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Group Counseling and the High Risk Offender

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CRIMINAL JUSTICE practitioners have tried many and various ways to change offenders and reduce their risk to society; however, since the late 1960's, these efforts have been strongly criticized. This criticism was fueled into extreme pessimism in 1974 when the late Robert Martinson reported that with little exception correctional treatment programs were little better than wasted effort. Martinson backed up his opinion in a later work (1975) co-authored by Douglas Lipton and Judith Wilks. Together they reported:

With few and isolated exceptions, the rehabilitative effects that have been reported so far have had no appreciable effect on recidivism. (p. 25)

...by and large, when one takes the programs that have been administered in institutions and applies them in a non-institution setting, the results do not grow to encouraging proportions. (p. 38)

... I am bound to say that these data, involving over two hundred studies and hundreds of thousands of individuals as they do, are the best available and give us little reason to hope that we have, in fact, found a sure way of reducing recidivism through rehabilitation. (p. 49)

Samuel Yochelson and Stanton Samenow (1977) studied Martinson and concluded:

They found that no form of rehabilitation worked to reduce recidivism—not educational and skill improvement, not individual counseling, not group counseling, not milieu therapy, not medical treatment, not intensive supervision in the community, not individual psychotherapy in the community, not shorter sentences. (p. 89)

Yochelson and Samenow eventually joined in opining that no treatment modality was effective with the offender population.

In contrast, a 1976 report to Congress concerning state and county probation systems by the Comptroller General of the United States stated, "There is a highly significant relationship between the extent to which offenders receive needed services and their success on probation" (p. 20). Later the Comptroller General, building upon the 1976 report, issued a 1977 report dealing with the Federal Probation System which reiterated the earlier conclusion and broke down 10 specific need areas with support data relating to offender needs and the success of treatment. Obviously there was a gulf of disagreement between private researchers and government researchers regarding correctional treatment.

Empy (1978) addressed part of the cause for disagreement when he concluded that the difficulty in determining whether or not treatment is effective with offenders comes from disagreement over the research conducted in the criminal justice system. In 1974 Martinson lamented, "it is just possible that some of our treatment programs are working to some extent, but that our research is so bad that it is incapable of telling" (p. 14).

Federal probation programs were no different from other correctional settings. Probationers were required to submit to treatment with no real evidence that it had any effect on reducing society's risk. Some studies were informally conducted to see if those undergoing treatment did any better than those who were not, but results were mixed and legal considerations hindered use of experimental research designs (Robertson and Blackburn, 1984). One of the major obstacles was lack of control for group differences. The national application of base expectancy scales to predict offender risk provided a potential solution to this problem.

Originally these scales were simply aids in parole decision making, but over the years they evolved into a method of classifying probationers into categories of supervision (Palmer, 1975). As treatment of offenders came in for more and more criticism, these categories of supervision were seen as a way of mathematically measuring client needs and concentrating probation resources on those clients with the greatest need (Clear, 1970; Benort, Clear, Morris and Ranton, 1980; National Institute of Corrections, 1980). This increased attention was supposed to reduce the risk of recidivism. In mathematically classifying an offender by a score on a base expectancy scale, the Federal system placed the offender into one of three risk categories labeled "maximum risk," "medium risk," and "minimum risk." Attention was given each case as indicated by the classification label.

During the advent of base expectancy scales as a classification device, the Federal courts in many districts were requiring offenders under probation supervision to submit to mandatory treatment. One of the most prevalent forms of treatment was group counseling modeled on Maxie Maultsby's

(1972) theory of rational behavior training. In the Northern District of Alabama clients were scheduled for one 3-hour session each week for 13 continuous weeks. Eight groups were conducted by Maultsby-trained U.S. probation officers during the mid-seventies to early eighties. This study was an effort to evaluate this counseling model by studying the client's level of participation and its effect on the recidivism prediction of base expectancy scales. This method provided for client grouping based upon common traits, predicted outcome, and counseling attendance.

Legal constraints on population and data limited study design to descriptive statistics and survey method. Within these parameters, three research questions were formulated:

Question I. Is there a decrease or increase in the revocation percentage of clients commensurate with predictions of the base expectancy scale?

Question II. Is there a decrease in the revocation percentages of clients as attendance in group counseling increases?

Question III. Is there an improvement in the revocation percentages for clients in each base expectancy scale category as level of attendance in counseling increases?

To study these questions, 90 individuals were located who had been ordered to group counseling as a requirement of their supervision. The individuals were classified into minimum, medium, or maximum supervision category according to common traits measured by Federal Probation System's USDC 75 base expectancy scale (see Appendix A). The population was then grouped into three levels of group counseling participation. Following these groupings, each individual was determined to have favorably or unfavorably terminated supervision based upon whether or not supervision was revoked. Table 1 presents the participation spread for each of the base expectancy scale supervision categories. The population spread across the supervision categories is consistent with expected actuarial grouping in a Federal probation and parole population (Eaglin and Lombard, 1981). Participation was greatest for those clients classified as minimum and followed a decreasing pattern down to those clients classified as maximum. These two factors indicate that the base expectancy scale performed its actuarial function by grouping clients by risk. However, clients who were the least risk participated the most, while clients who were the greatest risk participated the least—the reverse of the intention of case classification.

