

**Proceedings of the Seminar
on Alcoholism Detection,
Treatment and Rehabilitation
within the Criminal Justice
System**

OCTOBER 18 & 19, 1973

Sponsored by:

**Federal Bureau
Of
Prisons**

**Law Enforcement
Assistance
Administration**

**National Institute
On Alcohol Abuse
And Alcoholism**

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**Proceedings of the Seminar
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On Alcohol Abuse
And Alcoholism**

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The views expressed by the participants do not necessarily represent the official philosophy or policies of the U. S. Bureau of Prisons, the Law Enforcement Assistance Administration, or the National Institute on Alcohol Abuse and Alcoholism.

Foreword

The Seminar on Alcoholism Detection, Treatment and Rehabilitation Within the Criminal Justice System, held on October 18-19, 1973, in Arlington, Virginia, was jointly sponsored by the U.S. Bureau of Prisons, the Law Enforcement Assistance Administration, and the National Institute on Alcohol Abuse and Alcoholism. This cooperative effort manifests our common concern to deal jointly and effectively with a national problem seriously challenging our criminal justice and health care systems.

The goals which we have only begun to pursue through this Seminar are:

- (a) to heighten awareness among health, mental health, and criminal justice officials of the high prevalence of alcohol abuse and alcoholism among the criminal justice population, of the high degree of association of alcohol abuse with various crimes and with probation and parole failure and recidivism,
- (b) to address the issues or problems inherent in the delivery of successful alcoholism detec-

tion, treatment and rehabilitation services within the various settings of the criminal justice system, to develop an interagency consensus regarding these issues and provide general guidelines for the delivery of such services, and

- (c) to promote leadership, information and assistance by the Law Enforcement Assistance Administration and the National Institute on Alcohol Abuse and Alcoholism for health, mental health and criminal justice officials of States and local communities, and by the Bureau of Prisons for the Federal correctional system in the establishment of such services.

It is evident that a successful answer to this challenge will require further efforts at coordination among many agencies and levels of Government. It is hoped that these Proceedings will prove a valuable resource to all who are concerned with the realization of these goals.



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Alcoholism and the Criminal Justice Population

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A. Overview of Corrections Systems and Populations

Correctional operations in the U.S. are administered by several thousand independent jurisdictions—Federal, State, County and municipal. There is as yet no uniform reporting system to provide comparable information about these operations or the offenders within them, although the National Criminal Justice Information and Statistics Service of LEAA is preparing to undertake this function. At present the most serious body of information available is the result of a 1966 national survey conducted by the National Council on Crime and Delinquency at the request of the President's Commission on Law Enforcement and Administration of Justice.¹ (This survey did not include local lockups or jails which receive offenders for sentences of less than thirty days.) Except where otherwise noted, the following 1965 corrections data and 1975 projections are taken from this NCCD national survey.

The American correctional system in 1965 handled nearly 1.3 million offenders on an average day and had 2.5 million admissions in the course of the year. It was estimated that by 1975 the average daily population in corrections will be 1,841,000. One-third (426,000) of all offenders in 1965 were in institutions, and two-thirds (857,000) were under supervision (probation or parole) in the community. About three-quarters of the entire corrections population were adults, the great bulk of them felons. About 95% of all offenders were male. Many come from urban slums, and members of minority groups which suffer economic and social discrimination are represented in disproportionate numbers. Over half of felony inmates in 1960 had no high school education, and compared to the general population, there was a ratio of three times as many unskilled laborers.

In 1965 there were 33 Federal, 464 State and over 4,000 local correctional institutions. About 400 were for adult felons. Often such institutions are located away from urban areas and even from primary transportation routes. While the

original reasons for this are now outmoded, such remoteness interferes with efforts to reintegrate inmates into their communities and, along with a low salary scale, makes it difficult to recruit correctional staff, particularly professionals.

At this same time there were 220 State-operated and 83 locally operated facilities for juveniles with a total capacity of 49,057. Many of these institutions were much better located, equipped and staffed than adult institutions. The average annual expenditure for the institutionalized juvenile was \$3,613, whereas the comparable figures for the adult misdemeanant and felon were \$1,046 and \$1,966 respectively. The average annual expenditure for parolees was \$323. Only 8% of parolees were in caseloads of 50 or under.

Expenditures for corrections in the U.S. in 1965 totaled just over one billion dollars. It was estimated that by 1975 the capital outlay for additional space in prisons would exceed \$1.13 billion, and that added operating costs would be \$200 million.

In 1960² the ratio of inmates to professional staff within penal institutions was 758 to 1 for counselors, 1,140 to 1 for psychiatrists, 803 to 1 for psychologists, 986 to 1 for physicians and surgeons, 295 to 1 for social workers, 104 to 1 for academic teachers, 181 to 1 for vocational teachers, and 2,172 to 1 for vocational rehabilitation counselors.

While almost exactly two-thirds (1975 estimate: four-fifths) of all offenders under correctional control in 1965 were on probation or parole in the community, little care or treatment is afforded them. The U.S. spends only 20% of its corrections budget and allocates only 15% of its total staff (121,000) to supervise and aid offenders in the community.

The evidence on rates of recidivism of persons probated or paroled varies, but none suggests that these persons commit more new offenses than those who have been confined for longer periods in institutions.³ Correctional authorities more and more are advocating community-based programs over incarceration on the grounds of safety, economy, humaneness, and their contribution to effective

tive rehabilitation. Work-release and study-release programs, phenomena of the last decade, are partial indications of this trend.

A recent national jail census⁴ has shown that there are 4,037 locally administered jails in the U.S. which have the authority to retain adults for longer than 48 hours. (Not included in this census are Federal and State institutions, exclusively juvenile institutions, nor drunk tanks, lockups and other facilities which retain persons for less than two full days.) As of March 15, 1970, these local jails held a total of 160,863 persons, of whom 7,800 were juveniles. One in twenty of the adults was a woman.

Of the total population, 52% were pre-trial detainees, 43% were serving sentences of varying lengths, and 5% had been convicted and were awaiting sentence or appeal. The nation's jails employed 28,911 full-time equivalent persons at an average annual salary of \$7,400. FY '69 operating costs amounted to \$324 million, of which 42% was expended in California, New York and Pennsylvania. Anticipated construction expenditures for FY '70 were \$171 million.

B. Alcohol and Crime

Of the 8,117,700 arrests made in the U.S. in 1970, 43% were for alcohol offenses per se—drunkenness, liquor law violation, drunken driving, disorderly conduct and vagrancy.⁵ Other crimes show a high frequency of alcohol involvement, and it is to these other crimes that the following data pertain. Unlike the case of alcohol offenses per se, there are no national studies or data available on the relationship of alcohol to, for example, the four crimes classified as violent—homicide, robbery, aggravated assault and forcible rape. Concerning these, there are only numerous limited research surveys, most of which labor under moderate to severe methodological deficiencies. The following quotation summarizes the cautions with which such research surveys must be read and interpreted.

"On the basis of available information it is plausible to assume that alcohol does play an important and damaging role in the lives of offenders, particularly chronic inebriates, and in the production of crime. Yet one cannot be sure on the basis of the work done to date that the alcohol use of offenders exceeds that of non-offenders with similar social and personal characteristics (if any such match is possible). One cannot be sure that the alcoholic use of offenders is any greater at the moments of their offense than during their ordinary noncriminal moments. One cannot be sure that the alcohol-using offenders would not have committed some offense had they not been drinking. One is not sure that the alcohol use of offenders differs from that of the other persons pos-

sibly present in the same or like situations which inspired or provoked the criminality of one and not the other. Finally, and this is an important point in view of the fact that all studies have been done on apprehended offenders, one does not know that the relationship now shown between alcohol use and crime is not in fact a relationship between being caught and being a drinker rather than in being a criminal and being a drinker. Given the foregoing questions and given the likelihood that people who do use alcohol to excess—and who explode into violence or sneak into thievery in the process—also have other characteristics which mark them as ones who disregard the welfare of their fellow men (and are equally unable to secure their own well-being), a prudent student of conduct will not hasten to label alcohol a cause and crime a result when it is equally likely that both alcohol excesses and crimes are 'results'."⁷

It has been estimated that 15,810 murders took place in the U.S. in 1970.⁸ On the basis of studies done over the past twenty years, it would not be unreasonable to conclude that alcohol abuse was present in 50% of these cases, either on the part of the offenders or the victim, or more likely on the part of both. In 1951 Span et al.⁸ found that 87% of a small sample of homicide offenders had been drinking. In the same year Fisher⁹ in a Baltimore study found that 69% of the homicide victims had been drinking. In 1954 Shupe¹⁰ in an Ohio study found that 43% of offenders had been drinking. In 1955 Cleveland¹¹ in a Cincinnati study found that 44% of homicide victims had blood alcohol levels over 0.15%. In 1958 Bowden et al.¹² reported that 47% of homicide victims in Australia had been drinking. In a 1958 survey the Metropolitan Life Insurance Company¹³ reported that in almost 50% of homicide cases the slayer, the victim or both had been drinking. Wolfgang,¹⁴ in a respected and widely reported study of 588 cases of homicide in Philadelphia, found that in 9% of these cases alcohol was present in the victim only, in 11% in the offender only, and in 44% in both victim and offender. In 1966 the District of Columbia Crime Commission¹⁵ found that 45% of homicide offenders and 47% of the victims had been drinking. In 1967 the Criminal Justice Commission of Baltimore¹⁶ reported alcohol present in 36% of offenders and 53% of victims, over a five-year period. A study from Montreal¹⁷ reported corresponding figures of 28% and 22% respectively. A study of women inmates convicted of felonies in California¹⁸ found that drinking was associated to a significant degree with 55% of the homicide cases.

Voss and Hepburn¹⁹ reported in 1968 that 53% of 370 criminal homicides investigated revealed the use of alcohol at the homicidal scene. In a re-

view of nine descriptive studies of the role of alcohol in murder, MacDonald²⁰ found that the percentage of homicide offenders who had allegedly used alcohol prior to the crime ranged from 19% to 83%, with the median at 54%. Other studies of selected groups²¹ of homicide offenders described the following ratios of alcohol use in individuals immediately before they committed the crime: British murders—36 of 66, and 11 of 50; French offenders—39 of 76; psychiatric patients—62 of 182, and 50 of 105. Wolfgang, in his comprehensive study cited earlier,¹⁴ speaks of "victim-precipitated homicide" and of the significant contribution of alcohol to such situations. In large surveys of necropsied homicide victims, alcohol was detected in 197 (42%) of 471 cases,²² in 224 (60%) of 372 cases,²³ and in 88 (64%) of 137 cases.²⁴

Aggravated assault follows homicide as the type of violent crime most frequently associated with alcohol. Shupe¹⁰ found urine alcohol concentrations of 0.10% or above in 43% of 64 persons arrested for felonious assault, in 88% of 40 persons arrested for cutting, in 79% of 33 persons arrested for shooting, and in 78% of 60 persons arrested for other assaults. Pittman and Handy²⁵ in a study of aggravated assault in St. Louis in 1964 reported alcohol present in 24% of offenders and 25% of victims. Tardif¹⁷ reported alcohol present in 37% of offenders and 25% of victims. The D.C. Crime Commission¹⁵ found that 35% of 121 offenders apprehended or identified and 46% of 131 victims had been drinking prior to assaults. Ward¹⁸ reported alcohol significantly implicated in 62% of assault cases among samples of women felons incarcerated in California. In a study of New York inmates,²⁶ the chronic use of alcohol was considered to be closely related to or directly responsible for 149 (32%) of 462 cases of assault. In an English study,²⁷ 59 of 100 assaulters were labeled as heavy drinkers according to Alcoholics Anonymous classification. A French study²⁸ indicated alcoholics committed 13 of 30 episodes of assault with wounding. Studies of adolescents describe similar patterns of alcohol abuse and assaultive behavior.²⁹⁻³¹ Still other studies³²⁻³⁷ note similar associations between alcohol and assaultive behavior.

Another important relationship exists between alcohol and sexual offenses. Selling³⁸ examined 100 cases of male sex offenders and concluded that 8 were chronic alcoholics and 35 were drinking at the time of the offense—a step which these

offenders said was a prerequisite for their crimes. A British study³⁹ of 86 sexual delinquents found that nearly half were constant drinkers and that nearly one-fifth were drunk at the time of the offense. A study of 646 forcible rapes in Philadelphia⁴⁰ revealed alcohol present in one-third of all cases. The D.C. Crime Commission¹⁵ found that 13% of such offenders and 6% of the victims had been drinking. Shupe¹⁰ reported that 20 of 42 offenders had urine alcohol concentrations of .10% or larger. Tardif¹⁷ reported alcohol present in 31% of a sample of forcible rape offenders and in 16% of their victims.

Robbery is the only one of the four index crimes designated as violent in which alcohol shows a minimal involvement. In 892 cases of robbery in Philadelphia⁴¹ where an offender was arrested, alcohol was found present in the offender alone in 4% of the cases, in the victim alone in 8%, and in both offender and victim in another 3%. Shupe¹⁰ reported exceptionally high proportions of alcohol involvement (urine alcohol concentrations of .10% and above): 60% of 85 persons arrested for robbery, 64% of 181 arrested for burglary, 65% of 141 for larceny and 59% of 138 arrested for auto theft. Tardif¹⁷ found alcohol present in 12% of a sample of robbery offenders and in 16% of their victims. Ward¹⁸ found that drinking was significantly associated with 43% of the robberies committed by women prisoners convicted of felonies in California.

While there is considerable evidence linking the use and particularly the abuse of alcohol with criminal behavior, it would be most simplistic and erroneous to think of crime in these cases as resulting from alcohol as a specific cause. Tinklenberg²¹ has best articulated the possibilities of complicated interplay of the pharmacological effects of alcohol (the dose-response relationship, the time-action function, individual variations, presence of psychoactive agents), the psychological propensities of alcohol abusers (associations between distorted temporal perspectives, sociopathy, assaultive behavior, parental alcoholism and the abuse of alcohol), and psychosocial factors (variables of arrest—non-arrest, time and place of criminal behavior, relationships of offender-victim). Experimental attempts to produce aggressive behavior with alcohol have shown negative or equivocal results.⁴²⁻⁴⁵

On the basis of some of the studies cited, the National Commission on the Causes and Preven-

tion of Violence concluded that at least 24% of the four violent index crimes, of which there were an estimated 731,400 in 1970,⁵ are alcohol-related. Research studies do not yet allow any serious estimate of the relatedness of alcohol to the many other types of crime such as drug offenses (346,412 arrests in 1970), auto thefts (estimated 921,400 in 1970) or burglaries (estimated 2,169,300 in 1970). Surveys of correctional populations reveal a proportion of alcohol problems among offenders conservatively seven to eight times higher than among the general population⁴⁰⁻⁴⁸ and a higher recidivism rate for such offenders while on parole.⁴⁹⁻⁵³

C. Implications of the Studies

The studies cited indicate that among the criminal justice population, even after excluding the public inebriate and the drinking driver, those with drinking problems constitute a considerable minority. Further prevalence surveys would be helpful, but cannot be considered today's priority. Similarly, further research concerning the nature of the relationship between alcohol abuse and criminal behavior is necessary. Yet treatment efforts cannot await a precise definition of this relationship and may still prove highly successful in the meantime. Detection and treatment are today's priorities, for there can be little doubt that most men and women with a drinking problem pass through the courts and prisons without those problems coming to notice or receiving special attention.

It is a matter of record that we do not know how to "cure" all delinquents and criminals. No program claims to have the answers for all the problems presented by diverse offender groups. In the correctional world, it is an exciting event when program results indicate a ten to fifteen percent reduction in the recidivism rate.

It could be argued that the real problem is seldom or never the drinking, that behind this symptom lies the basic personal and social pathology which just happens to manifest itself in this or that manner. The drinking, from this point of view, is then a rather unimportant accident which does not in any way differentiate one group of delinquents or criminals from another. The studies cited do, however, very clearly show the need for the establishment of more widespread alcoholism screening, treatment and rehabilitation programs with controlled evaluation components

to determine the effects of such treatment for the criminal justice population.

Treatment would have to be designed with careful attention to numerous questions regarding the population to be served and the special circumstances surrounding and interacting with any treatment effort. What agencies are best suited to administer alcoholism treatment and rehabilitation programs for probationers? for inmates? for parolees? In the control and care of such persons, is there confusion or conflict in the functions and responsibilities of the criminal justice system and the health care system? What are the implications of the prison subculture for such a program within a penal institution? How are trust, confidentiality, privileged communication, and voluntarism to be defined and promoted? For offenders in the community such as probationers and parolees, should a special and exclusive program be instituted or should existing community programs be utilized? Should parole officers be utilized?

