

# Federal Probation

Probation Officers' Role Perceptions and Attitudes  
Toward Firearms ..... *Richard D. Sluder*  
*Robert A. Shearer*  
*Dennis W. Potts*

Family Violence: Challenging Cases for  
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Role Negotiation: Sorting Out the Nuts  
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Prisoners and Their Families ..... *George C. Kiser*

Single-Cell Occupancy in America's  
Prisons ..... *Steven T. Adwell*

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SEPTEMBER 1991

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# Federal Probation

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## This Issue in Brief

**Probation Officers' Role Perceptions and Attitudes Toward Firearms.**—The issue of whether probation officers should carry firearms has tremendous implications for the future of probation. Despite the importance of the issue, however, there has been little empirical investigation to determine whether probation officers' opinions about firearms are related to their role perceptions, individual characteristics, or other work-related factors. Using data collected from a population of probation officers attending a state-wide probation training academy, authors Richard D. Sluder, Robert A. Shearer, and Dennis W. Potts explore relationships between those variables and officers' opinions as to whether they should be permitted or required to carry firearms in the performance of their duties. The authors discuss findings from the study, as well as implications for the delivery of probation services.

**Family Violence: Challenging Cases for Probation Officers.**—Author Meredith Hofford presents data on the frequency and seriousness of domestic violence and offers suggestions and guidance as to how the courts and probation officials can improve their supervision of the perpetrators of domestic violence. The article presents the proposition that domestic violence is much more widespread—and its consequences much more serious—than has been generally accepted. The author points out that with adequate and effective probationary supervision, the recurrence of domestic violence, the frequency of violent crime stemming from domestic violence, and the intergenerational effects of spousal abuse on children can all be significantly decreased.

**Role Negotiation: Sorting Out the Nuts and Bolts of Day-to-Day Staff Supervision.**—As organizations become larger and more complex, the need for cooperation and coordination between managers and staff increases significantly. Authors Jud Watkins and Robert A. Luke, Jr., describe a structured way for people who work together to sort out their day-to-day needs and arrive at an interpersonal contract, or agreement, that promotes the mutual efficiency and job satisfaction of both negotiators. The authors detail

the procedure of role negotiation, cite examples of its application in the probation and pretrial services setting, and suggest alternative uses such as group nego-

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- Armed Career Criminal Act
- Sentences for carrying a firearm during violent offenses and drug offenses

# Role Negotiation: Sorting Out the Nuts and Bolts of Day-to-Day Staff Supervision

BY JUD WATKINS AND ROBERT A. LUKE, JR., PH.D.\*

**W**HAT DO supervisors want from officers? Timely, accurate reports; substantive, goal-oriented supervision; high morale and loyalty top the list of many supervisors. What do officers want from their supervisors? A highly individual combination of support, technical advice, structure, encouragement, and praise. How can both get what they want from each other?

Role negotiation is one way. It is an interpersonal communication technique that produces specific, behaviorally stated feedback of value to either a supervisor or an officer. Role negotiation can result in an interpersonal agreement, mutually binding, with provisions that enhance the efficiency and effectiveness of both negotiators. The ground rules are simple. Issues for negotiation must be behaviorally stated and relevant to job performance and job satisfaction. Each negotiator must speak for himself or herself, not for the agency or for any group within the office. Negotiators learn to say, "I would be more efficient and effective at my job if you would do the following things." During the negotiation process, no one is required to agree to do anything. With practice, therefore, negotiators get comfortable saying "no" to some requests, "yes" to others, and "need more information" to still many others.

## *Steps in One-on-One Role Negotiation*

Here is the procedure for individual, or one-on-one, role negotiation. When two people decide to do a role negotiation, they should set the date for the negotiation interview a week or two in advance. This gives both negotiators time to think about their wants and time to complete the Issues Diagnosis Form (see appendix). This form, which each negotiator completes as a message to the other, conveys conditional statements in three categories:

- (1) If you were to do the following things less or were to stop doing them, it would help me be more effective.
- (2) If you were to do the following things more or better, it would help me be more effective.
- (3) The following things which you have been doing help to increase my effectiveness. Please continue them.

These forms are completed by each negotiator and addressed to the other party to the negotiation. The forms should be prepared in duplicate, an original and a copy. When the interview begins, both parties exchange originals of their Issues Diagnosis Forms, while retaining a copy. This gives each negotiator an original form with messages addressed to him or her and a copy of the messages he or she sent to the other person. Accordingly, at the time the negotiation begins, each has a full set of messages sent and received.

