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Federal Probation

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This Issue in Brief ACQUISITIONS

Systems Therapy: A Multimodality for Addictions Counseling.—Chemical dependency is a growing problem which has increased at least tenfold over the past decade. Until recent years the phenomenon was not recognized as a disease, but rather a mental health problem, and current therapies still tend to address mental health aspects rather than the disease of chemical dependency. Alcohol, although a drug, is still considered to cause separate and distinct problems from other drugs. Author John D. Whalen maintains, however, that alcoholism and drug abuse can be treated as one common problem with a set of exhibiting symptomologies. This article describes Systems Therapy, a therapeutic approach developed by the author.

Assessment of Drug and Alcohol Problems: A Probation Model.—Authors Billy D. Haddock and Dan Richard Beto highlight the increased emphasis on assessment methods in drug and alcohol treatment programs and describe the assessment model used in a Texas probation department. Major theories of substance abuse and dependence are dis-

cussed as they relate to assessment. The objectives, components, and general functioning of the assessment model are described. A counselor/consultant is used in the assessment process to offer greater diagnostic specificity and make individualized treatment recommendations. According to the author, the assessment process facilitates a harmonious relationship between probation officers and therapists, thus promoting continuity of care and quality services.

Drug Offenses and the Probations System: A 17-Year Followup of Probationer Status.—Authors Gordon A. Martin, Jr. and David C. Lewis provide the current status of 78 of 84 probationers previously studied in 1970. Of the original group, 14.1 percent are deceased and 18 percent have had constant problems with the law. Sixty eight percent have had varying degrees of success, with one-third essentially free of all criminal involvement. The study indicates that younger probationers who used heroin and barbiturates were the population at greatest long-term risk and merit the longest periods of probation

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and most intense supervision. For them, marijuana did not serve as a "gateway" drug, though alcohol may have. The authors note that the original group of probationers was supervised by a probation officer who was a specialist in drug offenders. While his probation load was sizeable, it was manageable. For probation to fulfill its crucial mandate—the authors conclude—more resources must be made available to it, and caseloads must be manageable.

All-or-Nothing Thinking and Alcoholism: A Cognitive Approach.—Self-destructive all-or-nothing thinking is both a correlate of alcoholic drinking and a likely area for cognitive intervention. Author Katherine van Wormer contends that it is not the alcoholic's personality but the alcoholic's thinking that is the source of the drinking. Specific cognitive strategies are offered—strategies that should be effective both in recovery from alcoholism as well as in its prevention.

Lower Court Treatment of Jail and Prison Overcrowding Cases: A Second Look.—In 1979 and 1981, the United States Supreme Court issued opinions in which it ruled that double-bunking of prison and jail cells designed for single occupancy was not unconstitutional *per se*. It also indicated that lower courts should demonstrate greater restraint in "second guessing" the decisions of correctional administrators. In 1983, *Federal Probation* published an article in which author Jack E. Call concluded that many lower courts were still quite willing to find overcrowded conditions of confinement unconstitutional. In this followup article, Call finds that after 4 more years of lower court decisions in overcrowding cases, this earlier conclusion is still valid.

Rewarding Convicted Offenders.—Offenders can be rewarded by deescalating punishments in response to behavior one wishes to encourage. This practice has distinguished origins, has been subjected to a variety of criticisms, but is regaining ascendance. In his review of the controversy, author Hans Toch suggests that defensible reward systems for offenders can be instituted and can enhance the rationality, humaneness, and effectiveness of corrections.

Current Perspectives in the Prisoner Self-Help Movement.—Prison rehabilitation programs are usually designed to correct yesterday's problems in order to build a better tomorrow for criminal offenders. Yet the struggle for personal survival in prison often diverts inmates' attention away from these "official" treatment policies and toward more informal organizations as a means of coping with the

immediate "pains of imprisonment." Prisoner self-help groups promise to bridge the gap between immediate personal survival and official mandates for correctional treatment. Drawing on historical and interview data, author Mark S. Hamm offers a typology that endeavors to explain the promise explicit in prisoner self-help organizations.