Such questions are crucial to the planning of future programs, and until many more programs are mounted for the criminal justice population, the claims either that the present situation is the best or that better solutions are easily and certainly available remain equally unsupported.

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The Subcultures of the Criminal Justice Population in Penal Institutions and in the Community

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I have been asked to respond to the following questions: Is there a typical prison sub-culture? If so, what are its implications for an alcoholism treatment and rehabilitation program within a penal institution? Is there a typical sub-culture of those released into the community? If so, what are its implications?

What program mechanisms should be used to assure continuity of care and follow-up of ex-inmates returning to the community? Should parole officers be utilized?

In responding to these questions, I feel it is essential that the reader be aware of my background. I started in the prison service in 1952 as a correctional officer—guard at San Quentin State Prison and worked in that institution for 18 months. During the time that I was employed in that capacity, I worked in most of the positions within that prison, from death row to a wall tower surrounding the prison. Since that time, I have been employed through the California Department of Corrections as a field parole agent, working in diversified geographical areas, from a rural suburban area, i.e. Riverside, California, San Bernardino, California to a highly urbanized area; downtown Los Angeles, Watts, California. During the last 21 years I have seen the pendulum of treatment versus custody swing from one side to the other, from an extremely liberal parole program to the present restrictive program. It has given me, I feel, an opportunity to observe many different models and systems that have definitely affected the client within our system; the felon.

My present position is Project Director of a N.I.A.A.A. funded program, Project SPAN (Special Project Alcohol and Narcotics fund number 5 T21 AA00031-03) designed to train ex-addicts and ex-alcoholics who have served time within the walls of the California penal system, and who are either discharged or are on active parole supervision. The initial training grant

provided for ten weeks of training within the confines of the California Institution for Men at Chino, California. The second, third and fourth quarters were taught at California State Polytechnic University (Cal Poly) located at Pomona, California. SPAN since the date of conception and implementation, has changed drastically in that it was learned through trial and error that a program such as SPAN cannot work within a penal institution. The program moved from a prison—parole—university sponsored program to a university based training-treatment program. It is within this frame of reference that the present paper is submitted.

I

Is there a typical prison sub-culture? Just as there are sub-cultures in free society, the levels of culture within the prison system are many. These cultures, when examined, give the impression of "a culture" but it depends upon the view of the person making the evaluation. There are at least four basic forces within a penal institution, that in effect, make up the sub-cultures within its walls. In setting up any treatment or rehabilitation program within a penal institution, these four forces must be examined critically or a program will never get off the ground. The four forces are (A) Administration, (B) Correctional Officers, (C) Treatment, and (D) Inmate Sub-culture. I will deal with each of these in order.

A. Administration

A prison which houses convicted felons has, as its primary purpose, "the protection of society." All other systems, methods, or treatment programs must survive within this concept. If a training or treatment model threatens the custodial system, it will not be allowed to operate within a penal institution. During the 17 weeks that Project SPAN was operated behind the fence

of the California Institution for Men, we had administration support for the project. The support was only given as long as we did not tamper with the custodial control structure of the prison. One of our training concepts was to allow inmates to go out on passes for one, two and three days, to accomplish specific training goals, eg., to evaluate drug abuse and prostitution in a local community.

Our attitude differed from that of the administration in that we assumed that our trainees would act responsibly while out on pass and the administration *demand*ed that they act responsibly. During one of our initial training exercises, three trainees got drunk and were arrested by the local police. A male and female trainee left in a federal vehicle and were later charged with escape. The staff of Project SPAN looked upon the escapes as an example of what can and will happen when people who have been incarcerated for a long period of time are given any degree of freedom and responsibility. Efforts were immediately made to provide the trainees with a better control system and some degree of supervision so that this kind of acting-out would not occur again.

The administration of an institution is evaluated by the number of escapes. The administrators of C.I.M. looked at the project not as an interesting experiment, but one that was causing them certain anxieties and problems. During those 17 weeks, we had four escapes from passes and continuing disruptive behavior within the institution. The first class started with 15 trainees. We gave these men and women freedom within the institutional perimeter that was observed by all. It was at this time that the Los Angeles Police Department started to complain about the utilization of passes from the institution. Several men and women who did not belong to the SPAN Project committed serious crimes while on passes. This caused tremendous political pressure to drastically modify the entire pass system. It is clear that the administrative force within an institution which affects the sub-culture within the prison system is continually affected, moved and changed by the presence of the outside culture. The administration is and will continually be affected by forces from outside the walls of the institution.

B. Correctional Officers

The second force, which affects the prison sub-culture is the line officer (the correctional officer-guard). The correctional officers are those line

personnel who are directly concerned with the handling and control of inmates. They may work in such diversified positions as tower guard, cell block guard, dorm officer, or on a work assignment with the inmate. (It is this person who has the closest contact with the inmate during his institutional stay.) I have always felt that the correctional officer has a greater effect on the inmate because of his close contact with the felon. The correctional officer has a reputation in this society which is described by the cliché, "If you can't do anything else, you can always be a prison guard." The movie industry has continued this myth. But perhaps the correctional officer, himself, has inadvertently perpetuated this negative image. The correctional officer deals with failure people in a failure system and never has the opportunity, as a field parole agent does, to see anyone succeed completely. If someone does not return to prison, then the correctional officer has no contact with him. It is automatically assumed that this person continued his life pattern of failure. Therefore, there exists a continuing failure process of which the correctional officer is a part. The salaries of correctional officers are extremely low. The correctional officer may have as a goal to work his way out of the correctional officer system into treatment process, i.e., psychologist, sociologist, or criminologist positions. Attainment of this goal is the exception rather than the rule. While the administration is subject to pressure from the outside society to be custody oriented rather than treatment oriented, the correctional officer is concerned with custody. Therefore, he is left in a position where he, as an individual, experiences very little success in his day-to-day life and receives little reward to compensate for the difficult task of handling failure people.

To compound this problem, the new inmate culture is no longer the passive, dependent population which was prevalent in the penal system during the middle 50's. The new population has assumed a new militancy. The inmates pursue civil and legal rights that disturb the "status-quo" of the institution.

Project SPAN brought to the institution a high degree of disruptive potential which affected the custody personnel. New and innovative programs within a penal institution are sometimes looked upon by the correctional officer staff as "hair-brained experiments," with a continual cry for a return to the good old days when, "We locked them up and counted them," and perhaps the most

disgusting of statements is, in my judgment, "Prison used to be a good place to work." During the implementation of any kind of treatment or training program within the institution, it is necessary to convince the custodial personnel that while this new program may cause them problems in the beginning, in the long run it will help them in their jobs and reduce tension. Correctional officers of the California Institution for Men were given an opportunity to examine Project SPAN from its very beginning. The administrative staff, through the Superintendent, Bertrum Griggs, allowed several hours of in-service training time for each correctional officer so that they might be able to examine Project SPAN and ask questions concerning the program in an attempt to alleviate the obvious distrust that new programs bring into an institutional setting. The correctional officers took somewhat of a "wait and see" position. They predicted that the people we were selecting were the wrong kind of people, and that the program would not work inside prison walls. Their predictions were correct. The failure of our training model in the institution cannot be attributed directly to the correctional officers; however, part of the failure was due to the lack of planning on the part of the project staff, a lack of understanding of the power of the correctional officer, the mental set of the inmate, and of the tremendous political pressures in our culture today that spill over into the penal system.

C. Treatment

A third force within the institution that affects the culture is the group given the label, "treatment people." "Treatment people" are those who are involved with sociological, psychological and educational training programs within the penal institution. Their background and training are usually geared toward re-socializing, re-structuring and rehabilitating the inmate to become a more functional person in the free society. This force within an institution is always minimal in that these programs must also adhere to the custodial restraints of the prison. This force, however, is part of the culture and in itself sometimes is counter-productive in that the educational and training programs are not always geared specifically to what the inmate will need upon release, but are geared to satisfy the inmates needs while in the institution. Training programs when started through the bureaucratic process, necessi-

tate a great deal of staff time and work before they are implemented.

Many inmates have been trained for positions inside an institution but upon release from the institution, they find the training to be irrelevant because there are no positions available requiring that specific training. Perhaps the most classic example was a continuation of the "mud trades," plastering, brick laying, etc., when men were being laid off from these positions on the outside. This force within the institution is not unified in that the educators feel that their system is the only one that works, the trainers feel that theirs is the only one that works, the psychologist feels that his is the only one that works and the sociologist feels that all we have to do is to have the person understand his sociological position and all the problems of mankind will be solved.

With the administration being unified under one cause, custody and the protection of society, the correctional officer having custody as his basic focus, the treatment people are a very diversified force within the institution because they do not have, in effect, a common goal. Any treatment model that is placed in an institution will, therefore, not have the complete support of these treatment people. These groups are, in effect, trying to keep their own programs going and will not provide a great deal of assistance to any newly emerging concept that might be tried in a prison. The attitude of most of the treatment people at the California Institution for Men was, a "wait and see attitude," somewhat similar to the correctional officer by their silence and lack of input. This too, was most destructive. It will only be by unifying these different elements that this force will be competitive with custody and/or administration.

D. The Inmate Sub-Culture

The fourth of the forces is, again, a completely diversified one. At the present time, I have two ex-inmates working as staff members in Project SPAN. These two, a man and a woman, served many years of their lives behind walls and it is through them I have gained some insight into inmate sub-cultures or mini-cultures. There is no identified sub-culture inmate. There are many, many sub-cultures within the inmate population and these in turn become the total force of the inmate body.

The inmate entering a penal institution has basically one goal in mind. That goal is to be released from custody and to reenter society. Any-

thing, any system, any process that might get in the way or hinder this goal is considered by the inmates to be non-productive. Twenty years ago, the prison sub-culture in the California Prison System was built around a "con-boss system." Inmates were selected for leadership ability and they, in effect, ran the institution with the cooperation of the staff and the custodial force. It could be considered a pre-civil service, "spoils system" within the prison system. The old con-boss system was somewhat of a dictatorship in which the strongest person within the institution, the one with the most power, ran a specific system. The inmate population, therefore, was a copy of the guard system, which was also dictatorial with the warden having the most political power with other levels of power continuing all the way down to the guard who was also employed under a political patronage system. Criminals from the "streets," upon entering the penal institution, assumed the same basic power roles within the institutional walls they had held while they were in free society. It was at this point in time that correctional administrators made a most serious mistake. At about the time the prison system abolished the old spoils system in 1940-1944, the abolishment of the official con-boss system began. They assumed that by edict they could abolish the con-boss system, but the con-boss system was not abolished. The system was merely driven underground. The social structure within the institution is merely a microcosm of what is happening in the culture beyond the walls. The new movements concerning race, welfare programs, gay liberation and women's liberation are pressures now found within the walls. Therefore, the sub-culture within the walls, from an inmate viewpoint, is no longer a "delinquent" sub-culture, but has definite racial overtones, political overtones, and, of course, criminal overtones. These four forces within the institution are continually in conflict with each other and these movements continually try to take over the system, which drain their respective systems and cause general institutional unrest.

The prison riots that are occurring in the United States today are merely an example of what happens when one of these basic forces within the institution after a great deal of frustration, tension and anxiety, tries to take over the other systems by riot. This does not solve the institutional problem; it is merely an indication that the

systems themselves are not working compatibly with each other.

The racial element within the prison system is a force which will always have to be considered whenever a new program is offered. When methadone was being considered as a possible answer to heroin addiction, blacks in the penal institution and certain Mexican-American groups felt that methadone was merely another drug that the "white man" was giving to minority groups to continue their slavery. Stories were circulated within the black inmate population that methadone would reduce sexual ability and eventually make you permanently sterile.

When we examine the Mexican-American culture and their great focus on masculinity, i.e., "macho," we can understand how this type of thinking can completely destroy a new program, from a cultural conflict viewpoint. Therapeutic communities and group confrontation, sometimes run contrary to the basic philosophy of the Spanish speaking culture, therefore, this type of a treatment model within a penal institution is bound to fail before it begins. Inmates will only allow those programs to succeed if they decide they want them to succeed. Non-threatening kinds of programs within the institution, (vocational training) will naturally receive the support of the inmate body. Programs that tend to make inmates do "harder time" will by their very nature, not succeed because inmates have as one of their primary goals, being comfortable within an institution. It has been observed in the past that a staff counselor from a white middleclass community using techniques of openness and group confrontation would view a sullen, non-verbal Mexican-American or Puerto Rican, as a person who would not "program." This behavioral observation would be placed in his personnel jacket and could seriously affect his release from an institution. In a recent discussion, Mr. Juan Acevedo, Director of the Narcotic Prevention Project in East Los Angeles, stated that merely changing the label of a program could affect the success of that program. He found that his Mexican-American clients, if they were told that it was "group," would again play the same role that they had learned to play in the institution; to sit quietly. But if they gave it the label "barrio survival—neighborhood survival" the client was very willing to talk and become totally and completely involved in feelings and in action.

Within the institutional racial structure, there

has been a rise in the white militant group—the Neo Nazi party. This “antisemitic hate,” “black hate,” “brown hate” ideology has given the frustrated white an opportunity to rally around a common cause which leads to serious racial conflicts.

There really is no single sub-culture within the inmate body, but a combination of cultures within the inmate population. Ethnic sub-cultures must always be examined prior to any new programming that might violate cultural tradition and ways of relating inter-personally.

An additional characteristic which differentiates inmates is the type of crime that sent the person to prison. There is a certain status given to those who committed an armed robbery, murder or assault with a deadly weapon. These criminal acts define the inmate as “heavy people.” The passive check-writer, the child molester, rapist, sex pervert are rejected as a part of the criminal system. This inmate attitude is not different from that of the outside culture. We consider aggressiveness a much more positive trait than passivity and sneakiness.

In summary, the forces that seriously affect any new system within the institution are fourfold; (A) the administration, (B) the correctional officers, (C) the treatment staff and (D) the inmate himself and his sub-culture. All of these tend to be counterproductive for any training-treatment program because a new program will affect the status-quo of these respective systems.

II

Is there a typical sub-culture of those released in the community? If so, what are its implications?

When an inmate is released from a penal institution, he reenters society with little or no understanding of what has occurred in the community during his absence. A common expression heard from newly released parolees is, “The streets have hit me in the face.” The rapid pace in a modern community, a co-educational society, the use of money and the freedom of liquor and drugs are realities that a parolee has to face immediately. The streets, in fact, *do* hit him in the face. An institutional way of life is extremely slow paced, and highly regimented, with little or no decision making required. Decision making alone is so highly frustrating and complicated to the newly released parolee that he experiences a great deal of anxiety during the initial re-adjustment period.

Volumes have been written on the dilemma of a newly released parolee arriving at home and finding that his wife, girlfriend, family, and friends have either deserted him or his way of life. In effect, life has “passed him by.” The newly released felon suffers from a “cultural lag” in that his life stops when he enters prison and starts again when he is released.

A newly released felon reentering the middle or upper income class will find little or no acceptance in his community. In addition, when this individual was sentenced to prison he received little or no support among his peer group. In contrast, low income individuals from the barrios or ghettos are accepted by the sub-culture when they enter prison and are accepted by the minority community when they leave the prison. Perhaps the reason for this is, the majority of people serving time in our penal institutions are from the low-income families. Prisons and reform schools are as common as poverty, vice and crime in their everyday life, just as junior high school, high school and college are common to the upper- and middle-income group. A person reentering the barrios and ghettos has, in effect, gone through the finishing school of the sub-culture. The friends and relatives he had while inside the institution will be waiting for him upon his release. There is a continuous chain of information fed in and out of the institution from the delinquent sub-culture. The middle-class criminal does not have this continuous flow of information because there are fewer people entering the penal system from this sub-culture. It is not uncommon to find middle-class families who are never aware that a member of their family has entered a prison.

The children of an upper-class inmate might visit him at a minimal security institution and be told that their father is in a hospital, etc. The relatives, family and children of the inmate from the poor sections of town know that their father is in a penal institution. There is an excellent chance that one of the children or youthful members of the family is incarcerated in a juvenile facility. The implications, therefore, of the sub-culture's acceptance or rejection of the inmate who is released are as diversified as is the sub-culture within the prison itself. The criminal sub-culture really knows what is going on in the institution and really knows what is going on in the delinquent community. The “grapevine” is continually tuned in to problems in the institutions because

of the great number of inmates who are incarcerated from the barrios and ghettos.

Perhaps the real dilemma of the evaluation of the typical sub-culture in the community, is the fact that most people with power in the community are those in the middle- and higher-income groups. They represent an economic interest within the community but the poor community is never really heard and they know the most about prisons.