The first step in the negotiation interview calls for the parties in turn to read their messages to each other: "If you would do the following things less or were to stop doing them . . ." Any job-related behavior, from use of the telephone intercom to selection of a red pen for reviewing work, is relevant if it affects the efficiency and effectiveness of the negotiator. All of the messages in each category on both sheets should be read. If clarification is needed, this is the time to do it. Negotiators should ask for examples, define terms, and give as much additional information as is needed.

Note that none of the messages in any category is a demand. Rather, they are conditional statements. The "if" at the beginning of each statement conveys a presumption that not all of the messages will be accepted and result in changed behavior. The supervisor or the officer in negotiation may make concessions outright, adjust the terms used, or withhold the requested behavior. This leads to a tone for the discussions that is uniquely open and fair, particularly because each negotiator is free to grant or deny changes in his or her behavior.

In certain instances, concessions to new behavior may be easy to make, while others will require more creativity. A supervisor may simply agree, for example, to stop contacting his officers using the office intercom. Such communication may be seen as impersonal or an annoyance to people. A line officer may agree to submit case reviews for supervisory approval with the new case plans clipped *into* the file rather than outside, where they can become detached. This is perhaps a small matter for the officer to correct, but the change can be important for the work of a supervisor who reviews dozens of cases each month.

Some agreements may be highly reciprocal in nature. For instance, a supervisor may agree to spend a certain amount of time each day with new officers to allow questions and answers. In exchange for this, a newly appointed line officer may agree at all *other* times to check the available policy guidance before

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merely asking the supervisor for the quick answer to a problem. This particular term of an agreement, arrived at through an actual role negotiation, successfully "weaned" a new officer of overdependence on his supervisor. It also gave the supervisor more planned time to complete desk work.

Other areas require more effort and creativity to negotiate specific terms before a commitment to new behavior can be made. A supervisor may commit to limiting unit meeting time to 1 hour, for example, *provided* that all unit members arrive promptly when the meeting is to begin. A supervisor may agree to review written work only for certain kinds of issues, such as statutory correctness and typographical and grammatical errors. Such an adjustment, however, might be made, *provided* that officers agree to proof their written work more carefully and take greater responsibility for clarity and style. Supervisors may agree to let officers develop their own duty officer and holiday office coverage plans, *provided* that certain specific policies of the chief are satisfied. The universe of topics for negotiation, and the ways they might be conditioned one upon the other, is almost without limits.

What is key is a positive orientation to the process of negotiation and an attitude of good faith on the parts of the negotiators. Role negotiation works best when both parties go to the negotiation interview unafraid to make behavioral concessions or adjustments. On the contrary, experienced negotiators look for ways to make concessions in hopes of getting supportive behavior in return. The greatest reward in the outcome of a negotiation has little to do with a simple "yes" or "no" to an item on an Issues Diagnosis Form. The real payoff is in the process of working through, creating the correct balance between the particular needs of the people doing the negotiation. Once this crucial dialogue is completed, setting the language carefully, agreeing on the length of time the agreement will be effective (6 months or a year in most cases), and then accepting the agreement—oftentimes with a handshake—complete the negotiation.

#### ***Group Role Negotiation— A Time-Saving Alternative***

A time-saving alternative to one-on-one role negotiation is group role negotiation. A supervisor may use this alternative to receive much the same kind of feedback (and cooperation) that one-on-one negotiation provides, but for a small percentage of the time required. It is useful in times of routine functioning to "take the pulse" of a unit, to check the quality of job satisfaction and relationships. Because group negotiation is so time-saving, however, it is particularly useful when potentially serious management problems arise.

In such situations, the supervisor needs a quick problem definition, beginning with his or her own part in it.

Group role negotiation works best if the supervisor begins by scheduling a special meeting to explain the need and the expected benefits. The need may have to do with the supervisor's perception that morale or productivity have declined. Changes in the unit workload, new procedures, or changes in the unit composition can cause tensions or more substantive problems that need to be examined in this way. Whatever the circumstances, by posing this question, "What am I (the supervisor) doing that is presently helping or hindering your work?," the supervisor is able to learn a considerable amount about unit functioning, in a short period of time.

