do what he or she is required to do and that the client is going to lie and try to "weasel out" of doing what is expected.

The various elements that have been presented to exemplify variables associated with communication inhibition also have a tendency to potentiate or synergize defensive responses that have already been made an essential part of the client's coping system. These would include evasion, denial, minimization, rationalization, intellectualization, projection, and anger. In essence, threatening situations inhibit any chance for the probation officer to properly assess the client.

In doing casework with the chemically dependent person or with anyone who has special aftercare conditions, there are going to be a number of barriers

[1] R. L. Gorden, *Interviewing.* Homewood: Dorsey Press, 1969, p.188.

that we are going to have to manage. We must remember that clients who are resistant are resistant for a reason, and the probation or parole officer should not personalize this resistance.

It is essential to review a few of the reasons for much of the client resistance:

1. The client is faced with having to deal with a strange person and situation.
2. Fear of the unknown (the treatment process; the relationship of treatment staff with the probation or parole officer). Often, the therapist is perceived as an extension of the criminal justice system.
3. Fear of violation.
4. Guilt and resentment (manifestations of depression).
5. Loss of control, suspicion (manifestations of anxiety).
6. Anger at self and "blaming" the system.
7. Lack of motivation to change (predicated upon psychological variables).

It is also important to become acquainted with some of the manifestations of client resistance and, most importantly, not to react to them with an inappropriate authoritative response. A few of the more prominent ones are: silence, verbal hostility, polemical dialect (being argumentative), overcompliance (saying all the right things but minimizing all problems), hero worship (you're the only one who understands), excessive agreeableness, excessive or inappropriate humor, and denial of need.

Keeping these factors in mind may help permit the assessment process to take place. It is important to note that chemical dependency is not defined in terms of regularity of use necessarily, but how that use interferes with one's life and whether one has the ability to stop the use. We must be able to differentiate the circumstantial user who causes a problem (such as DWI) to occur; the social user whose use of drugs may cause legal or situational problems and who may be able to adjust or change his pattern of use; and the chemically dependent person, who despite such problems cannot stop or adjust his use.

The Assessment Process

The more obvious and traditional ways to assess the client are a good starting point and will be very helpful. Since chemical dependency is diagnosed historically, like any other "disease" or endogenously dysfunctional behavior, the probation officer must review the presentence report and make an appropriate "interpretation" of that report. It is this necessary interpretive process that requires skilled personnel and case staffings. Another essential aspect to the assessment process is the need for "focused" interviews with the client, relating to major areas [family (past and present), personal (behavior, affect, sensory, imagery, cognition), interpersonal relations (social adequacy), intrapersonal relations (self-communication), financial, employment, isolated temporary (immediate antecedent determinents)].

In addition to focused interviews, there are a multitude of assessment instruments that deal with such variables as "self esteem," "substance abuse symptomology, "depression," and "anxiety" that can help to assess not only chemical dependency but also personality factors that can help to determine the "mode of therapy."

A review of institutional records can assist in determining motivation toward therapy. For example, acknowledgement of a chemical dependency problem and participation in treatment groups as an inmate can be an indication of a positive attitude toward therapy. On the other hand, substance abuse while confined may suggest a high risk potential for relapse when the inmate is released.

Physical examination and medical history often reveal significant observations and report medical complications associated with substance abuse. Further, active intervention with family members can not only help in the assessment process but may also form a basis for dealing with client resistance without the use of authority. Gaining family suport can be very effective in being able to implement nonauthoritative confrontation. In using this technique, the person's behavior, rather than the person, is confronted.

Because of the nature of the problem of chemical dependency, active intervention is necessary whenever drug aftercare is stipulated or current use is suspected or even if antecedent relapse indicators are present (behavioral manifestations that suggest a return to substance abuse is probable, e.g., entering into an "addictive relationship," thought process impairment, increased immobilization, a return to denial).

One of the first tasks in intervention is to try to get the person invested in the treatment process. This is initially done by presenting factual, nonjudgmental data:

1. Were you using drugs or alcohol when a particular problem or dysfunctional behavior occurred?
2. Several people have commented about your

behavior and they are concerned (discuss behaviors and how they relate to chemical dependency).
3. Do three DWI's (or drug arrests) suggest anything to you?
4. You appear to have lost several jobs in the past several years. Why do you think that happened?

The client will either become responsive or he or she will become more rejecting (resistant). If the client becomes more resistant, more "coercive" measures may have to be taken. However, this can still be done without being inappropriately authoritative. It is important to try to use the least restrictive or invasive measures possible to effect cooperation. It is at this juncture that the involvement of significant others may be helpful; your willingness and assurances of trying to help the client will also be meaningful and productive. The use of significant others, in addition to involving them in the treatment process, allows the probation officer to remove himself as "enforcer" to a role as "facilitator" or "counselor." Usually, involving family members or significant others will be very useful. They are most often eager to deal with personal issues as they relate to their involvement with the chemically dependent person.

In summary, if the probation officer can take the necessary time to "work with" the specialized population, addressing essential issues to effect a psychologically hygenic atmosphere which will encourage the "treatment process," the results can be very encouraging. In addition to statistically significant successes, some of the observed results include:

1. Reduction of client fear (he sees you want to help).
2. Reduction of anger (he is not being condemned).
3. The client feels less guilt (the client understands that he is worth helping; his behavior is predicated upon a condition which can be treated, and treatment can help family members who have suffered because of his past behavior).
4. The client has control over much of the treatment process, and by virtue of his cooperation he has choices.

The role of the probation officer can be one of helper, counselor, and supporter if the officer is sensitive to his or her client's needs and willing and able to "let go" of stereotypical preconceptions of the chemically dependent person. Probation officers are able to provide the tools and the "opportunity" for treatment to occur. If there is failure in treatment, let it be the client's failure.

References

Certification Reciprocity Consortium/Alcohol and Other Drug Abuse, Inc. Case Presentation Method-Trainer's Manual, 1984.

Gorden, Raymond L., *Interviewing: Strategy, Techniques, and Tactics.* Homewood, Illinois: The Dorsey Press, 1969.