Consequences of the Habitual Offender Act on the Costs of Operating Alabama's Prisons.—Habitual offender acts have been adopted by 43 states and are under consideration in the legislatures of others. According to authors Robert Sigler and Concetta Culliver, these acts have been adopted with relatively little evaluation of the costs involved in the implementation of this legislation. The data reported here indicate that one area of costs—costs to departments of corrections—will be prohibitive. The authors suggest that the funds needed to implement the habitual offender acts could be better used to develop and test community-based programs designed to divert offenders from a life of crime.

Evaluating Privatized Correctional Institutions: Obstacles to Effective Assessment.—Institutional populations in the American correctional system have increased dramatically during the last decade. This increase has produced serious concern about both overcrowding and the economic costs of imprisonment. One proposed solution to the current dilemma involves the engagement of the private sector in the correctional process. Although it is apparent that there are a number of potential benefits to be obtained from private sector participation in the administration of punishment, a variety of potential hazards have also been identified. In this article, author Alexis M. Durham III considers some of the hazards associated with the evaluation of privately operated correctional institutions. The discussion identifies some of these potential obstacles to effective evaluation and concludes that although evaluation impediments may well be surmountable, the costs of dealing with these problems may offset the economic advantages otherwise gained from private sector involvement.

Negotiating Justice in the Juvenile System: A Comparison of Adult Plea Bargaining and Juvenile Intake.—Plea bargaining and its concomitant problems have been of little concern to those who study the juvenile justice system. We hear little or nothing of "plea bargaining" for juveniles. However, in this article, author Joyce Dougherty argues that the juvenile system itself is based on the very same system of "negotiated justice" that lies at the

heart of adult plea bargaining. By placing society's interest in "caring for its young" (translated into the doctrine of *parens patriae*) over the individual rights of juveniles, the juvenile justice system has created a situation where the determination of a child's "treatability" has become more important than the

determination of his or her guilt or innocence. The author compares adult plea bargaining and juvenile intake in an effort to illustrate how, despite all theoretically good intentions, the "justice" in the juvenile system is no better than the "negotiated justice" that is the end result of adult plea bargaining.

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 System 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.

Assessment of Drug and Alcohol Problems: A Probation Model

BY BILLY D. HADDOCK AND DAN RICHARD BETO*

HISTORICALLY, ASSESSMENT of problematic drug and alcohol use has played an important role in the therapeutic process. Only recently, however, has the process of assessment received attention and become more formalized. This is particularly true in the field of probation, where offenders under supervision with alcohol and drug abuse problems have been referred for "treatment," depending upon the availability of funds and/or services, with little emphasis on assessment of the extent of the problem and subsequent evaluation of the quality of services provided. All too frequently probationers have been sent to community mental health agencies where they received treatment of dubious quality, either in unstructured group settings or for brief periods individually. In most instances, they were terminated from counseling programs because they "failed to attend" or because they were viewed as being "in no further need of therapy." Policy-makers and service providers alike are now emphasizing the need for more uniform, reliable, and valid methods of assessment due to the social and economic costs of untreated drug and alcohol abuse; similarly, there is a greater emphasis on the evaluation of therapeutic intervention as it relates to substance abusers.¹

Part of the problem with formalizing assessment methods stems from the confusion created by professionals who treat drug and alcohol problems. There has been open debate regarding which professional discipline is most correct in its theoretical formulations explaining causation of drug and alcohol addiction.² This is an important issue because the problem which is sought in assessment is influenced by the theoretical mindset of the clinician. Theoretical assumptions of a particular discipline dictate the procedures of assessment: what they think the problem is; where they look; who will be doing the looking; and with what skills and instruments.^{3,4} Emerging assessment methods must address the issues of theoretical differences.

The underlying basis of theoretical differences lies in the relative infancy of drug and alcohol treatment as a profession.⁵ Several theories of causation exist, but no one theory has emerged which has been accepted by all practitioners. Neither has the field of drug and alcohol treatment emerged to enjoy a full identity as a professional discipline. Perhaps there will not be one without the other.

Theories of Causation

In order to better understand the conflict between different disciplines, a review of the prevailing theories explaining the causes of drug and alcohol addiction is necessary. These theories are presented in no particular order, but each theory does enjoy a considerable following.