Once the reason for role negotiation is clear, the supervisor should call upon a spokesperson or elected facilitator to lead the actual discussions. These discussions can directly follow the supervisor's introductory statements or be scheduled for another time. It is important, however, for this spokesperson, usually a senior member of the unit, to conduct the role negotiation discussions in the absence of the supervisor. Conducting preliminary discussions in this way, in the supervisor's absence, allows officers and clerks the greatest amount of objectivity and candor.

The spokesperson should take a sheet of flipchart paper, post it where everyone can see it, and then divide the sheet vertically with a line drawn down the middle. The left-hand column will be marked "+" to indicate supervisor behaviors that are seen as helpful. The right-hand column will be marked "-" to indicate, conversely, those behaviors that are seen as not helpful. The spokesperson will ask each person in the meeting to take out a sheet of paper and likewise divide it vertically into positive, "+", and negative, "-", columns exactly as shown on the flipchart sheet before them. Each unit member is first asked to think independently, without benefit of group discussion, about the supervisor's behaviors that affect the work. Then, on the sheet they have, unit members will list as many behaviors as possible in the appropriate column, positive or negative.

When this "silent" consideration of the supervisor's behavior is complete, the spokesperson will call upon each person in turn to list one positive and one negative behavior on the flipchart before the entire group. It will take several "go rounds" to put every behavior listed into a positive or negative column on the flipchart. This "round-robin" polling of the group, however, continues until everyone is satisfied that his or her feedback has been recorded accurately. Consensus in this exercise is not important. The only objective is full and fair expression of the unit's perceptions.

The spokesperson then takes the completed flipchart to the supervisor. The chart is now an inventory of the supervisor's helpful and unhelpful behaviors, as seen by unit members. If the issues on the flipchart have been communicated properly, they are unambiguous, objective, behavioral, job-relevant feedback for the supervisor. They are not demands. The supervisor has a range of responses to choose from in responding.

A supervision unit of six or seven officers may, in the course of an exercise of this kind, generate 50 or 60 messages in both the positive and negative categories. Responding to the positive messages should be relatively easy, but many supervisors forget to acknowledge them. Role negotiation offers a supervisor a unique opportunity to receive affirmation that some, perhaps many, of his or her day-to-day actions are seen as helpful. If, for instance, a supervisor is noted in the positive column as hard-working, knowledgeable, and fair—or even if small habits such as saying “thank you” are favorably noticed by officers—it is useful for the supervisor to reply “message received and understood” or “Thanks. I will continue in this way.” The “good news” that comes of a role negotiation is sometimes a surprise; it should always be recognized as a *welcome* surprise.

Then there are the remaining messages, perhaps 50 or more, in the “please stop,” or negative category. This amount of negative feedback could be unsettling for the first-time supervisor-negotiator. Experience with role negotiation, however, shows that large numbers of role negotiation messages may be effectively addressed by dividing them into perhaps three categories: “Guilty—I’ll Change,” “Guilty—I Can’t Change and Here’s Why,” and “Not Guilty.” Each of these responses deserves some discussion.

#### *“Guilty—I’ll Change”*

Any feedback message on the flipchart that the supervisor finds to be totally acceptable, and worthy of a change in behavior, may be responded to simply with “Guilty—I’ll Change.” In such instances the supervisor may have been unaware of the barriers such behavior was causing. These behavior changes may be small matters to the supervisor, but large in their favorable effects. An agreement to avoid the dreaded “red pen” in correcting written work has been tried and well received. Apparently any other color but red communicates as well, but without the resentment it causes in some people. To the supervisor, disseminating an agenda before a unit meeting may represent a nuisance paperwork requirement. However, many supervisors have been surprised by the way an agenda lowers the anxiety of some unit members and increases the interest of all. These and many other

changes may pose no difficulty for the supervisor, while yielding big dividends in unit support.

#### *“Guilty and I Can’t Change—Here’s Why”*

Messages grouped in this way have one thing in common: The supervisor understands the issue, but cannot refrain from the troublesome behavior because of policy requirements or professional judgment. A supervisor may explain that the policy on field work, for example, has been well discussed, and there is no latitude for change available. The supervisor’s response in essence is “I recognize your views on this, but I am unable to change my behavior in carrying out policy.” Admittedly, other issues may be much more subtle and stubborn. One or more unit members may want adjustments *within* the supervisor’s control that are, nevertheless, problematical. Examples include issues such as arriving for work at unusual times, claiming compensatory time for unacceptable reasons, or taking office materials home. These, too, may be met with the supervisor’s reply, “In my judgment it would be unwise to make a concession in this matter for the following reasons . . . .” Supervisors should be just as comfortable saying “no” based on their personal or professional judgment and concern for the welfare of the unit.