III

Project SPAN is an attempt to provide a bridge between the outside mainstream and the prison sub-culture in an effort to remedy old systems that have not worked. However, when a program attempts to train an ex-addict or an ex-alcoholic to be a potent voice in the community, there is a power structure within the community that attempts to close down the program. In two years of operation, the forces that have attempted to close Project SPAN have been many. The correctional system (probation, parole), although verbalizing that a paraprofessional would be a good person to have in the community, is threatened by this newly evolving paraprofessional. SPAN graduates could fill certain probation and parole officer's duties.

The major objective of any system is to “stay alive” and when a newly emerging system tries to stay alive the forces of the old system attempt to stop the new system. The administrative personnel of the correctional system are in support of what we are attempting to do at Cal Poly, but the rank and file worker gives little or no support to a SPAN trainee. Perhaps even more important than the rejection by the correctional system, we in the project were not prepared to handle the rejection of the community itself. It appears that the delinquent system and the poverty system is so well ingrained in the community that any attempt to change that system is thought by members of the community at large to be threatening. The addict in the street and the alcoholic in the street are not friends of the SPAN trainee because in a way, the SPAN trainee is living a way of life which is foreign to the addict or the alcoholic. The destructive pressures on a paraprofessional to reject this new way of life and return to

the old way of life are extremely strong. We have noted a reversion to drug usage by persons who have been in our training program unless support is provided. Any effort to change the sub-culture by changing the released felon will be fought by the culture itself.

Slovenko (1966), indicated that, “The typical American State Prison, as presently constituted, offers little more than repressive discipline, with here and there, a dash of social and vocational education . . . with some exceptions, if a person is kept in prison . . . for a long time, he tends to become institutionalized, and less and less capable of social life. As a result, when discharge finally comes, many are less capable of living in society than when they entered. Many of them are much worse, because whatever skills and industrial contact they had, have been lost. Even those who served short sentences are devoid of friends or relatives and they are feared, shunned and discriminated against on every hand. It is no wonder that so many return to prison.”¹

Block (1962), stated, “It is probably in prisons, more than in any other area of the entire correctional process, that the paradox of social contradictions come into full play. While it is generally recognized that the prisons rarely, if ever, reform, they remain in their present state as monuments to our futility.”²

Gottfredson and Ballard (1966), stated that, “The maximum security prison represents a social system in which an attempt is made to create and maintain total or almost total social control. The detail regulations extend in every area of the individual's life, the constant surveillance, the concentration of power into the hands of a ruling few, the wide gulf between the rulers and the ruled—all are elements of what we would usually call a totalitarian regime. The threat of force lies closely beneath the surface of the custodial institution. The prison official is a bureaucrat, but he is a bureaucrat with a gun.”³

Document after document points to the fact that the prison culture of the correctional officer staff member and the culture of the inmate are in constant conflict. The motivations of these two groups are diverse. One wants to get out, the other wants to keep him in. This, in effect, is the problem. There is no common goal between the keeper and the inmate. At this time and place there is *no* possibility of an alcoholism treatment and rehabilitation program within a penal institution.

¹ Slovenko, “Crime, Law and Corrections” *Deterrent Effects of Criminal Sanctions*, May 1968. Progress Report of the Assembly on Criminal Procedure.

² Block and Geiss, *Man, Crime and Society*, 1962.
³ Gottfredson and Ballard, “Differences in Parole Decisions Associated with Decision Makers,” National Council on Crime and Delinquency, *Journal of Research in Crime and Delinquency*, July, 1966.

IV

What program mechanisms should be used to assure continuity and follow-up of ex-inmates returning to the community? Should parole officers be utilized?

If you accept my first thesis, that there is no possibility of a treatment program within a penal institution, then the response to the second question would be, "Since there is no treatment, there should be no follow-up." However, I would like to suggest a concept that might perhaps work.

Men and women incarcerated in penal institutions must have some control over their own lives. The inmate code which prevents treatment must be demolished, not by force, but by allowing an interchange of social ideas. The incarceration of thousands of men and women is a monument to a wasteful, ridiculous system that has not worked and will not work as long as the present system continues. Therefore, a breakdown in the present prison systems must be begun. The utilization of ex-inmates as parole aides must be allowed. It is only by allowing the ex-helpee to become a helper, that we can hope to break down the barriers that presently exist in the many penal systems in the United States.

As a correctional worker with 21 years of experience, the last two years in Project SPAN gave me an opportunity to view a system that I was a part of, that I believed in and strongly supported. Two of my closest associates in this N.I.A.A.A. funded project have had over 30 years of incarceration between them. It is through these two staff members that I have been given a view of what really goes on in the complicated process of establishing a relationship with an authority figure, and how this relationship is complicated by the fear of being returned to the "joint."

A parole officer who is trained to work with people is in a continual dilemma because of the dual role of being a "peace officer" and a social case worker. The observation of a criminal act

and not reporting this act to the proper legal authorities can place the parole officer-peace officer in a felonious act itself. He can be charged with compounding a felony. He may take an opposite tact, and not become involved. He may choose not to work with a client and merely be the "long arm of the law." The parole officer is, in a way, in the same dilemma as the inmate. He is at the lowest pay level in line and status position, just as the correctional officer is within the institution. He is the one who actually has to deal with the person on a day-to-day basis, not in theory, but in practice. Therefore, the correctional officer, in his frustration, is paralleled by the field parole agent in his dilemma to do a job within "guidelines."

The only way a field parole agent can be effective is for him to break down the legal stipulations under which he works. If the parole agent attempts to continue a treatment program in the community, he must have the freedom of a case-worker to make decisions and not be hindered by political systems, i.e., prison boards. These boards are always subject to the mood swings of society and are subject to question.

Many years ago in San Quentin Prison, a man who served 30 years of "in-and-out" prison time, told me that he felt we should have two types of parole officers, one who would be his keeper, who would watch him and supervise him, and one to whom he could turn as if to a priest and receive help and assistance in his quest to live in a free society. Perhaps that is what we need—one parole agent with the present rules and regulations governing his behavior to supervise the inmate when he commits parole violations, and another human being to work with the reentering inmate in a free society. The utilization of ex-inmates in this function would open up a "new career" to many thousands of men and women who desire to help their fallen brothers become productive members of this complex society.

Agency Suitability for Administration of Criminal Justice Alcoholism Treatment and Rehabilitation Programs

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The opinions regarding which agencies are most suitable for the administration of alcoholism treatment and rehabilitation programs for pre-trial releasees, probationers, inmates of correctional institutions and parolees are sure to be at variance depending upon the point of reference, e.g., State, system and employment location, of the individual taking a particular position. Notwithstanding the position one takes, it is the opinion of this writer that at least three issues must be taken into consideration before viable administrative alternatives begin to surface. The first is the strategy of the Federal Government regarding alcoholism planning and programming which may be somewhat tentative at this time; however, notwithstanding this tentativeness, some general conclusions and inferences can be drawn which are germane to this discussion. The second issue must distinguish the level of administration, e.g., State and local public administration and private program administration, and the third issue must consider what we have learned to date about most correction systems and alcoholism treatment and rehabilitation programs within these systems.

The importance of understanding the Federal Government's position relative to this matter is strategic. By virtue of the American tax system, the Federal Government should rightly be considered in a partnership with state and local governments for implementation of comprehensive alcoholism programs in every State. Most state governments do not have the necessary finances or are not willing to appropriate the necessary finances to solely establish a comprehensive alcoholism treatment and rehabilitation program for their total state, let alone the criminal justice system.

A comprehension of Public Law 91-616 is im-

¹ "An Act," Public Law 91-616, 91st Congress, S. 3835, Washington, D.C., December 31, 1970, pp. 3-4.
² "Guidelines for the State Alcoholism Formula Grant Program," unpublished. U.S. Department of Health, Education and Welfare, Health Services and Mental Health Administration, National Institute of Mental Health, National Institute on Alcohol Abuse and Alcoholism, Washington, D.C., July 19, 1972, pp. 1-3.

perative in order to consider the intent and role of the Federal Government in alcoholism planning and programming. Title III, Part A, of this law authorizes formula grants to States to assist the States in planning, establishing, maintaining, coordinating, and evaluating projects for the development of more effective prevention, treatment, and rehabilitation programs to deal with alcohol abuse and alcoholism.¹ Any State desiring to participate in this formula grant program was required to develop a State plan for carrying out its purposes. Specific guidelines were designed by the National Institute on Alcohol Abuse and Alcoholism (NIAAA) to assist States in the development of an approvable State plan. Each State plan was to have been developed on the basis of the existing resources and unique needs of the State. A State alcohol plan cannot be comprehensive without consideration of the treatment and rehabilitation needs of the criminal justice system.

Instructions to agencies preparing the State plan from NIAAA stated that the plan provides a rational and more effective basis for the utilization of Federal, State, and all other available resources in planning, establishing, maintaining, coordinating, and evaluating prevention, treatment, and rehabilitation projects and programs to deal with alcohol abuse and alcoholism in the State. "A carefully developed and administered State plan will facilitate the acquisition of necessary funds; will assist in gaining other types of needed support; will allow States and localities to set appropriate, realistic goals and priorities; will provide a useful tool for evaluation; will assist in community education; and will contribute to total State growth and development."² If the State plan will assist in the acquisition of funds to establish documented State needs, the reader should see the necessity to have treatment and rehabilitation needs of the criminal justice system documented in all State alcoholism plans.

The State plan also documents the designation of a single state agency which has sole authority for the administration of the State plan or which has sole authority for supervising the administration of the plan. Evidence of authority of each State agency is also contained in the plan. This authority should include access to all information and data from other units of the State government pertaining to alcohol; authority to coordinate the care and treatment of alcoholic persons in the State, authority to delegate, contract, or administer the State plan; authority to collect and analyze data; authority to develop projects and/or review applications for funds; and, authority to develop and/or enforce standards of operation.³

It appears the Federal intent is to create on the State level an agency with broad State legislative or executive authority to coordinate, administer and/or monitor alcohol treatment and rehabilitation units within each State. Interpretation of this intent does not suggest that the designated single State alcohol authority must itself administer alcohol treatment and rehabilitation programs throughout the State; however, there is evidence that the Federal government is attempting to instigate a State agency, namely, the single State alcohol authority to assume considerable, heretofore, Federal responsibilities, including fiscal and managerial responsibility for Federal funds.

Examples of this evidence include the block grant funding mechanism of the Law Enforcement Assistance Administration. Another example is the not yet approved, but proposed, funding mechanisms of the Special Action Office on Drug Abuse Prevention and the National Institute of Mental Health which lists as highest priority block grant funding for drug treatment and rehabilitation programs to the designated single State drug authority. Here is another instance where Congress through public law⁴ is attempting to create on the State level an agency with broad legislative authority to coordinate, administer and/or monitor drug treatment and rehabilitation within each State and use formula grants as enhancement for States to comply.

This evidence is especially significant in terms of the recent announcement (September 18, 1973) by Secretary of Health, Education and Welfare, Casper Weinberger, of a reorganization plan

creating the Alcohol, Drug Abuse and Mental Health Administration (ADAMHA) which is to include the existing National Institute on Alcohol Abuse and Alcoholism, the National Institute of Mental Health, and a new National Institute on Drug Abuse. Under single administration it seems logical to expect more consistent policy from the Federal Government in terms of alcohol, drugs and mental health.

In summary, whether it is Federal block grants, contract funding directly to States, local units of government, or directly to projects, special revenue sharing, or a completely different concept; the planning, implementing and monitoring role of the legislative or executive designated single State alcohol authority must be considered in the treatment and rehabilitation process of alcohol clients in the criminal justice system of each State.

Another Federal Government treatment and rehabilitation strategy and the strategy of many States is the de-emphasis of large institutions and a focus on small community based programs. When a community based program is funded by the Federal Government, a review and comment procedure has been established whereby funding is not approved without support of State and local government. This process is outlined in the Office of Management and Budget Circular A-95. The purpose for such approval is readily seen as an attempt to assure conformance of a Federally funded program with the goals and purposes of local and State government.

For too long Federal and State agencies have been imposing programs on local units of government and the communities they represent. Federal and State governments have supposed that they knew best what should be done to alleviate the problems of alcoholism in this country when there is little doubt that local communities know their problems best and are best able through a considered problem-solving approach to deal with these problems.

To the extent that alcoholism and related problems are caused in part by loneliness, a sense of alienation or of being different, or a sense of being worthless, it can only be prevented to the degree that communities can unite their diverse elements in a common productive cause. The local community, not the Federal Government or State Government must search for areas where change or development is indicated in that community. As many members of the community as possible should be linked personally to both problems and

solutions and consciously engaged in deciding how much of himself he will give to community tasks. The support of the strong, healthy, open-minded and knowledgeable members of the community should be enlisted in an effort to bring their recognition and understanding to a broader base of people. Only as people become aware of the problem are they able to stop being a part of it; and only as they learn what to do about the problem are they an effective force in the preventive effort.

Every effort to avoid judgmental, rigid, superficial thinking and attitudes in favor of patience, an open mind and a desire to understand others must be made in planning, implementing and administering programs for the treatment and rehabilitation of individuals with alcohol-related problems in the criminal justice system.

In terms of State administration of alcohol treatment and rehabilitation programs for clients in the criminal justice system, two agencies must be considered. They are the State correctional authority and the State alcohol authority. Discussion of the role and scope of the alcohol authority as suggested by NIAAA has occurred. It now seems necessary to look at the role of the State correctional authority.

The primary purpose of most, if not all, State correction agencies as presently defined by society and law, is to protect the public from the offender and to discourage the commission of crimes. If a correctional agency claims to have rehabilitative programs, education, vocational, psychological and alcohol treatment, as opposed to claiming the traditional role of repentance, solitude, and separation, they must assure the public and the client the programs really do the job that is professed. These programs must be sound and broad based with successful treatment as the goal.

To have successful treatment in a correctional system, that treatment must occur before, during and after incarceration. Too many programs attempt to provide treatment while incarcerated, but cast off their responsibility for pre-incarceration treatment and continuing treatment after release.

Treatment programs, whether designed specifically for a corrections setting or community setting, must have a set of standards and a code of ethics for the staff. Confidentiality of client in-

formation which comes from a treatment setting must be protected. Program standards should be maintained and evaluated in order to determine if services provided are consistent with espoused services.

In a *Report of Drug Treatment Programs in America's State Prison Systems*⁵ Mr. Richard H. Warfel, supervisor of Florida's Correctional Drug Counseling Program, reported a survey of existing State drug abuse authorities and correctional systems which determined what responses in terms of specialized treatment are being developed to provide alternatives to drug use and criminal activities for the offender who is incarcerated as a primary or secondary result of drug use. He found that 21 states had some type of specialized treatment for the drug offender, 11 states reported having a program that is administered by both corrections and drug abuse authority, while 8 reported having the program as an internal part of a corrections program.

Mr. Warfel concludes in his study, "If we present a treatment program we must ask ourselves if it is not then the clients right to have this treatment since its ostensible purpose is to 'help him.' Based on this assumption, we must orient ourselves to 'help him'-programs as opposed to 'look good'-programs. Correction systems have a plethora of the latter and a minimum of the former. Again, if we have a 'help him'-program, it is incumbent that we 'help him' with services that are comprehensive, coordinated and professional. Half-hearted efforts at treatment will prove to be more damaging than no program at all."⁶

He also indicates that certain elements regarding drug abuse treatment programs in correctional systems stand out. They are: (1) drug abuse treatment transcends traditional lines of agencies' authority; thus, an agency must be established that has the authority to develop coordinated programs which transcends agency lines; (2) law enforcement and corrections must also look beyond their agency boundaries and seek to provide a coordinated treatment program for people at all stages of the criminal justice system; (3) communities should provide treatment programs for those inmates who are motivated toward treatment; (4) data gathered should be forwarded to the correctional agency if the inmate receives a prison sentence and a program of drug treatment, including counseling, alternative therapies, educational experiences and training, based on the clients needs, should be undertaken at the

³ Ibid., pp. 4-5.

⁴ "An Act," Public Law 92-255, 92nd Congress, S. 2097, Washington, D.C., March 21, 1972.

⁵ Warfel, Richard H., "Report of Drug Treatment Programs in America's State Prison Systems," unpublished, presented to The Drug Scene Congress of the American Correctional Association, August 23, 1972, pp. 21.

⁶ Ibid., p. 20.

institution; and (5) institutional programs must have liaison with community drug programs and should, when necessary, refer all released inmates to appropriate programs.⁷ His conclusions further suggest that drug offenders in a corrections system are not receiving attention from State drug abuse authorities.

Though Mr. Warfel's study is directly related to drugs other than alcohol, it is suggested for your consideration that many of his findings and conclusions are also appropriate for alcohol treatment and rehabilitation programs in these same correction institutions.