Disease Theories

With the disease theories, drug and alcohol abuse is seen as an unhealthy phenomenon affecting healthy people. This is based on the medical model. Disease theories incorporate the concept of addiction and related issues such as withdrawal and tolerance. The disease concept has been applied to all types of drug abuse. Loss of control of drinking and drug use is a key symptom of the disease.⁶ This belief promotes addiction as a medical condition which can be treated only by complete abstinence. The disease concept, a popular theory, is based on physiological data and is conducive to related theories such as that of a genetic predisposition to addiction.⁷ Assessment tends

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¹See *User's Guide for DWI Client Assessment Services*, Washington Department of Social and Health Services, Tacoma, Washington, 1978.

²Jann Snell. "Counseling at MHRM is Criticized," *Bryan/College Station Eagle*, June 22, 1986, pp. 1-4.

³Demmie G. Mayfield and Robert G. M. Johnston. "Screening techniques and prevalence estimation in alcoholism," in *Phenomenology and Treatment of Alcoholism*, W. E. Fann; I. Karacan; A. D. Pokorny; and R. A. Williams (Eds). New York: Spectrum Publications, 1986, pp. 33-38.

⁴Howard Shaffer and Janice Kauffman. "The clinical assessment and diagnosis of addiction," in *Alcoholism and Substance Abuse*, T. E. Bratter and G. C. Forrest (Eds). New York: The Free Press, 1985, p. 45.

⁵Howard Shaffer and B. Gambino. "Addiction paradigms," *Journal of Psychedelic Drugs*, 1979, 11, 299-303.

⁶Elvin M. Jellinek. *The Disease Concept of Alcoholism*, New Haven, CT: Hillhouse, 1960.

⁷George E. Vaillant and E. Milofsky. "The etiology of alcoholism: A prospective viewpoint," *American Psychologist*, 1982, 37, pp. 494-503.

⁸Robert L. Dupont. *Getting Tough on Gateway Drugs*, Washington, D.C.: American Psychiatric Press, 1984.

to focus on deficits of the individual and symptoms of the illness.

Gateway Theories

The notion that young people progress from one drug to another as they become more heavily involved has been proposed by many and labeled as the gateway theory by Dupont (1984).⁸ The concept behind this theory is that a person may start with beer and marijuana, then move on to harder drugs. This belief has led to labeling some drugs, such as marijuana, as "gateway drugs."

Social Theories

Social theories generally try to explain drug use by studying features of the social structure. Researchers from this discipline concern themselves with race, age, sex, socioeconomic status, employment, and other demographics as they study general social processes related to drug and alcohol abuse.⁹ Additionally, they may also investigate the relationship between crime, delinquency, and substance abuse.¹⁰ Social theorists yield assessments based on both assets and deficits of individuals as they relate to their social systems.

Psychological Theories

Psychological theories focus on the individual's personal needs or personality traits to explain how a particular drug seems to meet an individual need. For example, people who have problems with depression may gravitate toward a preference for using stimulants. Similarly, tense and hyperactive people may prefer to use central nervous system depressants.

Popular models within this section are the behavioral theories,¹¹ more recently, the cognitive-behavioral theories,¹² and psychodynamic theories.¹³ Assessment focuses on identifying individual personality traits and emotional disorders which may contribute to substance abuse.

Psychosocial Theories

Another popular theory of recent times is the social learning theory which incorporates the individual's personality, environment, and behavior as a

dynamic, interrelated process. Using these variables, theorists see drug and alcohol abuse as learned behavior and only one method of deviating from social norms.¹⁴ These theories are popular because they allow for the interaction between the personal, cognitive, and relationship problems of the individual and the environment.¹⁵

Lifestyle Theories

Lifestyle theorists generally suggest that drugs and alcohol are used by groups of people. The specific drugs used help define the group, and substance abuse is an important part of the group's lifestyle. For example, Walters (1980) mentions three types of groups: rowdies, straights, and cools.¹⁶ Rowdies are prone to heavy, open drug abuse. Straights use primarily alcohol. Cools are low profile marijuana and, perhaps, stimulant users.

A variant of this approach is peer cluster theory, offered by Oetting and Beauvias (1986).¹⁷ They suggest that peer clusters, which are tight, cohesive, smaller subgroups, are responsible for shaping ideas, values, and beliefs about drugs. Membership in these peer clusters is marked by these shared attitudes and drug-taking behaviors.

Chemicals-as-Causative-Factor Theories

Although not formally developed, various researchers suggest that drugs and alcohol themselves can become causative factors for addiction.¹⁸ Obviously, many substances of abuse are physically and/or psychologically addictive. Drug use can lead to mood changes that predicate further drug use, which starts a cycle of abuse. Continued abuse leads to addiction.