TABLE 1. GROUP ATTENDANCE BY CLASSIFICATION

	Total	1-4 sessions	5-8 sessions	9-13 sessions			
Classification	N	N	N	N			
Minimum	26	4	15%	0	0%	22	85%
Medium	34	4	12%	4	12%	26	76%
Maximum	30	12	40%	12	40%	6	20%
TOTAL	90	20	22%	16	18%	54	60%

Analysis of Data

Question I.

Table 2 illustrates the supervision outcome of clients by their supervision category. The results were consistent with other findings (Eaglin and Lombard, 1981). Those clients in the minimum category of supervision who statistically posed the least risk failed the least, and those clients in the maximum category of supervision who statistically posed the greatest risk failed the most. The medium supervision category performed as the name implies and experienced a failure percentage between the minimum and maximum categories. In summary, there was graduated improvement in the failure percentages from maximum down to minimum supervision categories as predicted by the base expectancy scale.

TABLE 2. SUPERVISION OUTCOME BY CLASSIFICATION

	Total	Favorable Outcome	Unfavorable Outcome		
Classification	N	N	N		
Minimum	26	26	100%	0	0%
Medium	34	26	76%	8	14%
Maximum	30	16	53%	14	47%
TOTAL	90	68	76%	22	24%

Question II.

Table 3 illustrates the supervision outcome of clients by level of group counseling participation. Those clients who attended one through four sessions had the greatest failure percentage, while those clients who attended nine sessions through group termination failed the least. Overall, the three attendance categories reflect a regression curve in failure percentages based solely on increased group counseling participation. In summary, there was an improvement in the revocation percentage based solely upon level of participation. The overall failure percentage of 24 percent

is consistent with other reported failure percentages in the Northern District of Alabama (Robertson and Blackburn, 1984.)

TABLE 3. SUPERVISION OUTCOME BY PARTICIPATION

	Total	Favorable		Unfavorable	
Attendance	N	N		N	
1 thru 4 Sessions	20	10	50%	10	50%
5 thru 8 Sessions	16	12	75%	4	25%
9 thru Graduation	54	46	85%	8	15%
TOTAL	90	68	76%	22	24%

Question III.

Table four illustrates the supervision outcome for clients in each supervision category based upon their level of attendance. The table reflects that those in the minimum category of supervision, who attended group sessions the most, experienced the greatest success, but no one in the minimum category failed regardless of attendance level. In the medium category of supervision the data reflect consistent favorable and unfavorable percentages of 6 percent in all of the attendance categories except the greatest level of attendance where the favorable percentage increases to 65 percent. In the maximum category of supervision no pattern developed linking attendance to success or failure because so few stayed in treatment long enough to reach the greatest attendance category.

A study of the population in all three supervision categories indicated that in the minimum and medium groups the majority of the clients reached the highest level of attendance, while in the maximum supervision category only three clients reached the highest level of attendance. Consequently, those individuals who theoretically should benefit the most from increased treatment actually received the least attention. These results cast doubt on the receptiveness of these offenders to treatment and on the system's ability to concentrate resources on evasive high risk clientele. The offender population which posed the greatest threat to society also put forth the greatest effort to avoid behavior change, even risking incarceration to evade treatment.

In summary, when measured by attendance only, those attending the most sessions succeeded the most, and those attending the least succeeded the least. However, when the population was grouped into three predicted patterns of usual behavior, the different groups performed exactly as predicted before counseling. Those individuals predicted to succeed the most succeeded the most, and those predicted to fail the most failed the most. Thus, mandatory group counseling had no proven effect upon the statistically predicted behavior of offenders.

Grouping by a statistical criminal behavior prediction device proved to be a helpful research tool which reduced to mathematical specificity many of the generalizations often found in criminal justice research. Continued use of these predictors could have interesting potential in determining which, if any, of the current fads proposed to reduce offender risk actually do alter the way criminals are predicted to behave.

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TABLE 4. SUPERVISION OUTCOME FOR EACH CLASSIFICATION BY PARTICIPATION

Classification	Attended 1-4 Sessions				Attended 5-8 Sessions				Attended 9-13 Sessions			
	Favorable		Unfavorable		Favorable		Unfavorable		Favorable		Unfavorable	
	N		N		N		N		N		N	
Minimum	4	15%	0	0%	0	0%	0	0%	22	85%	0	0%
Medium	2	6%	2	6%	2	6%	2	6%	22	65%	4	12%
Maximum	4	13%	8	27%	10	33%	2	7%	2	7%	4	13%
TOTAL	10	11%	10	11%	12	13%	4	4%	46	51%	8	9%

APPENDIX A

U.S.D.C. 75 SCALE

TO OBTAIN RAW SCORES:

Instructions: If the client has a high school degree (exclude GED) and no history of opiate abuse, check the box to the right, ignore items A through E, and place the client in the Excellent Risk Category _____

Otherwise use items A through E to determine the rating.

Characteristics:

- A. 28 years of age or older at time of instant conviction 7 _____
- B. Arrest-free period of five (5) or more consecutive years 4 _____

C. Few prior arrests (none, one, or two) 10 _____

D. No history of opiate usage 9 _____

E. At least four (4) months steady employment prior to arraignment of present offense 3 _____

SUM OF POINTS 33 _____

SCALE FOR POTENTIAL ADJUSTMENT

<u>Risk</u>	<u>Classification</u>	<u>Frequency of Personal Contact</u>
(0-9) Poor	Maximum (C)	Three times per month
(10-19) Good	Medium (B)	Once a month
(20-33) Excellent	Minimum (A)	Quarterly