As suggested previously, the role and authority of the State alcohol agency in each State must be individually considered as must the State correction system. Notwithstanding who has administrative responsibility on the State level for alcohol treatment and rehabilitation in the criminal justice system in any State until both the State alcohol authority and the State correctional agency are committed to the task of successful treatment in an organized and meaningful fashion, can programs meeting clients' needs be developed.

Local government units must also be considered in terms of agency suitability for administration of alcohol treatment and rehabilitation programs, especially for pretrial releasees, probationers and parolees. Their role seems most important when considering the previous discussion of communities best being able to determine their own problems, needs and implementation of programs to meet these needs. The local funding capability for local treatment programs is another important consideration. As the electorate understands the problems of alcoholism and what needs to be done and involves their elected officials in the needs assessment and planning phases, fiscal and managerial support will be given by local governments in establishing comprehensive, coordinated community alcoholism treatment and rehabilitation programs supported by the State and Federal governments.

With these comprehensive programs, the courts, law enforcement agencies and correctional authorities have viable treatment alternatives which can be used in determinations which must be made regarding pretrial releasees, probationers and parolees. This concept places responsibility for problems related to alcoholism where it should be, that is, on individuals residing in communities

⁷ Ibid., pp. 19-20.

throughout the State and those with alcohol problems.

Other alternatives include establishment of direct services for alcoholism treatment and rehabilitation for all citizens administered by the State alcohol authority and, secondly, establishment of a comprehensive treatment program by the State corrections authority specifically for clients in the criminal justice system.

The most serious dangers of the first alternative perpetuates alcoholism programming of the past and reinforces attitudes and behavior negating personal and community responsibility and support. It stifles the possibility of societal changes and perpetuates the mystique which has grown up around specific alcohol and other drug treatment programs that they must be unique when, in fact, therapists in these programs most often deal with family, financial, personality problems, etc., which is the same sort of help very often provided by other treatment agencies and duplicated by specific alcohol and other drug treatment programs. Lack of coordination and competition with other public agencies is also often a result of the first alternative. All of the above dangers can be added to the second alternative along with the exorbitant costs of such a program.

A comprehensive alcohol treatment and rehabilitation system administered by local units of government or associations of governments can provide central intake, diagnostic and evaluative requirements, residential alternatives, detoxification facilities, outpatient alternatives, monitoring of clients and evaluation of program components. There is also a very logical connection between these locally administered programs and the total criminal justice system.

The next level of administrative responsibility centers on private programs which should be a part of comprehensive, coordinated community treatment and rehabilitation programs. These programs provide multi-modality approaches and various components of the comprehensive program. They should meet licensure standards as established by the State alcohol authority. Evaluation including client cost analysis should be conducted by outside evaluation resources in order to help maintain viable treatment programs. State and Federal financial support for any program component should automatically assume monitoring and evaluation by the State alcohol authority. Administrative responsibility for private treat-

ment programs belongs with the designated program director. Public financial support for private treatment programs also assures treatment accessibility to clients from the criminal justice system.

Perhaps the issues which most poignantly reflect on which agencies are most suitable for the administration of alcoholism treatment and rehabilitation programs in the criminal justice system are centered in the third issue identified for discussion; that is, the experiences we have had to date in this area.

No human service system has been more deluged with people in need of alcohol treatment than has the correctional system; one of the systems least capable of providing the flexible programs necessary for successful treatment. "The most savage, primitive, disgraceful, institutional failure in American society is our prison system,"⁸ states Norman Carlson, Director of the United States Bureau of Prisons. Ben Bagdikian, formerly of the *Washington Post*, has made these observations, "Approximately 8,000 Americans are sent to jails and prisons every day. Ninety-seven percent of them eventually return to society, and from 40 to 70 percent of them commit new crimes . . . if there is an average experience, they will, in addition to any genuine justice received, be forced into programs of psychological destruction; if they serve a sentence, most of it will not be the decision of a judge acting under the Constitution, but by a casual bureaucrat acting under no rules whatever; they will emerge from this experience a greater threat to society than when they went in."⁹

Most will agree that our American prison system today does not rehabilitate criminals; it makes them. Ramsey Clark, author of *Crime in America*, emphasizes the simple truth in his book that as long as we continue to imprison and then release offenders without rehabilitating them, society does not receive the protection it deserves. He points out how society's preoccupation with retribution, particularly its adherence to false notions of the value of prolonged punishment, has interfered with the goal of rehabilitation.¹⁰

On December 17, 1972, a group of 70 Americans from 20 states and the District of Columbia—representing government (federal, state and local—legislative and executive branches), medicine,

⁸ "The Nation's Disgrace," *Parade Magazine*, October 22, 1972, p. 9.

⁹ Ibid.

¹⁰ Clark, Ramsey, *Crime In America*, Simon and Schuster, New York, 1971.

¹¹ "Prisoners in America," Final Report of the Forty-Second American Assembly, Prentice-Hall, Inc., Englewood Cliffs, N.J., Spring 1973, pp. 4-5.

communications, the legal profession (bench and bar), business, labor, education (faculty, administration and students), the military, the clergy, foundations and civic organizations—met at Arden House in Harriman, New York for the Forty-Second American Assembly. For three days the participants discussed in depth the problems of the American correctional system.

The final report of the Forty-Second American Assembly, on Prisoners in America, makes the following conclusions:

"1. Attempts to provide rehabilitation in American jails and prisons, no matter how well motivated, have failed. Criminal sanctions have lost impact because apprehension of wrongdoers is not certain; trials and dispositions are delayed; and sentences are too often capricious. Cynicism and public mistrust permeate the criminal justice system.

"2. Most correctional institutions are and can be no more than mere warehouses that degrade and brutalize their human baggage. The conditions of confinement, coupled with unrealistic expectations of rehabilitation, have contributed to the unrest and riots for which American jails and prisons have become infamous. More effective ways must be found to do the job.

"3. Within prisons and jails existing programs of vocational training, education and counseling often lack adequate facilities and resources; and they are irrelevant to the needs of offenders and the requirements of society. Prisoners pretend involvement and compliance to secure privileges or favorable parole decisions.

"4. The public has shown remarkably little interest in the correctional system. Prisons are located in rural areas thus contributing to racially skewed staffing patterns, restricting contact with families, and impeding effective public scrutiny except at times of major disturbance. Prison officers and inmates alike feel isolated and forgotten.

"5. Probation and parole programs have not rehabilitated criminals. The trend in the last decade has been to supplement them with other community-based programs. These efforts have been hampered by community resistance, poor facilities, inadequate financing, arbitrary decision-making, and irrelevant restrictions and requirements. Further, there has been insufficient involvement of citizen volunteers, private agency resources, and business leadership.

"6. Problems of correctional staff are no less serious. Salaries and morale are low; training is insufficient; and competent personnel often cannot be recruited."¹¹

The same report makes the following recommendations:

"1. States should abandon large congregate institutions for sentenced offenders.

"2. It must become firm public policy to avoid further construction of adult prisons, jails or juvenile training schools.

"3. The federal government and states should subsidize or initiate the placement of offenders on probation or in other community-based programs. Such services require standard setting, regulation by state correctional agencies and extensive use of volunteers.

"4. The management of offenders must not be exclusively a public function. All correctional agencies should reserve funds to purchase services from other public or private agencies on a contractual basis. By creating a competitive environment, the quality of services can be greatly improved.

"5. The quality of services and facilities in local jails and workhouses throughout the nation must be improved. There must be greater local community involvement. At

the same time, the state and federal governments must provide more resources, prescribe minimum standards of operation, and conduct rigorous programs of inspection.

"6. Participation of prisoners in training and self-improvement programs should be voluntary. High risk offenders may be required to serve fixed periods of time. Low risk offenders should be released to community-based programs as soon as feasible. States should experiment with arrangements whereby inmates make written agreements with the parole board and the prison staff to complete a specific program of institutional activities. Release would be automatic upon the inmate's completion of the agreed upon plan. All such institutional programs should exhibit a preference for brief periods of confinement followed by community placement. The concept of contract arrangements should be extended to noninstitutional programs.

"7. The variety and quality of services for sentenced offenders must be expanded.

"8. Correctional services reflect the understanding and skill which personnel bring to their task. The present standards of recruitment, training, and pay must be upgraded.

"9. Improvement of correctional programs require independent evaluation studies.

"10. Police, prosecuting attorneys and judges should be allowed to divert offenders to appropriate community programs and services before trial or sentence. Such diversion will enable offenders to avoid the stigma of criminal conviction on successful completion of the program."¹²

Though there are probably exceptions, the evidence is clear regarding the need for correctional agencies to make considerable change before being able to administer viable alcohol treatment and rehabilitation for clients in its system. The establishment and administration of comprehensive, coordinated and professional alcohol treatment and rehabilitation programs solely by any State correctional authority for clients in the criminal justice system seems impossible to this writer.

With the previous discussion as background, an analysis of what agencies seem most appropriate to administer alcoholism treatment and rehabilitation programs for pretrial releasees, probationers, inmates of the correctional institution and parolees in the State of Utah will conclude this paper. It is suggested that each State must consider the minimum parameters outlined previously in order to begin to determine what course of administrative action is most appropriate for a particular State.

The State of Utah has just over 1 million population. There are 29 counties in the State which have been organized into multi-county associations referred to as planning districts, of which there are seven. Each of these seven planning districts has an association of governments comprised of elected officials from cities and counties within that district. Development of unified, integrated social service delivery systems is a State

¹² Ibid., pp. 6-9.

goal. It appears very probable that the six rural planning districts will accept this goal. The only urban area within the State, which comprises over two-thirds of the total population, may be less prone to accept this alternative. Coordinated alcoholism programming, however, will without doubt be implemented.

The Utah State Division of Corrections is the State correctional authority and the Utah State Division of Alcoholism and Drugs is the State alcohol authority. Both of these agencies are united under a single umbrella agency which is the Utah State Department of Social Services. Other agencies in the Department of Social Services are the Divisions of Health, Family Services and Mental Health; and the Offices of Veterans Affairs, Assistance Payments and Indian Affairs. The organizational relationship between the State alcohol authority and the State correctional authority in Utah makes joint programming and coordination readily possible.

The Utah State Division of Alcoholism and Drugs, by law, operates under the policy-making direction of the State Board of Alcoholism and Drugs, which is a Governor appointed board. By legislative mandate the Division has responsibilities and duties in five major areas: (1) to educate the general public regarding the nature and consequences of alcoholism and other drugs, and to provide support and assistance to public schools as they deal with alcohol and other drug abuse education; (2) to establish prevention programs within the general community setting and render support and assistance to public school programs aimed at prevention; (3) to promote cooperative relationships between courts, hospitals, clinics, medical and social agencies, education and research organizations; to promote the establishment and operation of public clinics and other public alcoholism and other drug programs in local communities; to provide consultation to public and private facilities and to disseminate information relating to these agencies; (4) to promote or establish and operate programs for rehabilitation and care of alcoholics and other drug abusers, and to cooperate and assist other organizations and private treatment centers for alcoholics and drug abusers; and (5) to promote or conduct research on alcoholism and other drug dependencies from time to time.

The Division is also charged to cooperate with law enforcement agencies. The Division, by law, may establish and assess fees for rehabilitation

services rendered by it. Authorization to provide for certification, inspection and proper operation of rehabilitation facilities, half-way houses and other types of treatment or care facilities for treatment, care and rehabilitation of alcoholics and other drug addicted persons is given to the Division.

The Utah State Division of Corrections also operates under the policy-making direction of a Board of Corrections which is appointed by the Governor. The Director of the Division of Corrections is responsible for the function of the Utah State Prison which is located approximately 20 miles south of Salt Lake City, in a virtually isolated setting, referred to as the "Point of The Mountain." Pre-sentence investigations for the courts are provided by staff of the Division of Corrections. Probation and parole officers also function as a part of this Division. Three community corrections centers are operated by the Division of Corrections. Two of these community corrections centers provide a half-way setting between prison and reintegration into the community, and the third center is referred to as a half-in house and provides the courts an opportunity to sentence individuals to this setting rather than directly to the prison.

The Director of the Division of Corrections is far-sighted in terms of contemporary correction concepts, but is faced with the political realities of implementation. Salaries of correctional employees in Utah are especially low. Two Ph.D. psychologists at the Utah State Prison make less than \$1,000 a month. The pay scale for corrections officers by comparison is even lower.

Mr. Ernest Wright, who is the Director of the Division of Corrections, admits that the Utah State Corrections system is in the business of treatment of alcoholics and other drug offenders by default. Most of the individuals who have alcohol-related problems in the Utah corrections system have committed crimes against property.

The Utah State Prison records indicate that out of 574 inmates in 1972, 478 had an alcohol use record.¹³ In a psychological test administered recently to the inmate population, 46 percent of the population responded affirmatively to the question of excessive alcohol use.¹⁴ This is a conservative estimate as the inmates do their best to keep this information confidential if not already known

¹³ "Utah Prisoner Statistics," Utah State Prison Statistical Report, unpublished, 1972.

¹⁴ Ibid.

due to the supposed ramifications it has with the Board of Pardons.

Most of the courts in Utah consider the ramifications of sending a man to prison on a first offense. It is out of frustration and not knowing of other alternatives to use with a recidivist, that many judges finally commit an individual to the State correctional institution.

The attitudes of society and their preoccupation with retribution is a factor of great importance in Utah, and one of the political realities of the Director of Corrections which was referred to previously. Clear evidence of these attitudes was made known to this writer while serving on a public committee appointed by the Director of the Division of Corrections last spring to assess the possibility of establishing a community treatment facility for women offenders sentenced to the Utah State Prison in Salt Lake City. Presently, the women's correction facility is located at the "Point of The Mountain." With the urging from the Utah State Law Enforcement Planning Agency and a promise of funding under the Law Enforcement Assistance Administration block grant funding mechanism, a coordinated community concept was developed and supported by correction officials, most public agencies, and the women inmates. The process of finding a suitable facility in Salt Lake City was very difficult, and upon locating a facility, citizens began expressing alarm about the possibility of moving women inmates from the "Point of The Mountain" into the city. The clamor was so strong and opposition so organized, that the Division of Corrections was forced to stop its plans to establish the community treatment center.

The important point of recognition is the high probability that there is a considerable time interval before the large institutional correction program in Utah is replaced by community correction centers, though inroads have been made. With the reality that there will always be those who will not respond to treatment without incarceration and the continuation of the large institution concept, the development of a viable alcohol treatment and rehabilitation program at the prison was agreed upon by the Division of Corrections and the Division of Alcoholism and Drugs.

It is of some interest to note that the Division of Alcoholism and Drugs initially became involved at the prison upon request from the inmates who indicated a desperate need for alcohol and other

drug treatment programs. This request came even though there are rehabilitation programs at the prison and individual and group therapy offered by correction therapists. An alcohol and drug treatment inmate council was elected by the inmates. These men participated on a committee with representatives from the Divisions of Correction (including prison officials) and Alcoholism and Drugs and other community-based treatment organizations for nearly one year. The intent was to develop an alcohol and drug treatment and rehabilitation program which would meet the needs of the prison inmates.

Several issues were of extreme importance to the inmates. The most important was the trust, confidentiality issue. It was agreed, from a legal standpoint and point of satisfaction for the inmates, that only an outside agency could provide privileged communication for the prison clients in therapy. Follow-up treatment was also another important issue. It was also determined that the Division of Alcoholism and Drugs could best coordinate this effort considering their present involvement in programs throughout the State.

A demonstration project grant was submitted to NIAAA carefully outlining a comprehensive, coordinated alcohol rehabilitation program at the Utah State Prison to be administered by the Division of Alcoholism and Drugs. This grant was approved by the Division of Corrections and the Governor. The program essentially involves every community and institution resource and the involvement of as many significant others to the inmate as possible in the treatment and rehabilitation process. The grant, unfortunately, was caught in the executive, legislative funding hassle.

Though unwritten it was essentially agreed that the paradox of custodial responsibilities and treatment of the Utah State corrections system for individuals with alcohol or drug related problems was too great to bridge. Since the Division of Alcoholism and Drugs was willing to administer the program and coordinate with existing rehabilitation systems in the prison and the community and the Division of Corrections was willing to cooperate with the program, a meaningful program concept has been developed.

The State Legislature has responded to the requests from the Division of Alcoholism and Drugs to support components of the comprehensive program at the prison. One of the most serious problems in requesting fiscal support from

the Legislature is the inability to provide adequate information about costs and programs which are effective in this setting.

Since the Division of Alcoholism and Drugs has accepted its legislative authority as previously described, comprehensive, coordinated alcohol treatment and rehabilitation programs are being developed in communities throughout the State. Assurance that institutional programs, courts and other criminal justice agencies have access and liaison with these community programs has been assured through their participation in the development of the same. Some of the strongest members of advisory councils throughout the State are judges, law enforcement officials, and juvenile, probation and parole officers.