Drug and alcohol addiction has been identified as the cause of passive-dependent traits, low self-esteem, introversion, and antisocial traits.^{19,20} These findings are particularly important because they result from studying people in their early years, before the onset of alcohol or drug abuse, and periodically evaluating them over a number of years. The findings in this type of research shift the focus from individual or societal deficiencies to the drug itself

⁸I. F. Lukoff. "Toward a sociology of drug use," in *Theories on Drug Abuse: Selected Contemporary Perspectives*, D. J. Lettieri, M. Sayers, and H. W. Pearson (Eds). Rockville, MD: National Institute on Drug Abuse, 1980.

⁹E. R. Oetting and Fred Beauvias. "Peer cluster theory: Drugs and the adolescent," *Journal of Counseling and Development*, 1986, 65, pp. 17-22.

¹⁰David H. Barlow. *Behavioral Assessment of Adult Disorders*, New York: Guilford Publications, 1981.

¹¹Maxie C. Maultsby. *The Rational Behavioral Alcoholic-Relapse Prevention Treatment Method*, Lexington, KY: Rational Self-Help Books, 1978.

¹²Vaillant and Milofsky. *Loc. Cit.*, pp. 494-503.

¹⁴Robert Jessor, J. D. Chase, and J. E. Donovan. "Psychosocial correlates of marijuana use and problem drinking in a national sample of adolescents," *American Journal of Public Health*, 1980, 70, pp. 604-613.

¹⁵Albert Bandura. *Social Learning Theory*, Englewood Cliffs, NJ: Prentice-Hall, 1977.

¹⁶J. M. Walters. "Buzzin': PCP use in Philadelphia," in *Angel Dust*, H. W. Fieldman, M. H. Agar, and G. Beschner (Eds), Lexington, MA: Heath, 1980.

¹⁷Oetting and Beauvias, *Loc. Cit.* pp. 17-22.

¹⁸Lawrence Gross. *How Much Is Too Much?: The Effects of Social Drinking*, New York: Ballantine, 1983.

¹⁹Vaillant and Milofsky, *Loc. Cit.*, pp. 494-503.

²⁰Norman E. Zinberg. "Addiction and ego function," *The Psychoanalytic Study of the Child*, 1975, 30, pp. 567-588.

as the primary causative factor in addiction and the associated symptomatology.

Summary

Each theory offers useful insights into the dynamics of developing drug and alcohol addictions. The theories most commonly used by clinicians are the disease, social, and psychological models. Instead of discarding one for the other, a more practical approach seems to favor incorporating the best contributions from each theory. Each one has a different set of assumptions and provides a different view of the individual. An eclectic viewpoint would, therefore, utilize a multidimensional approach to assessment.²¹ Information needed for the assessment process, utilizing the eclectic viewpoint, is gathered from a number of sources. Testing is only one component in the total assessment program. No test is foolproof and the sensitive appraisal practitioner is the key in using assessment tools and other information correctly. Therefore, the key variables in any assessment system are the professionals who synthesize and interpret data and formulate recommendations. Their mindsets will shape their procedures of assessment and color what they see in their evaluations.

The remainder of this article focuses on describing the assessment model used by the Brazos County Adult Probation Department, an agency which offers a variety of services for substance abusing probationers, located in Bryan, Texas. In addition to establishing the overall mission, the functioning of the model is explained.

The Assessment Model

The overall mission of the assessment model is to gather and synthesize information on probationers for the purpose of making treatment decisions. Effective treatment is dependent upon proper identification of the existing problems. Similarly, problem identification is only as good as the quality and quantity of information available. The assessment process is designed to yield comprehensive data which efficiently identifies probationers experiencing problems with drugs and alcohol and provides insights necessary for treatment recommendations.

Objectives

In order to fulfill the stated purposes, assessment focuses on three objectives, which are: 1) determine the probationer's level of involvement with specific

drugs and alcohol; 2) distinguish between use, abuse, and dependence; and 3) make treatment and followup recommendations. Mechanically, the model is engineered with specific components designed to accomplish these objectives. Conceptually, the process of assessment is both flexible and sequential which provides on-going evaluation and followup.

Components

This model has several components: case histories, interviews, testing, education, and evaluations. Each component is useful in yielding additional information and insights necessary in making referral and treatment decisions.