These messages may at first appear to be the “bad news” of negotiation, but they can hold the potential for a supervisory counter-offer. For example, the flipchart may convey the message, “Stop needling us about the sign-in log.” This message was posted in an actual group role negotiation, reflecting resentment about the way a supervisor was enforcing time and attendance record-keeping. In response the supervisor stated that he was compelled by policy to respond, “Guilty and I Can’t Change.” In the discussion that followed, he explained how the chief probation officer had cautioned all supervisors regarding the importance of time and attendance. A few years before, several staff of the probation office had been the subject of an intensive investigation by an “outside” agency. For some, the scrutiny had been damaging. Hence, an understandable sensitivity about time and attendance.

Still, in this negotiation, the supervisor saw an opportunity to make a counter-offer. First, the supervisor re-emphasized that the sign-in sheet was an official record and that it must reflect the actual time of staff arrival and departure each day. The supervisor offered, however, to make an adjustment in the *way* he monitored the sign-in sheet. Rather than checking the sign-in sheet every morning between 8:30 and 9 a.m., he would begin checking the sheet at noon each day. This would allow unit members an additional 3½ hours to make their notation and initial on the sheet.

Of course, all entries had to be truthful and accurate. The sign-in sheet would be enforced, but with extra care on everyone's part, it could be enforced differently.

The benefits of having issues discussed in a unit meeting are many. It explains the history of the issues, and background that officers may not be aware of, and conveys the reasoning behind a supervisor's behavior. Even in cases where no concession can be made, this dialogue will help to "clear the air," produce better compliance with office policy, and improve unit cooperation.

#### *"Not Guilty—Need More Information"*

This response signals that a misunderstanding has taken place. The supervisor's message is that there is no intention to behave in the manner described, and if such behavior took place it should not continue. In an actual group role negotiation session in a probation office this message appeared: "Stop requiring us to work overtime, nights, and weekends." This was an ideal opportunity for the supervisor to ask for more information: "What makes you think I want you to work overtime?" The answer was, "We see you working long hours, nights, and weekends, and we take this to mean that you expect the same of us."

In the discussion that followed, the supervisor was able to state his position directly: "My intent is to help you fit your job into a 40-hour week whenever possible. In those times when it is not possible to do the job in 40 hours, perhaps compensatory time can be arranged." The supervisor was also quick to make the point regarding his work that the supervisor's job carries some added responsibilities, requiring additional time. This clarification, surprisingly perhaps, helped to reduce uncertainty in at least one officer's mind about exactly what the supervisor's expectation was.

#### *Other Applications of Role Negotiation*

This discussion of role negotiation has described a process for structuring interpersonal communication and arriving at interpersonal agreements that improve job satisfaction and productivity. Readers who wish to use role negotiation will find that it has value in many different circumstances familiar in the probation and pretrial services field.

One-on-one role negotiation is a useful addition to the annual performance appraisal. Performance appraisal invariably creates tensions, and, if unaddressed, these tensions may become barriers to cooperation. Whether the officer or clerk being evaluated finds the feedback favorable or not, the dialogue should lead to a behavioral performance plan that involves the supervisor. Role negotiation is particularly well suited to targeting performance issues and

creating a partnership between the employee and supervisor.

Group role negotiation is also of great value in leadership transitions. If a supervisor is transferred, for example, to take responsibility for an existing unit, or assigned to lead a unit being formed, rapid communication is a top priority. Group role negotiation is a powerful technique for doing the "introduction" of a unit's needs for leadership and a supervisor's need for cooperation. The difference in leadership transition is that the officers can complete their "positive" and "negative" behavior inventories without reference to the new supervisor. The role negotiation question for the new unit in this situation is more general: "What supervisory behaviors help/hinder your work?" The new supervisor will be able to prepare his or her own message listing "positive" and "negative" behaviors, but in the context of "These are behaviors that unit members do that help/hinder my work as a supervisor." The negotiation discussion which follows then compares the two sets of messages (officers' and the supervisor's). The next step is for the unit to develop and arrive at a plan or a role negotiation agreement which best meets the needs of both.