The most viable alcohol program management resources on the local level in Utah are the district associations of government. Advisory councils advise these local governmental officials as to existing resources, needs and programs necessary to bridge the gap between existing resources and needs. Local financial support is more readily accessible and State Legislative and Federal support is more easily justified when local people understand and determine their own needs and are committed to implementation of programs to meet these needs.

Private treatment and rehabilitation programs are supported and urged to cooperate in the comprehensive program concept throughout the State, thereby minimizing duplication of effort. All alcohol treatment and rehabilitation programs are evaluated and monitored to assure program effectiveness by the Division of Alcoholism and Drugs.

Methods of early identification of the alcoholic are being developed in the State and detoxification units are being established to aid local jail facilities. With the judicial flexibility apparent throughout the State, it is felt that a treatment posture is being developed which will reach a great many alcohol abusers who have been arrested. There should be little doubt that providing treatment at this level of the client's involvement in the criminal justice system has a greater potential in terms of cost-benefits, administration, and successful treatment than intervention after conviction and incarceration.

Administration of alcoholism treatment and rehabilitation programs for pretrial releasees, probationers, and parolees in the State of Utah belongs to the local elected officials. Communities throughout the State of Utah are being urged to

assume responsibility for citizens in their communities who have alcohol-related problems and who may enter the criminal justice system of a given community. They have already taken responsibility for the criminal justice system by its implementation. It seems appropriate that they should also be responsible for those afflicted with the illness of alcoholism.

Administration of an alcoholism treatment

and rehabilitation program for inmates of the correctional institution in Utah is being taken by the Division of Alcoholism and Drugs with cooperation from the Division of Corrections in fulfillment of the Legislative mandate given to this agency, and because after consideration of all facets of a comprehensive program in this system, it seems most appropriate for an outside agency with broad coordinating powers to be responsible.

Pretrial Release and Diversion for Alcoholism Treatment and Rehabilitation

BY MRS. MARY GAY

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The Polk County Department of Court Services was created on January 1, 1971, by resolution of the County Board of Supervisors, but actual development and organization of the Department began in March, 1971. The Department administers four separate and distinct programs, two of which were in operation prior to the Department's creation, and two of which have been added since. Each of the programs in and of itself has brought about significant changes in the criminal justice system, and with the four combined within a single administrative unit there is an array of correctional services which is unique in the United States.

The basic philosophical tenet of the Department is recognition of the fact that the overwhelming majority of persons who penetrate to the last step in the criminal justice system, corrections, come from among the uneducated, the unskilled and the unrich portions of our population. In dealing with the criminal justice system, certain disabilities accrue to the unskilled, the uneducated and the unrich and the principal goal of the Department is to assist people to alleviate these disabilities. The concept is that by removing these disabilities the quality of justice is enhanced, and that respect for justice, and for law and order, is taught more effectively by example than by preaching.

The first disability which accrues to the unskilled, the uneducated and the unrich person who is apprehended is that he is detained in jail prior to trial, while still presumed to be innocent, by reason of the simple fact that he is unable to raise money for bond or bail. Because he is jailed prior to trial, he is less able to participate in his defense and is therefore more likely to be convicted. If convicted, he is more likely to be incarcerated because he has been unable to demonstrate a post-arrest ability to control his behavior in a free society and because he has been unable to demonstrate an ability to behave in a constructive manner.

Consequently, the primary service offered by the Department is to remove the poverty-engendered disability of pre-trial detention. This service

is offered through two separate and distinct programs.

The first program is called Pre-Trial Release. Pre-Trial Release began in Des Moines in 1964 and was modelled on the Vera-Manhattan Bail Reform Project. Initially, the program was funded by and administered by the Hawley Welfare Foundation, a local, private philanthropic organization. In 1966, the City of Des Moines and Polk County agreed to fund the program, but it continued to be administered by the Hawley Foundation. In April, 1971, Pre-Trial Release became a unit of the Department of Court Services, and was expanded to provide service to all residents of Polk County, rather than only to residents of the City of Des Moines.

Staff assigned to Pre-Trial are housed in the Municipal Court Building which also houses the Municipal Court; the City Jail; and the Des Moines Police Department. The program offices are manned from 8:00 A.M. until midnight and one staff member is on call from midnight until 8:00 A.M. Every person who is booked by the municipal police is interviewed immediately after booking, with only two exceptions. Persons charged with simple intoxication and non-indictable traffic offenses are excluded, principally because their cases are disposed of almost immediately. Persons charged with all other offenses are interviewed and if they meet the criteria for release, are eligible. On at least one occasion a person charged with murder in the first degree has been released prior to trial in this program.

The criteria for release in this program are purely objective and are related to stable roots in the community. Points are earned for length of residence in the same place; length of residence in the community; stability of employment; and the presence of family ties. Points are lost as a result of the frequency and the recency of prior convictions, and past history of failure to appear. If a person receives a total of five points, he qualifies for release and the staff so recommends to the court.

In 96% of all cases, the court has accepted

staff recommendations, and over 60% of all persons charged with criminal offenses in Polk County are released under this program prior to trial. Over 7,000 persons have been released, and only 2.4% have failed to appear for trial. No services are offered to people released in this program, except that staff reminds each releasee of his trial time and date three days prior to the trial. Since release is accomplished quickly, generally within a matter of hours, arrested persons who are employed, but with marginal incomes, lose little or no time on the job and, most importantly, do not lose the jobs.

In 1966, a seventeen year old Des Moines youth was arrested in a small community southwest of Polk County and was charged with armed robbery. He pled guilty, but told the court he was eighteen years old and as a result was sentenced as an adult offender to the State Reformatory for men. The young offender found the Reformatory to be unpleasant, and therefore, asked the Civil Liberties Union to appeal his conviction and sentence on the basis that he was, in fact, a juvenile. He was released on a writ of habeas corpus, but because of his extensive juvenile record, members of the Civil Liberties Union became worried about possible additional offenses while on release.

To prevent this, a group of private citizens began working with the boy. A job was found for him, a foster home, and counseling service was provided. To date, this offender has had no further arrests other than minor traffic violations.

As a result, the citizens hypothesized that where Pre-Trial Release had demonstrated that poor persons with roots in the community and with negligible prior records could be released safely prior to trial, it did not demonstrate the converse: that persons who failed to qualify for Pre-Trial Release were necessarily dangerous.

The citizens group then developed a general design for a second pre-trial release approach through which poor risk persons could be released prior to trial. The concept was based on their experience with the juvenile offender cited above and, in effect, was designed to provide for the poor person the same kinds of services a wealthy family provided for its own.

A survey of the jail population showed that a substantial proportion of persons still confined prior to trial were residents of the Des Moines Model Neighborhood. The Des Moines' Model Cities Program therefore agreed to fund a demonstration project through which persons who did

not meet the objective criteria of the Pre-Trial Release Program could still be released prior to trial, but under supervision.

This project became operational in February, 1970, funded by Model Cities and LEAA through the Iowa Crime Commission, but administered by the National Council on Crime and Delinquency. The concept of the supervision provided persons released is based on the experience of the citizen's group with the above mentioned juvenile. That is, the project would not attempt to be all things to all people, but would operate as a clearinghouse through which the offenders would be referred to other agencies which have the responsibility of meeting the specific identified needs of the offender.

The goals of the project are clearly and rather narrowly defined: to release the maximum number of persons consonant with public safety, and to assist the client to become qualified for probation as a final disposition in the event of conviction.

Traditionally, correctional agencies have designed treatment programs which are vaguely related to psychological intervention and which are directed toward foggy and ill-defined goals, such as rehabilitation. Because this project has the narrow and clearly defined goal of preparing releasees for probationary disposition, however, treatment flows directly from the client's disabilities and is directed toward assisting the client to solve very specific and very practical problems.

This point of view begins during the selection process where, contrary to general practice, the incarcerated accused person is evaluated largely on the basis of the negative aspects of his position. That is, the factors which mitigate against his being granted probation are identified and a judgment is made as to the likelihood that staff can assist the client to change those negatives to positives. Thus, if the jailed person is unemployed the fact of being unemployed mitigates against a disposition of probation. Consequently, assisting the man to find a job becomes a part of his "treatment" program. If a contributing factor to unemployment, or to marginal employment, is a poor educational background, remedial education becomes part of the "treatment" program, but the effort is always directed toward assisting the client to qualify for probation.

Services which the client requires to meet the goal are generally provided by existing resources. As an example, the Des Moines Area Community

College provides educational resources at no cost to the Department. The State Division of Education and Rehabilitation Services loans three full-time Vocational Rehabilitation Counselors to the Department, at no cost to us. They assist in evaluating educational and vocational needs and in placing clients on educational and vocational programs and in placing clients in appropriate jobs. Referrals are made to other agencies for marital counseling, medical attention, including psychotherapy, financial assistance, etc.

About 80% of all apprehended offenders who are eligible for consideration are being released through the two pre-trial programs. (Ineligibles are simple intoxication; non-indictable traffic; federal prisoners; and persons on whom other jurisdictions have placed holds.)

While the release under supervision program is not directed toward the generalized and poorly defined goal of rehabilitation, general benefits do accrue to the client through removal or alleviation of the disabilities which made it difficult or impossible to gain his own release. Not the least of these benefits is the fact that he finds himself solving some of the very practical problems which beset him. (As an example, nearly 20% of all persons released to this project have been able to earn a GED.) Once placed on probation, however, the convicted offender was transferred to the probationary supervision of the State Bureau of Adult Corrections. Communication between the two agencies posed some problems in maintaining and expanding the gains made by clients while under pre-trial supervision, as did the fact that the more traditional kind of supervision tended to emphasize surveillance and control as against problem solving. As a result, in July, 1971, the County Department, with the assistance of the State agency, developed its own probation system. The State agency loaned the Department three probation officers, to which the Department has added six officers and secretarial back-up.

Probation officers are housed in the same building with the staff, which is responsible for pre-trial supervision. This building is located in the Des Moines' Model Neighborhood, in the city's highest crime area. Staff are frequently transferred between these two units and there is a strong feeling of "oneness." While the goal of the probation unit is more generalized, to help the client continue to lead a law abiding life, the major thrust continues to be one of problem solving rather than of surveillance-control.

Because the supervised pre-trial release program assists clients to qualify for probation, the Department's caseload has many more offenders who would be called "poor risks" than would be true in a more traditional correctional agency. In spite of this, early indications are that the recidivism rate will be no higher than in a typical agency and will probably be lower.

In both of these units housed in the same neighborhood facility some unusual things happen. As examples, non-offenders frequently walk in from the street requesting educational, vocational and job placement assistance. Such requests are honored even though no official jurisdiction exists. A few offenders who have obtained their own release by posting bond have volunteered for pre-trial supervision in order to better prepare themselves for a probation disposition. In one case, a probationer voluntarily signed a probation contract after being discharged because, in his opinion, he still needed assistance. It is the opinion of the Department this surprising degree of acceptance by the people being served results partly from the fact that staff is housed in a "bad" neighborhood rather than in the courthouse, and partly because of the problem solving thrust of the program.

In July, 1971, a fourth program, the Fort Des Moines Residential Corrections Facility, was added to the expanding Department. This is a fifty bed non-secure institution which is housed in a renovated barracks at Fort Des Moines, just inside the Des Moines' city limits. There are no bars, no security screening, no security glass, no outside walls or fences, no physical control of any kind. The residents are nearly all felons, however, who were considered unsuitable for probation and who would normally be committed to state operated maximum security institutions. Since it began receiving residents, from one-third to one-half of the residents have been heroin addicts who have been convicted of other offenses, most frequently armed robbery. Offenders committed to this institution have been convicted of offenses ranging from larceny to assault with intent to commit murder. It is important to emphasize that the Fort Des Moines Facility is not a half-way house in the usual sense of the word in that this is not a stopping off place between maximum security confinement and full release to the community on parole. It is instead, a jail by statute and it is for convicted offenders who are committed to serve sentences.

The basic concepts of programming are the

same at Fort Des Moines as in other components of the Department's program; corrections cannot be all things to all people and "treatment" should flow from the disabilities of the offender rather than from preconceived notions of how to change deviate behavior.

The physical plan of the institution was designed to force staff to make maximum use of existing resources in the community. The only facilities provided are sleeping quarters, generally small; private rooms; offices; toilet facilities; and a lounge which is furnished with sofas and easy chairs; a color T.V.; vending machines; public telephones; a ping-pong table and two pool tables. There are no classrooms; no workshops; no library; not even a kitchen and dining room. Residents eat in another facility nearby.

All recreational programs are operated in the community. A public school gymnasium is used two nights a week and a public school swimming pool one night. Residents are transported into the community, and into nearby communities for athletic events; concerts; plays; movies; lectures; to public golf courses; to bowling alleys; to museums and art shows; and to whatever else might be going on at a given time. No funds are budgeted for recreation. As a result, staff must "beg" tickets to most events. Where this is not possible, funds are drawn from a special recreation fund which comes from two sources: profits from the vending machines and contributions which have been made by local labor and business leaders. The contributions total \$1,500 to date. While this arrangement creates some problems for staff, it has also given many citizens a "stake" in the institution, and has enhanced the residents feeling of being part of the community.

In an effort to assume the program would flow from the disabilities of the residents, the Fort Des Moines Facility was opened with no program developed. There was, in fact, no administrative structure established in terms of job descriptions and specific staff functions. The initial result of this was near chaos, but in a short period of time both program and structure developed as a result of the expressed needs of both residents and staff. As a result, the structure and program which now exists creates very little resistance among either staff or residents. At the same time, there is a great deal of flexibility among both staff and residents since there are neither traditions nor taboos.

The emphasis in programming is again on problem solving—the removal of disabilities—and

is directed toward a specific and well defined goal—to return the offender to the community as quickly as possible. Residents requiring psychotherapy are referred to other agencies, including hospitals; educational, vocational and employment evaluations are done by Des Moines Community College and Vocational Rehabilitation as part of their regular programs and residents participate in these programs along with free citizens. Agreements have been worked out with various unions and industries so that one or two jobs are always filled by residents of the institution. If a resident does well for a period of time, he remains on the job, but his "slot" opens up for someone else. If he does poorly, he is pulled off the job, and another resident is put on it.

The concept of programming to remove disabilities is exemplified by a resident who was employed on the assembly line of a major, nationally based manufacturer. His supervisor was greatly impressed by the offender's effort, but because of his inability to use decimals, he was unable to perform adequately. The foreman informed staff of this and the offender's counselor undertook to teach the offender the decimal system. The program effort, therefore, is to remove the disabilities which make it difficult, even impossible to cope with the problems of everyday living.

Psychological intervention, however, as a treatment technique is not excluded. The Department employs a half-time psychiatrist who interviews most persons who become clients of the Department. Group therapy is utilized with heroin addicts, and there are group marital counseling sessions. The staff psychiatrist consults with counselors about their activities with clients, but rarely works directly with the clients except for the intake interview. The point is that rather than pay lip service to "therapy" as the technique, therapy is utilized as a technique.

The Department of Court Services is in the process of spreading its programs from Polk County into the total sixteen county Fifth Judicial District. In doing so, some changes in approach will be tested. In the other counties, the supervised pre-trial release program and the probation function will be combined. That is, the same counselor will work with the same offender during both the pre-trial and the post-conviction periods. On the face of it this seems to be a logical method, but the two systems will be compared to learn if there are differences in results. If there are, the

more beneficial system will be developed throughout the District.

It is important to point out that the staff of the Department is young and inexperienced. Of the present staff of about seventy, only three have worked in corrections before. None of the staff at the Fort Des Moines Facility have ever worked in an institution of any kind before. As a result, the staff of the Department possess few, if any, of the traditional biases and little of the conventional knowledges of corrections. Since there is no strong sense of "this is how we do it," there is relatively little resistance to change.

Approximately half the staff is non-degreed and about 15% are ex-convicts, some of whom are still on parole and some of whom have been recruited from among the Department's own clientele. The programs administered by the Department have effected major changes in the criminal justice system, and most of the staff has been involved in most of the changes. Perhaps as a result of this, the staff is more oriented to change than to the preservation of the status quo, and since there is no vested interest in what has been, the staff focuses on serving people rather than on serving a system. For these reasons, the Polk County Department of Court Services is more amenable to to innovation than are most agencies.