Case Histories. Case histories include social, medical, legal, occupational, and observational information. This is a traditional component of probation casework, which usually begins at intake, whether conducted as part of a presentence investigation (PSI) or after initially receiving the probationer on supervision from court. These are usually developed and made more comprehensive as the period of supervision evolves. Arrest records, treatment summaries, educational transcripts, and occupational information are essential elements of case histories. Chronological entries in the case file also provide important observational and historical information. Case histories assist in the assessment of previous social and occupational functioning.

Interviews. Interviews are used to gather information directly from the probationer or, indirectly, from others who may provide reliable input about the probationer. To interview successfully, physical and mental influences are structured in a logical sequence and applied to the probationer in a manner that will yield useful information that might not otherwise be voluntarily offered. Physical influences include considerations such as the location, furnishings, and arrangement of the office. Additionally, control and use of personal space between interviewer and probationer facilitate successful interviews. Mental influences include the knowledge and use of verbal and non-verbal communication. Being a good interviewer involves having an awareness of one's own internal self-communications, such as attitudes and biases, as well as a working understanding of body language. Verbally, one must understand the mechanics of questioning, such as knowing when to effectively use open-ended instead of close-ended questions. A good conceptual blending of verbal and non-verbal communications is found in Grinder and Bandler's (1981) work on neurolinguistic programming.²²

²¹ See American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders, 3rd Edition*, Washington, D.C.: APA, 1980.

²² John Grinder and Richard Bandler. *Trance-formations: Neurolinguistic Programming and the Structure of Hypnosis*, Moab, Utah: Real People Press, 1981.

Structure and logical sequencing of questioning is covered well in Royal and Schutt's (1976) work, which offers three principal procedures for applying questions.²³ The first procedure is free narrative, a continuous account in the probationer's own words of the background, arrest history, and substance use patterns. This is used to get a quick account of how cooperative the probationer will be and to make non-verbal observations. Open-ended questions and affirmative statements are used to encourage free discussion. Direct examination is used next which is systematic questioning designed to bring out a connected account of the probationer's substance use and impact on functioning. Closed-ended questions may be used more in this section of questioning as the details are filled in from information gathered in the free narrative. Resistance stemming from denial and the involuntary nature of most probationers' involvement in the assessment process suggests the need for the last procedure, cross-examination. This involves the use of exploratory questioning conducted for the purpose of testing previous statements for correctness, resolving conflicting information, determining completeness, and filling in evaded details.

Testing. Test results originate both from laboratory and psychometric instruments. Laboratory test results are used to assess the presence of psychoactive chemicals in the body. Intoxilizer readings, taken at the time of arrest, and Alcoscan Saliva Alcohol Tests are primarily used to access the presence of alcohol in the body.²⁴ Research suggests the utility of assessing levels of blood alcohol content during evaluations and is practical at any time the probationer reports smelling of alcohol.²⁵ Urine specimens are routinely collected and analyzed in-house, using the Emit and the Abbott TDX instruments.²⁶ Occasionally, results from blood tests are also used. Test results are used to confirm suspected drug or alcohol use and usually result in a referral for treatment or additional court action.

Psychometric instruments are used at different levels of assessment. Specific tests are used to assess problematic drinkers: the Mortimer-Filkins Court Procedure for Identifying Problem Drinkers and the Numerical Drinking Profile (NDP), which incorpo-

rates use of the Michigan Alcohol Screening Tests (MAST).^{27,28} Other psychological tests, such as the Carlson Psychological Inventory, are used to identify criminal drug abuse patterns.²⁹ More traditional psychological tests are used as the need arises or when results are available from previous evaluations.

Additional information is collected during diagnostic evaluations using a symptoms checklist developed from Jellinek's (1960) work to identify at which stage a probationer has progressed in the addiction.³⁰ The Social Stability Index is used to identify probationers who are most likely to prematurely terminate outpatient treatment. A Treatment Goals Inventory serves as a simple method of aligning a probationer's treatment needs with methods and issues to be addressed in the counseling program.³¹

A more general assessment tool, Strategies for Case Supervision (SCS) is also used. Developed in 1975 under an LEAA grant to the Wisconsin Bureau of Community Corrections and later adopted by the Texas Adult Probation Commission, this system of assessment, consisting of a structured interview, places a probationer into one of five distinct supervision strategies. Each strategy considers positive and negative factors regarding treatment.³² Professional staff are trained in the use of this assessment instrument according to established guidelines, as is the case in the other routine testing areas.