Here again, although some issues will not be negotiable, the resultant communication about needs and wants builds teamwork fast. Supervisors can learn quickly how to motivate this group of officers. Officers, on the other hand, learn what motivates their boss. Most importantly, the process sets a valuable precedent for candid dialogue and cooperation. It has been estimated that this early, detailed discussion about "what works" in the unit setting accomplishes much the same learning in an hour or two that takes a year if done haphazardly, without role negotiation.

One-on-one role negotiation has been used laterally, between probation officers as colleagues, and "vertically" between supervisory probation officers and their chief. One-on-one role negotiation has improved cooperation between officers and clerks, and even between officers and their probationers and releasees. The purpose in each case is the same: not to issue demands, but to create clarity and objectivity in human relationships.

#### *Role Negotiation's Unique Benefits in the Supervision Relationship*

In its traditional form, role negotiation between a supervisor and an employee exemplifies several unique benefits. First, it requires both parties to *ask* for the support of each other in negotiation. In this way, it emphasizes the interdependence of managers and staff in the workplace. It reduces the "big me—little you" feelings that conventional evaluation sometimes produces in subordinates. Role negotiation

requires strict objectivity in that feedback from both negotiators must be stated behaviorally, not judgmentally. This is a welcome departure from the "good," "very good," and "excellent" categories of the standard evaluation form. Balance is another strength, in that both the forms and the process of role negotiation require negotiators to list positive *and* negative behaviors in the Issues Diagnosis discussions. Managers and staff who use role negotiation regularly learn important skills. It is obvious that they learn (or relearn) how to receive critical feedback from their coworkers. Ironically, but of equal importance, is that they learn how to receive praise and acknowledge it unselfconsciously.

The greatest of these benefits, and related to all the others, is that over time role negotiation increases trust. Supervisors and employees learn that they can

give and receive feedback in good faith and to great advantage in day-to-day interactions. Trust increases because role negotiation allows two people who work together to invest in each other toward the objective of mutually increasing performance and job satisfaction.

Role negotiation is clearly not for everyone. If, after an honest attempt, it seems to raise more anxiety than it dispels, it should be discarded or postponed. Timing, as always, is important. In the midst of disciplinary actions, relationships can be too contentious to initiate such methods. Role negotiation has, however, found many successful applications in probation and pretrial services offices. As an avenue to heightened awareness and greatly improved cooperation between managers and staff, few options in the managerial repertoire can claim such important and immediate outcomes.



**APPENDIX**

**ROLE NEGOTIATION PROCESS**

**MBSC**

**ISSUES DIAGNOSIS FORM\***

**Message From \_\_\_\_\_ To \_\_\_\_\_**

**IF YOU WERE TO DO THE FOLLOWING THINGS MORE OR BETTER, IT WOULD HELP ME TO INCREASE MY OWN EFFECTIVENESS.**

**IF YOU WERE TO DO THE FOLLOWING THINGS LESS, OR WERE TO STOP DOING THEM, IT WOULD HELP ME TO INCREASE MY OWN EFFECTIVENESS.**

**THE FOLLOWING THINGS WHICH YOU HAVE BEEN DOING HELP TO INCREASE MY EFFECTIVENESS, AND I HOPE THAT YOU WILL CONTINUE TO DO THEM.**

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\* The Issues Diagnosis Form and the concept of role negotiation were developed at the Management and Behavioral Science Center, Wharton School, University of Pennsylvania.

# Polysubstance Abuse: The Interaction of Alcohol and Other Drugs

BY DANIEL J. CAPODANNO AND FREDERICK R. CHAVARIA  
*Senior United States Probation Officers, Northern District of California*

**A**t one point in time, alcoholics were thought to be a separate and distinct class of persons, not necessarily related to drug addicts. However, an event concerning the wife of unsuccessful presidential candidate Michael Dukakis focused attention on the fallacy of such thinking. Kitty Dukakis underwent treatment in 1982 for amphetamine (diet pill) addiction. Then, in early 1989, she voluntarily admitted herself to a private alcohol and drug clinic, where she remained 28 days for alcoholism treatment. Although the patient previously had been treated for amphetamine addiction—according to Barbara Stern, division director of chemical dependency treatment services at Merritt-Peralta Institute, Oakland, California—. . . she never really learned that once you're addicted to one drug, you're vulnerable to them all. If you want to stay clean and sober, abstinence from all addictive drugs is the only safe way to go." As Stern explained, ". . . an addict is an addict, is an addict" (*San Francisco Examiner*, 1989).