A great deal of attention has been directed recently to the failure of corrections to correct, to rehabilitate, and most of this attention has been directed to reforming or improving services which already exist. The fact is, however, that correctional systems as they now function probably cannot be reformed or significantly improved. This is true because of the enormous task placed on corrections by society. In a typical prison, people who are mentally ill; people who are mentally retarded; people who are alcoholic; people who are drug addicts; people who suffer from severe reading disabilities; and people who are almost universally poor. American society believes, or acts as though it believes, that all criminal behavior results from a common etiology. As a result, the community's expectation has been, and to a large extent continues to be, that at some point in time corrections will discover the common causative factor and will then develop a magic pill which will result in instant rehabilitation. To a large extent, officials in the criminal justice system foster this expectation by prating about a treatment program into which individual people who exhibit myriad problems are forced, while ignor-

ing the obvious fact that no single social agency can conceivably develop the expertise necessary to provide treatment for every individual.

The Polk County Department of Court Services has consistently maintained that corrections cannot be all things to all people, and has as a result, restricted its own resources to the fullest extent possible. The long range goal of the Department is to demonstrate that other social agencies are more competent in dealing with specialized problems, and that they have a responsibility to do so, even though criminal behavior may be involved. The following proposal in a case in point.

In the fall of 1971, the Iowa Crime Commission asked the Polk County Department of Court Services to conduct a study into a fifteen county area (the counties outside of Polk in the reorganized Fifth Judicial District) relative to the feasibility of providing a comprehensive, community-based correctional program in rural counties similar to that which is now being provided in Polk County by the Polk County Department of Court Services.

Beginning with the first county in which data was collected, there emerged a clear picture of a positive relationship between crime and the consumption of alcohol. Table I shows the total jail population in Warren County on December 3, 1971. The data for this table was obtained by a 30 minute interview with each defendant. Of the seven defendants, six were either serving time because of an alcohol statute violation, or had committed a felony with an alcohol involvement.

TABLE I

Defendants Confined in Warren County Jail 12/3/71
(Data obtained by personal interview)

Defendant	Details
A	Intoxication—previous alcoholism arrest record, OMVI 2nd offense 1957 OMVI 1970 OMVI 1958 Felony (alcohol related) 1962 Felony (alcohol related)
B	Breaking & Entering—Previous alcoholism arrest; Conviction of felony
C	Larceny Daytime—Bond revoked temp. due to alcohol
D	OMVI—OMVI Pending Adair County
E	Larceny Nighttime—Arrest for intox. 12 times; Prior police record
F	Larceny Nighttime—1968 Felony 1970 Felony

Table II is a breakdown of 25 contacts with defendants in the county jail in six counties. Of the 25, it was possible to personally interview 19. Of the 19 interviewed, nine were in jail as a result of a direct involvement with alcohol and five in jail with an indirect involvement with alcohol.

Of those interviewed, ten had previous arrests for alcohol statute violations.

TABLE II

County	Direct	Indirect	Previous	Rehabilitation
Decatur (1)				
A				
Jasper (7)		1	?	?
A				
B	1			
C?				
D?				
E?				
F?				
G?				
Lucas (2)		1	1	No
A			1	No
B	1			
Taylor (2)				
A (No)				
B (No)				
Warren (8)			1	No
A	1		1	Yes-Harrison Hospital
B	1			Yes-Judge Harrison's Court Class
C		1	1	Yes-Harrison Hospital
D				
E		1	1	Yes-Harrison Hospital
F?			1	Yes-Judge Harrison's Court Class
G	1			No
H	1		1	No
Wayne (7)				
A (No)				
B (No)		1	1	No
C				No
D	1			No
E (No)				No
F	1		1	No
G	1			No
Interviewed	----- 19			
Info. from Sheriff	----- 6			
Direct	----- 9			
Indirect	----- 5			
Previous	----- 10			
Rehabilitation	----- 4			
Harrison Hospital	----- 2			
Judge Harrison's Court Class	----- 2			

Table III shows the six month (May-October 1971) jail population confined for alcohol statute violation. For the purpose of this table only the heaviest charge was picked up. Thus, an assault charge and intoxication charge for one defendant would not show on this table.

A clear example of the impact of treatment on the Criminal Justice System is demonstrated in a follow-up study on 100 consecutive admissions by Polk County residents to the Harrison Treatment and Rehabilitation Hospital beginning September, 1970. The following method was used to determine the affect of treatment on a previously convicted offender whether alcohol statute violation or felony with an indirect involvement with alcohol. In November, 1971, 100 admissions from

Polk County were pulled and matched with the Mulford intake (intake form only for first admissions) resulting in 61 intakes. Of these 61, 50 indicated previous involvement with the law. Of these 50, 25 indicated they had been arrested for drunken driving. In a records check of 10 of the 25, they showed a total of 25 arrests for intoxication and 20 arrests for OMVUI. After treatment at the Harrison Hospital (Sept., 1970) the records indicate (Nov., 1971) one arrest for intoxication and one arrest for OMVUI (both by the same defendant).

TABLE III

County	Total Jail Population	Total Alcoholic Offenses		O.M.V.I.		Intoxication	
		Total	%	Total	%	Total	%
Adair	40	22	55.0	13	32.5	9	22.5
Adams	29	16	55.1	9	31.0	7	24.1
Decatur	27	12	44.4	7	25.9	5	18.5
Guthrie	74	19	25.6	3	4	16	21.6
Jasper	162	44	20.9	12	7.4	32	19.7
Lucas	40	14	35.0	8	20.0	6	15.0
Madison	61	35	63.93	21	34.4	14	22.95
Marion	59	23	38.9	11	18.6	12	20.3
Ringgold	5	5		0	0.0	0	0.0
Taylor	26	3	11.5	2	7.6	1	3.8
Union	21	4	19.4	0	0.0	4	19.4
Wayne	52	19	36.5	7	13.4	12	23.0
Warren	134	42	31.3	11	8.2	31	23.1

It would appear that implementation of a structured treatment and rehabilitation program within the Courts would reduce the number of contacts with the Criminal Justice System by those who have a drinking problem. It has been estimated that approximately 80% of the operating expense of the Criminal Justice System in Iowa is due to alcohol involvement and Alcoholics' involvement. Even though it might be said it would be replacing one expense with another (court/rehabilitation) the cost should prove to be considerably less for a rehabilitation program.

For the purpose of identification and treatment of the Problem Drinker and/or the person with Alcoholism, it is proposed that the Polk County Board of Supervisors make application for funds for a demonstration project within Polk County. That the project (to be administered by the Polk County Board of Supervisors) be developed and implemented by the Harrison Treatment Hospital on a contractual basis with the Polk County Board of Supervisors. It is proposed that the project be developed to identify and meet the needs of the defendant charged with an indictable misdemeanor or a felony. The defendant charged with intoxication would continue to be dealt with in the manner now in existence (court class, Pleas-

antview, treatment at Harrison, etc.).

The Hospital's responsibilities in developing such a procedure are as follows:

1. Upon release from jail, an evaluation of the defendant's immediate medical/psychological needs.
2. Ten day hospital treatment program, if deemed necessary.
3. Out-patient care.
4. In-service training for fourteen Department of Court Services' staff members.
5. Gathering the data which pertains to services by the Hospital deemed necessary as a part of the NCCD evaluation of the project.

The procedure will be formulated essentially in the following manner. The existing Pre-Trial Form and screening method to determine the type and extent of the alcoholic problem of the prospective defendant, would be administered at the jail site by a staff member of the Department of Court Services. The interview will be primarily concerned with the social history, employment record, family ties and identification of the defendant as a Problem Drinker and/or Alcoholic. The Municipal Police Department records and the records of the Iowa Bureau of Criminal Investigation will be checked to see if the Problem Drinker and/or Alcoholic defendant has a previous history of alcohol or alcohol-related offenses, and to determine if warrants have been issued in other states for the arrest of the defendant. The decision to accept or reject a defendant will be made by the Department of Court Services. Three basic criteria will be utilized in the decision on rejection or acceptance of an alcoholic defendant into the project:

1. the degree of alcohol involvement;
2. the degree to which a defendant acknowledges or understands his alcohol problem;
3. the level of motivation of the defendant to accept the recommended alcoholism treatment project.

If the defendant is accepted for release, a recommendation will be made to the court for the defendant's release. If the recommendation is accepted by the court, a bail bond will be completed and signed by the defendant as principle and surety and the defendant will be referred to Harrison Hospital for a team evaluation.

The defendant, upon referral to the Harrison Hospital, will undergo evaluative procedures that will be designed to expedite the court's responsibilities to both community and the defendant. Although this goal involves the collection of cer-

tain data for the court's persual, the Harrison staff will be committed to a related broader and more on-going pursuit: creating the opportunity whereby the defendant may hopefully consider the genuine benefits attending a continuing educational program regarding rehabilitation. To this end, the defendant will be subjected to the therapeutic milieu one-to-one counseling. These procedures will also have merit in terms of furnishing pertinent data to the court. The entire staff of the Harrison Hospital will partake of this activity.

Every effort will be made to submit to the court, within 48 hours, as complete an evaluation as is possible. The data upon which the evaluation will depend will come from many sources including information from the court services and the police record.

The following outline gives a succinct guide as to the extent of the services proposed:

I. Medical

A. Physical examination, including chest x-ray.

1. Special studies will be done when emergencies prevail. If at all possible, in the case of infections or complications of a subacute or chronic nature, treatment will be recommended to the court (referral to family physician, etc.)

B. Laboratory

1. Complete blood count.
2. Urinalysis.
3. VDRL
4. Special studies, when indicated would include:
 - a. urea nitrogen test
 - b. blood sugar determination
 - c. glucose tolerance test
 - d. uric acid determination
 - e. blood alcohol studies as well as the determination of blood levels of other noxious drugs (under direction of drug and poison laboratory when this facility is completed)
 - f. standard liver function tests
 - g. cholesterol levels
 - h. upper and lower gastrointestinal x-rays (however, the lower series will be restricted to those instances that are deemed emergency as well as gall bladder studies and flat abdomen studies)
 - i. brain scan and electroencephalography

- j. electrocardiography
- C. Consultation services:
Consultation services are available with any type of medical specialist (surgery, neurology, etc.) if indicated for the immediate benefit of the defendant.

II. Psychiatric

A. Immediate evaluation procedures:

1. Psychological Testing: If necessary, the defendant will be subjected to various testing devices. These may include the MMPI, the Rorschach Procedure, the University of Michigan short and long-form questionnaires, the Mulford Index, etc.
2. Personal interviews with psychologists, psychiatrists, and alcoholic counselors.
3. Collection of data for processing by staff for ultimate delivery to the court.

B. Therapeutic and Rehabilitative Procedures:

1. Immediate Goals:

Direct exposure of the defendant to various therapeutic procedures that hopefully may induce the defendant to consider on-going rehabilitative contact, either with Harrison staff, Department of Court Services or other appropriate agencies.

The defendant will be interviewed personally. The data from this procedure coupled with the supportive data from the pre-trial interview and the Municipal Police Department records, the records of the Iowa Bureau of Criminal Investigation, and other psychological test data, if ordered, will be reviewed. Study of this collection of data will then result in recommendations for disposition.

After this, the defendant will be required to sign a release contract with the Department of Court Services and the Harrison Treatment and Rehabilitation Hospital. The release contract will specify certain conditions which the defendant must accept for the continuation of his pre-trial bond.

If, at any time, prior to the defendant's trial, the conditions of the release contract are not met, the bond, upon the recommendation of the Department of Court Services, may be revoked and the defendant returned to jail.

The defendant may be referred to any of the following alternatives:

1. Ten day Hospital Treatment Program at

the Harrison Treatment and Rehabilitation Hospital with—

- a. Educational lectures
 - (1) Physiology of Alcohol—Alcohol and the Human Body
 - (2) Attitudes—the role of attitudes in recovery from Alcoholism
 - (3) Symptoms and Phases of Alcoholism
 - (4) Chronic and progressive aspects of Alcoholism
 - (5) Six Basic Steps to Recovery from Alcoholism
 - (6) Four Basic needs—as they relate to Alcoholism
 - (7) Iceberg—visual and submerged aspects of Alcoholism
 - (8) The dynamics of Surrender in recovery from Alcoholism
 - (9) The Alcoholic's need for Spiritual Adjustment
 - (10) Continuing Recovery Program. The need for Supportive Therapy in recovery from Alcoholism
- b. Group Therapy
- c. Individual Counseling
- d. Ministerial Counseling
- e. Psychiatric Evaluation
- f. Vocational assessment and/or placement
- g. Employer cooperation in treatment program
2. Out-Patient Program
 - a. Attend educational lectures (see 1a above)
 - b. Group Therapy 2:00-3:00 PM
 - c. Individual counseling at the defendant's convenience (from 8:00 AM to 9:00 PM)
 - d. Out-Patient groups in the evening
 - e. One-year follow-up program—including a minimum of—

25 contacts—1 each week for 12 weeks
1 every 2 weeks for 12 weeks
1 (once) a month for 28 weeks

Upon release from the ten day hospital treatment program at Harrison Treatment and Rehabilitation Hospital, the defendant will be supervised by a staff member of the Department of Court Services (trained alcoholism counselor).

It is proposed that the Department of Court

Services, on a contractual basis with the Polk County Board of Supervisors, provide supervision for the defendant after release from the Hospital treatment program. The Department of Court Services will coordinate and follow-up the defendant's progress with his medical program, counseling services and referral sources instituted and implemented during the defendant's stay at the Hospital.

Supervision by the Department of Court Services will include a rehabilitative program:

- (a) referral to community services;
- (b) one-to-one counseling;
- (c) group therapy sessions and/or night program;
- (d) employment counseling and placement;
- (e) vocational and/or educational placement.

A narrative evaluation of the defendant's performance will be submitted to the Court including recommendations for continued treatment in the post-trial and post-sentence period.

The evaluation of program effectiveness will be conducted by the National Council on Crime and Delinquency Research Center, Davis, California, with research staff permanently based in Des Moines, Iowa.

Evaluation focus will be upon the four primary program goals:

- A determination of the degree to which alcoholism is a criminal justice system problem in Polk County and its jurisdictions it neighbors. The proportion of people will be identified who are arrested for indictable misdemeanors or felonies directly and indirectly connected with alcohol abuse. In addition, their socio-demographic characteristics will be described and will be compared with defendants whose offenses are not alcohol related.
- The reduction of problem drinking on the part of those participating in the program.
- Program impact upon preventing criminal recidivism.
- The establishment of an efficient and cost effective approach, capable of being replicated elsewhere, that deals with the problem drinker in the criminal justice system.

¹ Venezia, Peter S., *Des Moines Community Corrections Project Evaluation Report Number Two*, Des Moines, Iowa: City Demonstration Agency, February 29, 1972, page 30.

² *Ibid.*, Appendix B

Procedure

More than 3,000 people are arrested annually in Polk County on felony and indictable misdemeanor charges. The majority of these, approximately 2,000, are processed through Polk County Pre-Trial Release procedures. Better than ten percent of these are released, prior to trial, to the Polk County Court Services' Community Corrections Program. Recent program evaluation has shown that thirty-three percent of those released to this segment of Polk County Court Services have experienced alcohol related difficulties, interpersonal and/or legal in nature.¹

While no data exists as to alcohol involvement of those who are not served by this particular program, a one-to-three ratio appears to be a fair approximation. Of the 2,000 defendants, then, better than 600 can be expected to be the target population for the proposed project. It is this group of people, primarily, that will be studied for the purposes of evaluation of program effectiveness.

Data collection, the cornerstone of the evaluation, will proceed in three phases:

- Socio-demographic information and degree of alcoholic involvement will be obtained for those studied. The data form currently used for the Community Corrections Program evaluation will be utilized for the former.² For the latter, scores will be obtained from a questionnaire and interview administered to each person studied. The instruments used for this purpose will be those developed by Kerlan, *et al.*³ In addition, a record of offenses, committed during one year prior to the current arrest, will be obtained from the Municipal Police Department, the Iowa Bureau of Criminal Investigation, and the State Department of Motor Vehicles.
- Program input data will consist of a record of types and durations of services provided to those participating in the project. Data collection formats specific to the detailed operation of the program will be developed.
- Outcome data will be a repeat, one year after entry into the program, of the questionnaire, interview and law infraction data collection procedures.

Research Methodology

It is anticipated that the number of people in the target population will exceed program capac-

ity, by approximately 100 defendants. If this proves to be the case, the "overflow" will be randomly assigned to a Control Group, as shown in Figure 1.

A comparison, or baseline, group will be formed by randomly selecting a sample of approximately 100 non-alcoholic defendants from the arrest population.