Education. Drug/alcohol education is designed to facilitate the exchange of information between instructors and probationers. This happens, formally, by using pre- and post-testing procedures to measure the effect of instruction on the probationer's storehouse of alcohol information and, informally, in class discussions.

Alcohol education is conducted at Texas A&M University in College Station, Texas, and consists of four evening classes of approximately 2 hours each. This program is required of all probationers placed under supervision for the offense of driving while intoxicated (DWI). It is designed to assist the of-

²³Robert Royal and Steven Schutt. *The Gentle Art of Interviewing and Interrogation*, Englewood Cliffs, N.J.: Prentice-Hall, 1976.

²⁴Lifescan, Inc. "A county probation department's use of the Alcoscan Saliva Alcohol Test," *Alcoscan Case Study*, Mt. View, CA, 1986.

²⁵Pascal E. Scoles, Eric W. Fine, and Robert A. Steer. "DWI offenders presenting with positive blood alcohol levels at presentence evaluation," *Journal of Studies on Alcohol*, 1986, 47(6), pp. 500-502.

²⁶S. Clark, J. Turner, and R. Bastiani. *EMIT Cannabinoid Assay*, Clinical Study No. 74: Summary Report, Palo Alto, CA: Syva Co., 1980.

²⁷Lyle D. Filkins, Rudolf F. Mortimer, D. V. Post, and M. M. Chapman. *Field Evaluation of Court Procedures for Identifying Problem Drinkers*, prepared for the National Highway Traffic Safety Administration, Report No. UM-HSRI-AL-73-18, Ann Arbor, MI, 1973.

²⁸J. L. Malfetti and D. J. Winter. *Counseling Manual for DWI Counterattack Programs*, New York: Columbia University, 1976.

²⁹Kenneth A. Carlson. "A modern personality test for offenders: The Carlson Psychological Survey," *Criminal Justice and Behavior*, 1981, 8(2), pp. 185-200.

³⁰Jellinek, *Op. Cit.*

³¹F. Glaser and H. Skinner. "Matching in the real world: A practical approach," in *Matching Patient Needs and Treatment Methods in Alcoholism and Drug Abuse*, E. Gotthiel, T. McLennan, and K. Druley (Eds), Springfield, Ill: Charles C. Thomas, 1981, pp. 308-312.

³²Texas Adult Probation Commission. *Strategies for Case Supervision*. Austin, Texas, 1986.

fender in identifying problems associated with excessive drinking, to help the problem drinker, and to encourage responsible behavior while operating a motor vehicle.³³ A plan for responsible drinking is developed and discussed during an exit interview conducted by the instructor.

The Drug Education and Screening Program (ESP) is conducted by probation officers and consists of two parts: Part 1 is a 2-hour class which provides information to probationers on chemicals and their effects on the body; and Part 2 is a series of 10 urine screens during a 16-week period. An important issue in distinguishing between abuse and dependency is determining if the abuser has control over the drug use. The ESP addresses this issue and assists probation officers in making decisions for supervision plans.³⁴

The alcohol education classes yield pre- and post-test results, a plan for responsible drinking, and an NDP score. The ESP provides structured urine screening. Both programs provide highly useful diagnostic information and offer clues for treatment recommendations.

Evaluations. Evaluations are made at several points which ultimately lead to the primary therapeutic intervention and subsequent followup. The probation officer conducts an evaluation with each supervision contact and makes referrals as needed. Serving as a case manager, the probation officer follows the progress of the probationer, evaluates the gains from services rendered, and makes arrangements to secure additional treatment services when needed. Therefore, the probation officer's role as evaluator is continuous.

Two other formal evaluation steps are built in the assessment model. The first one is a screening evaluation, which is conducted by trained professionals who identify probationers as borderline problem drinkers, problem drinkers, or drug abusers. These evaluations are usually conducted in conjunction with testing, education, and/or presentence investigations and are performed by probation specialists. The second formal evaluation is a diagnostic evaluation, which is conducted by licensed or certified professionals and yields a clinical impression of diagnostic value. The Brazos County Adult Probation Department contracts with a psychiatrist, two psychologists, the Counseling and Assessment Clinic at Texas A&M University, as well as with a licensed counselor who works "in-house" to provide these evalua-

tions. The primary focus at this stage is identifying chemical abusers and distinguishing them from those who are chemically dependent. This information is then used to make treatment recommendations and plans for continuing care.