Society has perpetrated a double standard in dealing with drugs and alcohol. Whereas drug abuse has been labeled as both a social evil and a crime, alcohol abuse has been widely accepted as something to tolerate, even tacitly condone. Until recently, society was not prepared to consider alcohol abuse as anything more than poor judgment. Even probation officers—those responsible for the supervision of probationers and parolees identified as having substance abuse problems—have historically regarded alcohol abuse as different from drug abuse. But both the public and corrections professionals have begun to recognize that there is little or no difference between alcohol and drug abuse.

This article discusses alcohol as an addictive drug, highlighting the current trend to use alcohol in combination with other substances. The authors call for a new approach to treating probationers and parolees with substance abuse problems, advocating abstinence as the necessary basis for meaningful treatment intervention. According to the authors, a first step is to adopt a new attitude about alcohol and its relationship to other mood-altering substances.

## *Alcohol and Addiction*

A psychoactive substance is a stimulant, depressant, or psychedelic which will ". . . affect the rest of the body, either directly or by acting on the nerves of the

central nervous system" (Inaba & Cohen, 1989, p. 48). Alcohol is a psychoactive substance and must be regarded as such; in combination with other psychoactive substances or by itself, it can lead to addiction.

In some respects, alcoholism has been taken seriously for some time. The concept of alcoholism as a progressive addictive disease dates from the late 18th century. Subsequently, in 1829, Nathan Berman declared that ". . . drunkenness is itself a disease . . . . When the taste is formed and the habit established, no man is his own master" (Levine, 1978, p. 156). More recently, Read defined alcoholism:

. . . as a progressive illness with strikingly predictable stages of advancement (Milan and Ketcham, 1981). The early, adaptive stage of the disease (for most alcoholics, that is) has as its hallmark the ability of the drinker to increase alcohol intake and still function normally—thus, the importance of high blood alcohol content levels without visible signs of intoxication. The middle stage of the disease is characterized by physical dependence, craving and loss of control. The disastrous final stage of the illness will be marked by severe physiological deterioration, social isolation and eventual death (1988, p. 38).

Experts have found that certain factors affect the development of alcoholism. According to a new definition developed by the American Society of Addiction Medicine and the National Council on Alcoholism and Addiction, "[a]lcoholism is a primary, chronic disease with genetic, psychosocial and environmental factors influencing its development and manifestations" (NAADD, 1990).

The past 15 years have brought new insights into the possible biological causes of alcohol craving and addiction. Research conducted during the 1970's and early 1980's led to the discovery that located in the mid-brain are opiate receptor sites. These sites act as receptacles for naturally occurring, opiate-like substances, such as enkephalines and endorphins. When these brain receptor sites are occupied by the naturally occurring opiate-like substances, stress is modulated, and the individual experiences feelings of well-being or euphoria (Blum & Topel, 1986; Inaba, 1989). However, when this process is disturbed or not functioning properly, then it may ". . . create an opiod deficiency and lead to uncontrollable alcohol craving" (Blum & Topel, 1986, p. 71).

Human studies of chronic alcoholics have disclosed that ". . . normal opiod production is inhibited and serious deficiency of enkephalines and endorphins may develop" (Blum & Topel, 1986, p. 76). This condi-

tion can be the result of a genetic anomaly or induced by stress and long-term drinking.

Cynthia Downing (1989) found the evidence for the genetic transmission of alcoholism overwhelming. While she conceded that genetic studies concerning a similar predisposition for other drugs are less clear, nevertheless, "... theories of cross tolerance suggest the genetic influence is transferred to all mood altering chemicals, not just alcohol" (p. 12).

Alcohol is "... a substance, which, by its chemical nature, alters the structure or function of the living organism" (U.S. DHHS, 1984, p. 2). As a psychoactive substance, alcohol has the capacity to cause psychological or behavioral change by altering sensation, feeling, mood, perception, or other mental states. It is a drug for which the user develops a "[t]olerance: A state in which the body's tissue cells adjust to the presence of a drug" (U.S. DHHS, p. 2). Eventually, the alcohol abuser's tolerance increases to the point where ordinarily effective doses no longer satisfy the user. Thus, increasingly larger doses are necessary to produce the desired effect and, eventually, lead to habituation. Habituation is psychological, but not physical, dependence. "The psychological dependence produces a desire (not a compulsion) to continue taking drugs for the sense of improved well-being" (U.S. DHHS, 1984, p. 2). Physical dependence or addiction "... occurs when a person cannot function normally without the repeated use of a drug." For the alcoholic, it is the morning pick-up, long lunches, naps during the day, and long nights. It is no different for the opiate or the stimulant abuser. Their behavior is cyclical, and each day is spent in pursuit of the oblivion and safety of the high. To this end, the alcoholic, like any other drug addict, will lie, steal, and cheat to protect his or her right to drink.