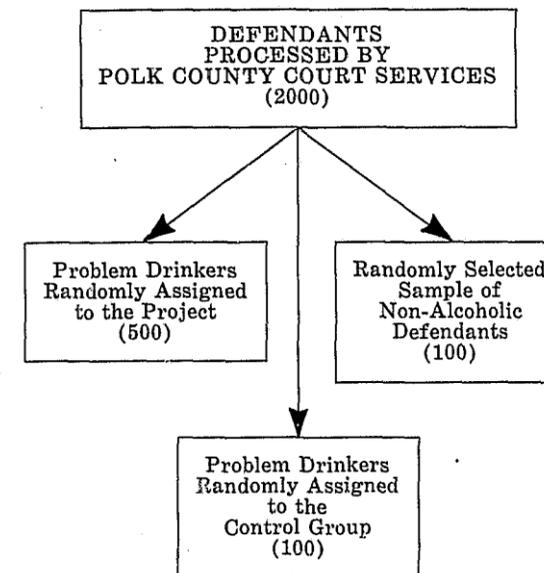


Figure 1
EVALUATION STUDY GROUPS

The program group will be comprised of all those serviced by the project. Each person in this group will serve as his own control by means of before vs. after measurements of the following types:

- Project staff assessment of each client's alcohol use status, according to the definitions specified by Kerlan. The post-program assessment will be made one year after entry into the program.
- Comparison of scores obtained on the above mentioned questionnaire and interview instruments. The post-program administrations will take place one year after entry into the program.
- One year prior to program entry vs. one year subsequent comparisons of:
 - (a) Income level
 - (b) Public assistance provided
 - (c) Number of weeks employed

³ Kerlan, Margaret W., *et al.*, *Court Procedures for Identifying Problem Drinkers*, vols. 1 and 2, Ann Arbor, Michigan: Highway Safety Research Institute of the University of Michigan, June 1971.

- (d) Type of employment
- (e) Number of criminal arrests & convictions
- (f) Type of criminal offenses
- (g) Moving traffic violations
- (h) Court sentences

The experimental hypothesis will be that of significant improvement through time on each of these within-group measurements.

The same hypotheses will be tested for through-time improvements in the Comparison and Control Groups on measurements "e" through "h." One-year interview and questionnaire follow-up will be considered for the individuals in these groups, but it is not presently known if this approach will be logistically feasible.

Two types of between-group comparisons will be made. The first will be an examination of the ways in which the Comparison and Control Groups differ on defendant input characteristics. It is anticipated that the Control Group will be very similar to the Program Group, while the Comparison Group will differ from both in dimensions other than alcohol use. This differentiation between problem drinkers and others in the criminal justice system, based upon objective characteristics, will constitute a sub-study. A survey of the literature indicates that such an approach has not yet been attempted.

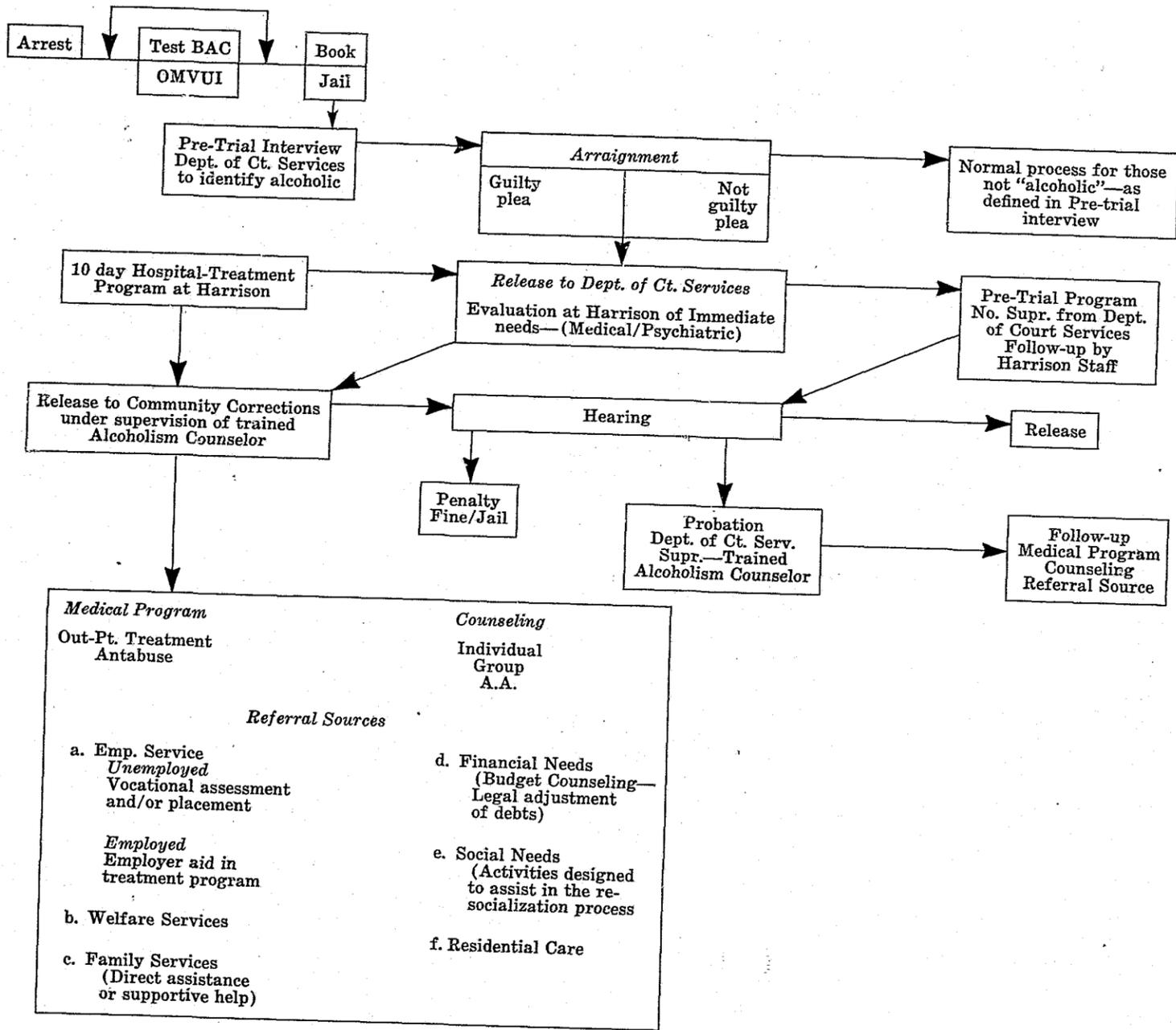
The second type of inter-group comparisons will be made on the basis of outcome measures "e" through "h." The Comparison Group data will provide baseline information as to further criminal justice system involvements by non-alcoholics. Against this, will be compared the Program and Control Groups' results. On the basis of program assumptions, it is hypothesized that the one-year follow-up results will favor the Comparison Group, with the Program Group showing significantly greater improvement than the Control Group.

Financial and Social Cost Effectiveness Assessment

The program cost per individual will be contrasted with any savings accrued from:

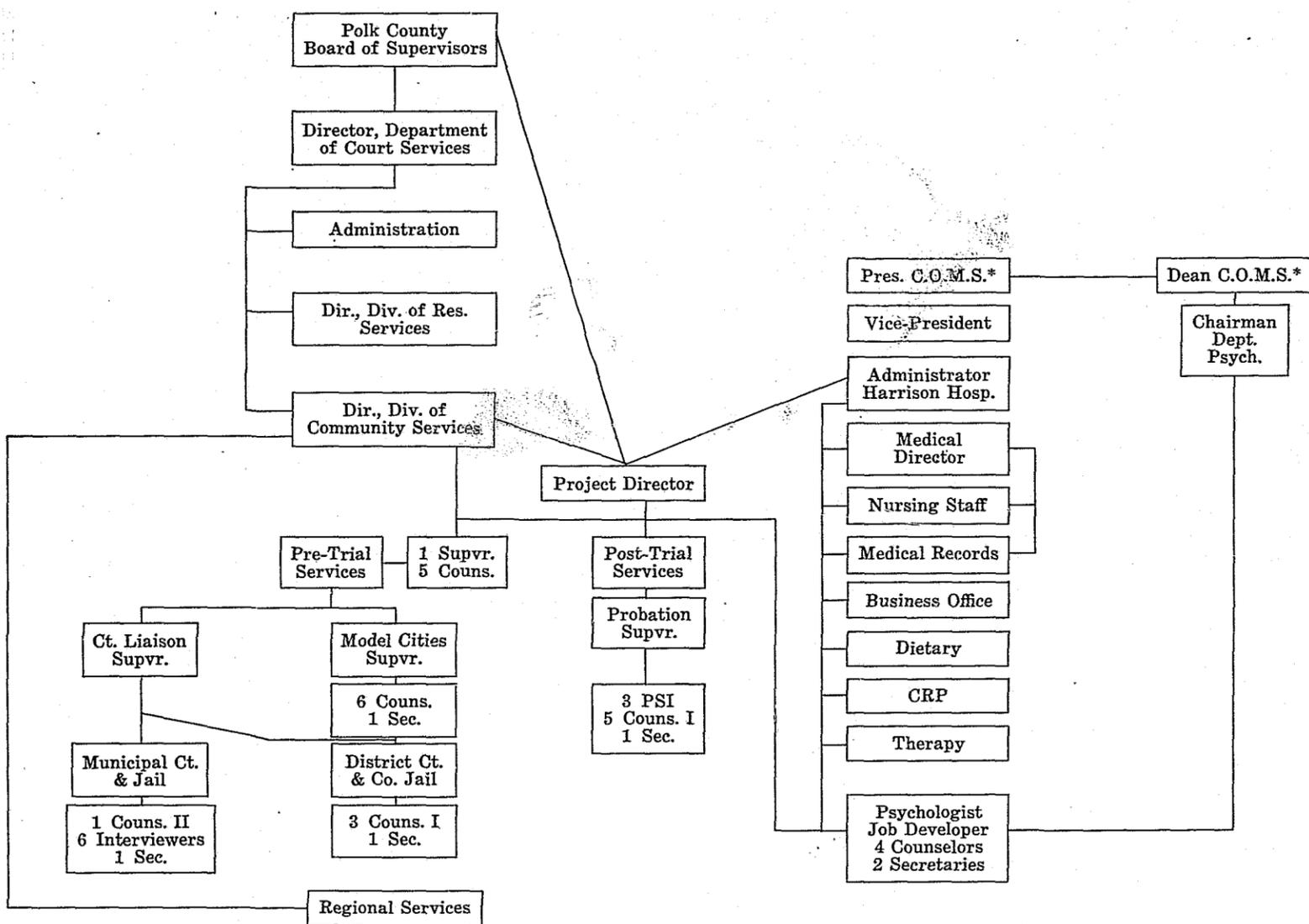
- Increased income
- Jail days saved
- Reduced public assistance
- Decreased recidivism

Social benefits are not capable of direct measurement, but will be described on the basis of all of the above findings. It is important to note, how-



ever, that the described evaluation efforts will not end of the third year of project operation, comprehensive evaluation of the program and its extension into the surrounding counties will be possible. As indicated earlier, a one-year follow-up will be required of the first-year study groups. By the

ADMINISTRATIVE CHART



*College of Osteopathic Medicine & Surgery
Existing Staff
Project Staff

A Pilot Alcoholism Program for Parolees

BY ALVIN GROUPE, M.D.

Chief Psychiatrist, California Medical Facility, Vacaville, California

The California Department of Corrections has no official general program for alcoholism. Each institution has its local chapter of Alcoholics Anonymous which it supports financially and morally and in which it encourages its inmates to become active. Although there is a movement on hand to add additional support by paying sponsors, at present these groups are sponsored by staff who volunteer to give their time for the purpose. These institutional meetings are well attended and it is the general feeling of the staff that they undeniably serve a useful purpose.

Participation in Alcoholics Anonymous by parolees is encouraged by the Adult Authority and the parole agents. Many parole offices furnish rooms for Alcoholics Anonymous meetings and have parole agents as sponsors, again on their own time. In those cases where alcohol is a factor in the crime, the Adult Authority will include complete abstinence from alcohol and attendance at a parole outpatient clinic as a special condition of parole, along with a strong recommendation for Alcoholics Anonymous participation. The Parole and Community Services Division also utilizes all available organizations involving treatment, aid and rehabilitation of alcoholics, public or privately supported, as adjunctive aids. The Parole and Community Services Division feels that, although inadequate, the programs which they are utilizing are beneficial.

A pilot program, utilizing Antabuse, has been in operation since 1969 and at this time appears to be of value. To date, the results have been both disappointing and gratifying, the former in that our original premises have proven to be erroneous and the program has proven to have many built-in defects. The latter feeling is based upon the gratifying conclusion that our program is much more effective than any other in use at this time.

The Antabuse program is tailored specifically for the parolee and consists primarily of Anta-

buse medication on a modified schedule and informal supportive therapy. The program normally begins with a prerelease preparation which includes a statement of expectation and method, followed by laboratory and physical examination. The patient is introduced to Antabuse, if there are no contraindications, and after an appropriate interval is exposed to an alcoholic challenge. The Antabuse is then given regularly until release.

The post-release program consist of twice a week contact with the patient and continuation of the Antabuse medication. The patient contact is a strictly informal, unstructured session with no attempt at group process. Individual sessions for crisis intervention occur fairly frequently. Upon successful completion of twelve to twenty-four months of this program, the parolee is recommended for discharge from parole. By virtue of this being a limited pilot program, enrollment is restricted to a maximum of twenty patients at any given time. The patients are selected on the basis of diagnosis, motivation and meeting the criteria set up for physical and psychological standards. The patients must be volunteers and may be excluded if coercion to enter the program is suspected.

Recent changes in our procedure have allowed individuals already on parole to partake in this program without having to return to the prison setting for pre-release orientation. A gratifying number of parolees have come into the program from the streets in what we believe is a sincere attempt to relieve their alcoholism problem.

It is felt that the effect of the medication combined with the psychological implications of giving the inmate medication, along with the psychiatric support afforded on the twice a week contact combine to form a therapeutic alliance which, although not the final answer, appears to be more successful than other programs in existence.

Alcoholism Treatment in the Vermont Correctional System

BY EDWARD H. MCALISTER, PH.D.

Director, Alcohol and Drug Treatment Programs, Department of Corrections, Burlington, Vermont

Overview:

The alcohol (and drug) treatment programs operated or sponsored by the State of Vermont are administered by two Divisions within the Agency of Human Services, the Division of Residential Treatment Centers, a division of the Department of Corrections, and the Division of Alcohol and Drug Abuse, a division of the Department of Rehabilitation and Social Services. Programs for the public inebriate and the drinking driver, excluded from the scope of our Seminar, are operated under the Department of Mental Health in collaboration with the two aforementioned Departments and will not be discussed here.

The Alcohol and Drug Abuse Division of the Department of Rehabilitation and Social Services is directed by Dr. William Butynski. While that division provides the State with a variety of treatment services, including aftercare, out-patient counseling, a small half-way house, and with Federal support, an alcoholic recovery facility, it does not particularly direct its efforts to the correctional or criminal justice population and with one exception, has only indirect impact on the correctional population, in that some probationers and parolees might elect to avail themselves of some of these services. The one exception is that the Alcohol and Drug Abuse Division does assign one rehabilitation counselor to work with inmates at the state prison (State Correctional Facility).

Our programs, then, in the Department of Corrections, are the only programs in Vermont directed toward the correctional and ex-offender populations and expressly designed for them. This writer, as Director of Alcohol and Drug Treatment Programs for the Department of Corrections, has responsibility for designing, implementing, monitoring, and evaluating these programs. In the execution of our programs, we work very closely with all branches of the Agency of Human Services, particularly the Alcohol and Drug Abuse Division, and utilize all available community resources. Our goal and our philosophy is to maxi-

mize the use of community resources and to treat all offenders, not just alcohol-involved offenders, at the lowest level of institutionalization necessary. Our programs have received increased impetus with Governor Salmon's mandate for high priority attention to the alcohol-involved individual. Inasmuch as a majority of Vermont's correctional population, perhaps as much two-thirds, are alcohol-involved to a degree that goes beyond public intoxication or intoxicated driving, this mandate is particularly germane to our work.

Some background factors should be emphasized at this point. Vermont is a predominantly rural and small-town state, small in population as well as size. Correspondingly, we do not have the "urban ghettos" or other areas of concentrated pockets of illegal drug abuse that one finds in larger areas. While we of course do have a significant illegal drug abuse problem in Vermont, it nowhere approaches the incidence of saturation that it does in more metropolitan areas. On the other hand, our incidence of alcohol abuse and alcoholism is about the same as the nation as a whole, perhaps higher. Therefore, alcohol abuse and alcoholism stand out in Vermont in very sharp contrast as a high-profile problem, with this much higher ratio of alcohol abuse to illegal drug abuse. The incidence of alcohol abuse and alcoholism in Vermont has at least ten times the incidence of all illegal drug abuse combined. It could be inferred that the very high percentage of alcohol involvement within our correctional population is in part an artifact of a relatively low percentage of illegal drug offenders, compared to other states. For these reasons, as well as the logic of defining alcohol itself as a drug, many of our programs and related service units deal with alcohol and illegal drugs together.