Process

The assessment process is sequential, providing an opportunity to gain an increased understanding of the probationer's substance abuse habits as additional information is collected.

Identification and Referral. Beginning with identification and referral, the probationer may enter the process at any stage during the probationary period. Details of the instant offense and past arrests serve as early referral indicators. Records of past treatment or confidential information from reliable sources also serve as early indicators that a problem may exist. Subsequent arrests, admissions of use, and positive lab results, such as Alcoscans, BAC levels, and urinalysis, also provide cogent reasons for referral for screening evaluations.

Screening Evaluations. Current offenses, such as DWI, identify a potential problem and lead to an automatic referral for a screening evaluation. Screening evaluations may be structured as part of the presentence investigation, or they may occur following referral at any time during the probationary period. Four mechanisms serve as screening evaluations: the Mortimer-Filkins procedure, Strategies for Caseload Supervision, the Numerical Drinking Profile, and the Education and Screening Program. Results from these screening evaluations are combined to make referral decisions for further evaluation and treatment.

Diagnostic Evaluations. Diagnostic evaluations, using an in-house counselor, are designed to synthesize all the available information gathered from the process, share the pertinent facts with the probationer, provide initial counseling, and make decisions for additional treatment. Using the medical model as a guide, treatment depends upon diagnosis. However, as Menninger (1963) stated, "... the diagnostic process is also the start of treatment."³⁵ Therefore, the entire assessment procedure is viewed as part of the therapeutic process. This is particularly useful in breaking down denial and other forms of resistance.

In addition to using available information, the diagnostic evaluation, conducted by the in-house

³³Dan Richard Beto. *Annual Report*, Brazos County Adult Probation Department, Bryan, Texas, 1986, p. 9.

³⁴*Ibid.*, p. 10.

³⁵Karl Menninger. *The Vital Balance: The Life Process in Mental Health and Illness*, New York: Viking Press, 1963.

³⁶Michele A. Packard. "Assessment of the problem drinker: A primer for counselors," *Journal of Counseling and Development*, 1986, 64, pp. 519-522.

counselor, relies heavily upon the structured interview. A detailed drug history is formulated. At this stage of interviewing, the clinician relies upon intuitive skills gained from years of experience in interviewing, evaluating, and treating large numbers of offenders. This is a dynamic process that yields a working clinical impression, such as use, abuse, or dependence, which provides guidance regarding the most appropriate plan and modes of treatment. Failures in therapy can be prevented when problematic alcohol and drug use is accurately assessed.³⁶

Treatment Recommendations. Treatment plan recommendations involve decisions regarding hospitalization, detoxification, outpatient treatment, or aftercare services. Outpatient treatment may involve individual, group, family, or supportive self-help group therapies. Choosing the appropriate therapy modality can be very important in the recovery of the addicted probationer. If abuse persists, temporary or long-term hospitalization may be viewed as therapeutic. Recommendations are made taking into consideration the individual needs of the probationer, the community's best interests, and available resources.

Conclusions

Drug and alcohol abuse treatment is emerging as a profession. Several useful theories of causation are available which can be used collectively to provide foundations for formal assessment and therapeutic intervention. Until a single, dominant theory of causation for abuse and addiction emerges, the safest and most practical approach to assessment is to use a multidimensional system which draws from the best each theory has to offer.

The assessment model used by the Brazos County Adult Probation Department purposefully gathers a wide range of information and provides an opportunity to synthesize the data collected at several decision points. These decisions provide direction for probation supervision and for the nature and extent of therapeutic intervention. This assessment process allows for a close and harmonious relationship between probation officers and therapists and, as a result, a supervision plan is developed which best addresses the needs of the substance abusing offender.

Because the process adopted by the Brazos County Adult Probation Department is an integrated one, with constant interaction between therapists and probation officers, continuity of care may be assured. In addition, with regular monitoring and evaluation of the process by the department's administration, there is assurance of quality services. This contin-

uous assessment and evaluation process helps to document pre-treatment needs and post-treatment impacts.

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