Alcohol addicts, like opiate addicts or cocaine addicts, share a similar attitude toward their drug of choice. They are driven by an overwhelming dependence on the drug and its debilitating effects. The alcoholic, like the heroin addict or the cocaine addict, cannot control his or her need for the drug. "There comes an occasion when he is powerless, when he cannot help drinking. This is the essence or nature of addiction" (Levine, 1978, p. 168).

It is critical to remember

... all drugs of abuse cause intoxication, all induce psychological dependence (feeling uncomfortable without the drug) and all are self-administered by an individual to change his level of consciousness or to increase its psychological comfort. Indeed, if people did not begin to feel at least a psychological need for the drug, the drug would likely not have caused a problem (Shuckit, 1989, p. 8).

### *Polysubstance Abuse*

Although the effects of alcohol alone are disturbing enough, a new trend features use of alcohol in combination with other psychoactive drugs. Cohn based his finding that polydrug use is becoming increasingly prevalent on National Institute of Drug Abuse (NIDA) statistics which indicated a growing trend toward the use of marijuana, alcohol, and heroin with cocaine. According to Cohn, surveys conducted by NIDA showed that "[i]n 1985, the combined use of alcohol and one or more other drugs was responsible for 66.3 percent of drug-related episodes reported by emergency rooms; in 1980, such combined use accounted for only 14.1 percent" (Cohn, 1987, p. 26). Other researchers have drawn the same conclusion, using motor vehicle accident statistics (Trumble & Walsh, 1985, p. 2). Norton and Noble found that "[o]f individuals with any substance abuse disorders, it would appear that up to one-third have an abuse/dependence disorder for both alcohol and other drugs" (1987, p. 79).

Thorpe et al. observed that approximately 87 percent of cocaine abusers use other mood-altering substances. They noted that the abuser may cite cocaine as the chief problem, but treatment staff suspect otherwise (1987, p. 28). The authors found that alcohol is the most common "other drug." Moreover, they pointed out the dangers of allowing cocaine abusers to use alcohol:

Even in the case of the recovering cocaine abuser, who has not had a problem with alcohol, it would be clearly ill-advised for this person to use alcohol considering its potential for impairing judgments; recovery from any chemical dependence normally is assumed to require continuous vigilance. ... Ehrlick and McGeehan (1985) argue that any treatment goal, other than *complete abstinence from drugs and alcohol* (emphasis added), runs the risk of substitution of one drug for another or reactivating a compulsion to use the original drug of choice ... (p. 28)

Why do abusers use more than one drug? The reasons for polydrug abuse are varied, but predicated upon discussions with addicts and drug therapists, we believe the most popular are:

1. The simultaneous use of heroin and cocaine intensifies the high or "euphoria."
2. The use of alcohol offsets the excessive stimulation of cocaine, commonly referred to as "taking off the edge."
3. Alcohol is used as a substitute for heroin or cocaine.
4. Alcohol is used to self-medicate and help restore normal sleeping patterns.

5. Alcohol is used as a prelude to cocaine use.

6. Drinking in public and/or at social gatherings is a precursor to the use of other psychoactive substances.

The days of being able to treat a substance abuser for only one addiction may be gone. Probation officers and other professionals in corrections are in a position to view the polydrug abuser up close. What officers often see is a user whose polyappetite begins as early as adolescence and continues until interrupted by successful participation in a treatment program and ongoing recovery, incarceration, or death. In supervising substance-abusing clients, officers have an opportunity to make an impact on that chain of events.

### *New Treatment Strategy*

Historically, the probation officer's view of alcohol abuse has paralleled society's—that is, that alcohol abuse is something distinct from drug abuse. Typically, the probation officer would admonish the alcoholic client that he or she should not drink, but if the client has to drink, he or she should "try to control it." Only when the client's behavior reached a crisis state did the probation officer react by becoming angry with the client because the client had not been able to control his or her drinking. On such occasion, the client would shamefully admit that maybe he or she overindulged once. Because of the *one* mistake, the client would agree to cut back on alcohol consumption and, most importantly, promise not to drink and drive. In contrast, the drug addict who tested positive for the ingestion of an illegal substance feared the prospect of having his or her supervision revoked.

Since the present treatment strategy supported by a significant number of criminal justice professionals permits the use of alcohol by substance abuse program participants, except those with court-ordered prohibition, a change in strategy is required if there is to be any meaningful assistance for clients who need to overcome their abuse of or addiction to psychoactive substances.

To create an environment in which intervention can occur, it will be necessary for the courts and the U.S. Parole Commission to unequivocally declare that abstinence from any psychoactive substance, unless prescribed by a physician, is a mandatory requirement for drug aftercare cases.<sup>1</sup> Specifically, it will be necessary to include in the present drug aftercare condition a prohibition on the use of alcohol and other intoxicants. The goal should be to stress, through mandated strategic intervention, a structured program of education, treatment, testing, and abstinence. This type of intervention, despite the tenacity of the user's denial sys-

tem, proves difficult for the user to circumvent. The effect would be to raise the abuser's "bottom," which is the therapeutic use of legal authority. "Specifically, it means lowering pain thresholds, and creating discomfort by insisting upon complete abstinence" (Read, 1988, p. 40). Each relapse or slip, regardless of the psychoactive substance used, would be confronted and viewed as a serious event which may lead to the revocation of supervision and subsequent placement in confinement.

The lives of many, if not most, psychoactive substance abusers are in the process of steady decline. As Zweben states, "Typically, the drug user is in denial, rejecting not only treatment, but identification as chemically dependent" (1985). It is not uncommon for drug users to lose many or most of their resources before they are willing to consider treatment. Consequently, intervention can come too late.

A system of programmatic intervention is a plan to retard the downward spiral; the probation officer has a key role in formulating successful intervention. It can only be accomplished by confronting the user early in the disease process, pointing out to the user that he or she has already hit bottom, and informing him or her that continued use of psychoactive substances will result in increasingly adverse consequences. The crux of the treatment paradigm is to develop a focus which hones in on the need for the user to assume responsibility for his or her drug abuse and actively pursue a program of recovery. Abstinence is the first step.

### NOTE

<sup>1</sup>Effective August 7, 1991, the U.S. Parole Commission amended its rules and accompanying procedures to require total abstinence from the use of alcohol and/or all other intoxicants in every case with the special alcohol or drug aftercare condition.

### REFERENCES

- Blum, K., & Topel, H. (1987). Opioid peptides and alcoholism: Genetic deficiency and chemical management. *Functional Neurology*, 1(1).
- Cohn, V.H. (1987). New studies on the interaction of alcohol and cocaine. *Alcohol, Health and Research World*.
- Downing, C. (1989). *Triad: The evolution of treatment for chemical dependency*. Independence, MO: Herald House/Independence Press.
- Inaba, D.S., & Cohen, W.E. (1989). *Uppers, downers and all arounders*. Ashland, OR: Cinemed, Inc.
- Levine, H.G. (1978, January). The discovery of addiction. *Journal of Studies on Alcohol*.
- NAADD/ADSAM Issue, 1990.
- Norton, R., & Noble, J. (1987). Combined alcohol and other drug use and abuse. *Alcohol, Health and Research World*.
- Read, E.M. (1988, September/October). The alcoholic, the probation officer, and AA. *Professional Counselor*.
- San Francisco Examiner*, February 1989.
- Shuckit, M.A. (1989). *Drug and alcohol abuse*. New York: Plenum, p. 6.

Thorpe, G.L., Parker, J.D., Bush, M.J., & Magil, S.J. (1987, Summer). Alcohol and cocaine abuse treatment in Maine. *Alcohol, Health and Research World*.

Trumble, J.G., & Walsh, M.J. (1985, Summer). A new initiative for solving age-old problem. *Alcohol, Health and Research World*.

U.S. Department of Health and Human Services (DHHS). (1984, June). *Epidemiology of drug use: Trends in selected cities*. Washington, DC: Author.

Zweben, J.E. (1985, Spring). Intervention: Getting the user into treatment. *The Cocaine Connection*.