The Programs:

Our programs consist of two residential treatment centers, and a Department-wide specialized training unit or "Team."

Our first residential treatment program was the

"Lakeside" program, which, as the attached description states, opened in 1971, primarily as a drug program for youthful probationers. With the passage of legislation making *all* court commitments to the Commissioner of Corrections (instead of to any specific institution), the target population was expanded to include alcohol-dependent men, and from that time until this, has had a substantial alcohol-involved population, including probationers, furloughed men from other correctional facilities, and parolees. Our "batting average" for the first two years of operation is included with the attached program description, which incidentally is presently written in terms of redefining Lakeside once again as primarily a drug program, in view of our increased services to alcohol-involved offenders throughout the correctional continuum, including the Division of Probation and Parole. Very recently, since the writing of that attached description, it has been decided for budgetary and policy reasons to phase out the Lakeside program and to utilize community based resources primarily, for drug-involved offenders. This course of action is consistent with our policy in Vermont to increase community involvement and in fact, to blur deliberately the stigma of a distinction between the "offender" and the "client." In other words, offenders, whether probationers, parolees, or furloughed men from correctional institutions, are being increasingly seen as "good risks" for treatment in and by the community, with compulsory residential treatment required only when necessitated by the need for continuous, unbroken intervention. So, even though the one Lakeside Alcohol and Drug program is phasing out as an institution, it merits discussion here as our area of greatest experience, and as the pilot model on which all of our other programs have been based.

It is appropriate to comment here on issues 5 and 6 in the notification sent to Seminar participants. It is in our opinion highly desirable (and our consistent practice and position) that participation in community-based alcohol treatment and rehabilitation programs be a condition of probation or parole.

The therapeutic orientation of the Lakeside model is that of an intensive, group-process, encountering environment, but with a higher degree of community interaction in the form of work release, school release, and recreational time off, than is characteristic of the typical therapeutic community, and with deliberate avoidance of those

humiliating or degrading techniques associated with some therapeutic communities conducted on a "behavior modification" model. Rather, the Lakeside model seeks to maintain a home-like non-institutional atmosphere with considerable community contact, which in turn facilitates the offender's return to the community without need for a protracted "re-entry" phase. The Lakeside program requires a stay in residence of approximately three to eight months.

The Lakeside model was implemented earlier this year as the therapeutic model for our second residential treatment facility, the Alcohol program at the Windsor Farm, a description of which is also enclosed. The definition of the target population for the Farm program should be carefully noted, just as it was carefully promulgated to the Classification Committees of all correctional units when it commenced operation earlier this year. The alcohol-involved men at the Farm are those offenders whose *overriding* problem is their alcoholism or alcohol dependency and who cannot otherwise be treated in community based programs, because the nature of their sentences has required incarceration. Moreover, the present population and the anticipated population for the foreseeable future are men already institutionalized, rather than newly sentenced men, probationers or parolees.

The Farm itself is an operating dairy farm, and had been until last year the "State Prison Farm." It is no longer a unit of the State Correctional Facility but is now, after extensive remodeling, a unit of this Division of Residential Treatment Centers. Great effort has been put forth to the courts and to the public to establish the new and independent identity of the Farm as an alcohol treatment center. Consistent with the Lakeside model on which its therapeutic approach was based, its environment and atmosphere have been altered to create a home-like, non-institutional setting for an active, supportive, but not palliative treatment program, as outlined in the enclosed program description.

As with the Lakeside program, the Farm program is a three to eight month program, as far as the course of treatment is concerned. A man's actual length of stay at the Farm, however, will also be affected by sentencing considerations. For example, a man who would be ready for parole at the time he completes the program could be eligible for immediate parole. A man with a relatively short length of time remaining to serve

could be programmed to one of the Department's Community Correctional Centers and begin through work release to re-enter the community gradually. A man whose length of sentence precludes such programming, and who would otherwise have to return to the State Correctional Facility (our only institution for men with long sentences), will probably be allowed to remain on at the Farm and hopefully in some instances become a paraprofessional counselor himself. It would be counter-therapeutic and demoralizing to return a man to maximum security because of sentencing considerations, when he had earlier been programmed out of maximum security to the Farm as a good risk for that relatively open institution.

Our third program is the Department-wide training unit, the Alcohol and Drug Treatment Program Training Team. The functions of this team as described below have been performed for the last two years by the Lakeside staff in addition to their duties at the Center. With the phasing out of Lakeside as a residential facility, this writer and key members of his staff will be devoting most of their time to these training functions.

This training unit provides specialized training for selected members of the treatment staffs (including correctional officers) of all the units of the Department of Corrections. The training program includes the recognition and treatment of alcohol and drug-involved offenders, the development of an awareness and understanding of alcohol and drug dependency, and the development of paraprofessional group and individual counseling skills and their use in working with the alcohol-involved offender. To augment our staff, this team draws upon specialized expertise from the community resources in the several towns where departmental units are located, and qualified volunteer workers, the Department maintaining a Division of Volunteer Services to help out in precisely this area.

As the impact of this training effort grows, we are beginning to see not only more effective in-house treatment in the correctional centers, but also improved intake screening procedures, to direct the newly sentenced offender toward appropriate treatment as soon as possible.

A continuing problem and area of concern that has emerged is relevant to Issue No. 2 on the Seminar notification document. Many staff members at the Community Correctional Centers (where relatively short sentences are served, and which have in Vermont replaced local and county jails) evi-

dence distress and confusion with their dual role as a "guard" and as a paraprofessional counselor, particularly in the areas of trust, obligations, confidentiality, and the like. While our training efforts have attempted to deal with these disconcerting feelings by emphasizing the importance of total candor between counselor and offender with respect to what can and cannot be kept confidential, the fact that work requirements demand that both roles be performed, continues in many instances to generate mistrust and the anticipation of mistrust. This is unfortunate, because the development of mutual trust is crucial to *effective* counseling. Therefore, this writer is looking forward to the several inputs from this Seminar which can help with the resolution of this problem in the development of meaningful, *man-to-man*, counseling relationships with the alcohol-involved offender. It should be emphasized that this issue has come up primarily in locked facilities, rather than the relatively open residential treatment centers, Lakeside and the Farm. It has often been an initial obstacle in the centers, but one which the group interaction process has helped to solve—"when they see that the older guys trust us, then the new guys, gradually begin to develop trust too."

Drug Residential Treatment Center—Lakeside

The Department of Corrections is currently examining its capacity to further the four major goals of the Department, namely:

- program at the level of lowest institutionalization necessary
- maximize the use of community programs in links to the Agency of Human Services
- application of quality specialized programs
- further the continuum of services

In January, 1971, the Department initiated a drug rehabilitation program at Lakeside, which previously had served as an open residential treatment center for youthful probationers. The original target group was the youthful drug involved probationer, who in the absence of any other specialized program for youthful drug or alcohol offenders, was expanded to include alcohol involved probationers as well as furlougees from other correctional facilities.

As the Department develops and initiates additional specialized programs at all of its facilities for sentenced drug and alcohol offenders, the Lakeside target population will revert to its original definition of the youthful drug involved probationers. A population of 12 has been established

as an appropriate target size for drug involved probationers

The philosophy of the Lakeside program is to provide an open community oriented program. The unit plans to expand its outpatient and outreach capabilities, consistent with the philosophy that probationers, wherever possible, will be treated as outpatients and reserving residential treatment for those individuals where continuous intervention is required.

Program

The program will continue to operate with its positive group therapy model geared toward attitude, self-concept, and behavioral change. The intensive 15 hours a week group therapy program will continue on a nightly basis with the residents involved in work and school programs in the community during the day. The program's general duration will be between three to eight months with linkages out toward street probation with the probation officer actively participating with the program planning for the resident. Additional community resources such as the Champlain Valley Office of Economic Opportunity Program for ex-drug abusers and TRAC will be utilized in the client's own community.

Wherever possible, prospective residents will be screened by the Lakeside staff to determine suitability for the program. The groups included are:

- probationers whose therapeutic needs are best served in a residential program rather than an outpatient program
- those where there is a reasonable expectation that they can make a positive commitment to participate in the program

This group shall not include:

- those whose personality or emotional problems are extreme enough to make communication difficult, or where they otherwise eclipse the drug problem

—men over 26 years of age

—those with a history of physical violence

Resources

The program will continue its present model and emphasis but will be reduced in size. The treatment staff will consist primarily of paraprofessional residential treatment center counselors who will continue to provide supervision and coverage of the center and its residents.

The group will continue to make use of other departmental resources, and Agency of Human Services resources. The program will become a resource for the Department and for the Agency of Human Services as a prototype, training model, and training centers for drug and alcohol programming throughout the Department. It is anticipated that staff from the other facilities will spend some time in rotational training at Lakeside Center.

Outcomes

With respect to the goal of minimum use of closed units, the Lakeside program is an open institution, and will only have in residence those best served by continuous intervention. It will therefore divert probationers who otherwise might have been ordered to serve their original sentence in another correctional facility were Lakeside not available as an alternative to institutionalization.

With respect to the goal of maximum community programs and links to the Agency of Human Services, Lakeside is presently very closely linked to the Division's of Alcohol and Drug Abuse and Probation and Parole.

With respect to the goal of quality specialized programming, Lakeside was one of the Department's first specialized programs and will serve as a Prototype and training center for residential treatment center programs and inhouse alcohol drug program in all of our facilities.

With respect to the goal of a continuum of services, Lakeside clearly occupies the unique position between street probation and commitment.

LAKESIDE RESIDENTS 1971-73

College	9	Successful Completion
Employed	27	Successful Completion
Married and Employed	7	Successful Completion
Incarcerated	6	Successful Completion
Deaths	2	Successful Completion
Armed Forces (Marines)	1	Successful Completion
Unsatisfactory Present Status	3	Successful Completion
Violated or		
Removed from Program	34	
Total Residents for 1971-73	89	

Successful Completions	55
Deceased	-2
RE-arrested after Completion	-6
Not Re-arrested in good standing	47
55 or 85%—Success Rate after Completion of Program	

SUCCESSFUL COMPLETIONS PLUS VIOLATIONS (TOTAL INTAKE):	
Successful Completions	55
Plus Violations and Removals	Total Residents—89
Or 58% Success Rate on Total Intake	

Alcohol Residential Center—Windsor Farm

Introduction

The Department of Corrections is currently examining its capacity to further the four major goals of the Department, namely:

- minimize the use of closed institutions
- maximize the use of community programs and links to the Agency of Human Services
- application of quality specialized programs
- further the continuum of services

As a part of this larger effort, considerable discussion has focused on the Department's historical lack of capacity in dealing with offenders under the Department's care, whose primary difficulty is one of alcohol.

One major component of the total alcohol target is that class of alcohol involved offender, whose alcohol dependency is an overriding behavior problem; those who have demonstrated continued failures in other alcohol treatment programs; those who failed in other Department programs, i.e. community correctional programs, probation and parole, and other facilities, cannot be programmed in the community at an early point in the intervention process. This target population, at this time, is not adequately being treated by any agency, and specifically has been neglected by the Department of Corrections.

The Department believes, as a result of population analysis that approximately 45-50 persons fell into this category. This is only a fraction of the total alcohol involved population of the Department, which is estimated at 2/3 of the total Corrections population.

The Department has recently renovated a motel-like facility located at the Windsor farm to accommodate this program.

In a general sense, an initial program would be an effort to deal with this problem in an open and humane setting with the primary treatment thrust being a focus on internal self-adjustment as a prelude and prerequisite to further community placement either through the Community Correctional Centers or other appropriate community resources. Basically, the Department is committed to an alcohol treatment program for this target that would attempt to develop a positive self-concept and self-image by using the group process and AA oriented treatment activities with great sensitivity and empathy. Under no circumstances does the Department view the program as a traditional "drunk farm" and under no

circumstances will the Department allow the program to slip in that direction.

Selection Criteria

Persons classified for the farm should include:

- those whose alcohol involvement is their overriding social problem
- those where there is reasonable expectation that they can make a positive commitment to participate in program
- those whose length of sentence prohibits community programming or those who are unable regardless of length of sentence to function at the community level
- those who can withstand the treatment pressures of program
- persons who do not require maximum security, but whose sentence precludes programming in any other unit of Department

This group should not include:

- those whose sentence is too short to expect program impact
- those whose local classification committee feel can more
- those who have a high propensity for escape. However, do not automatically exclude men who have previously escaped. Any escape should be looked at in terms of the context of the escape
- women initially
- (personal violence exclusion)?

Programming

The program of alcohol treatment basically focuses on two similar targets. First, a treatment program for the younger offender, approximately 34 years and younger, will be modeled after the Lakeside type group process. For example, it will employ an intensive group encounter awareness model with a positive approach. The objectives of the process will be to develop openness, honesty, and self-concept and to be able to develop relationships with others. Groups will meet approximately two hours each evening, five nights per week. The second component of the program for the younger less involved offender will be regular AA programming with outside persons conducting group meetings. These will occur twice a week and will include the entire farm population.

The duration of the programming for this younger offender will be at least three months with a program average of four to five months. The maximum stay will be indeterminate with

most persons being expected to complete the program in eight months.

A similar treatment program will be conducted for those 35 years of age or over. However, the group treatment process would be less threatening and will be verbal, low key, and "rap" type with heavy AA orientation. Another component will be basic information and educational small group sessions. The primary treatment vehicle will be the development of an environment that will focus on a constant living interaction among the residents. Small group process for this group will occur three times per week in the evenings. This group will also participate in large group AA meetings two evenings per week.

The duration of the programming with this group will ideally be at least three months, however the maximum program length will depend entirely on the progress of the client and sentencing limitation.

The third group to be served by the Department program will be inmates from Windsor Prison who can be classified as trustees. They do not necessarily have to have alcohol problems. Their integration into the program is primarily a humane effort. This group, approximately at any given time, one-fifth of the entire population at the farm, will serve the primary role of providing support services for the farm such as cooking.

The daytimes will be filled with a healthful farmwork program. Initially, this program will consist of work in the dairy, post-operation, sawmill, and general farm detail. The work environment will be geared as positive support for the total program of improving self-worth and self-concept at the farm. Participation in all programs except AA is mandatory.

Staffing

Adequate and appropriate staffing is viewed as essential for the conduct of an intervention program which will have positive effect.

Staff will be recruited and hired to reflect the basic treatment and humane aspect of the program. Orientation and training will focus on techniques and methods geared toward overcoming alcohol as a social barrier to eventual community programming.

The role of the Probation and Parole Officer will be primarily to establish placement links either to the Community Correctional Centers or other appropriate community resources such as Renaissance House.

Staff

Administrator—Farm Residential Treatment Facility
 Probation & Parole Officer, Grade 13
 Residential Treatment Counselor, Grade 11
 Residential Treatment Counselor
 Correctional Officer, Grade 8
 Correctional Officer
 Typist, Grade 4

In addition, an effort will be made to provide staff services of the Division of Alcohol Rehabilitation, Community AA, Windsor County Mental Health, and other specialized services as required.

Two of the Residential Treatment Counselors will primarily be group specialists and will be responsible for the evening sessions.

The two Correctional Officers will provide the corps of midnight to 8 a.m. custodial coverage.

The remaining Residential Counselors will provide required custodial coverage and will also be assigned specific treatment duties.

Outcomes

In reference to the first goal, that of providing quality specialized programming in specific areas, this will be the first broad effort of the Department to provide a specialized alcohol program, even though the evidence is clear that a large percentage of the total Department of Corrections clients have serious alcohol involvement in their histories.

In reference to the second goal, that is maximizing the use of community programs that links to the Agency of Human Services, the farm program effort will be that of applying outside resources of the Agency and the community to a specific problem, namely alcohol.

In reference to the third goal stated, namely minimizing the use of closed institutions, the farm program will distinctly aid this effort in that the considerable portion of those persons anticipated to be programmed at the farm would be persons who because of their long sentences are not appropriate for the Community Correctional for these persons will be clearly to a more open and humane setting.

In reference to the fourth stated goal, that of furthering the continuum of services in the Department of Corrections, the farm program will be a major piece of specialized programming, which will not only focus specifically on all treatment, but will provide for expansion of other specific programs in other program units. In summary, it will be a major step in more precisely defining the roles of each Department of Corrections facility vis-a-vis each other.

An Alcoholism Treatment Program for Parolees

BY SONNY WELLS

Director, New Directions Club, Inc., Houston, Texas

Recently the state of California's Department of Corrections completed a study which confirmed a shocking fact that all criminal justice jurisdictions in this country must confront. This study revealed that first offenders very often become second offenders. It and many other findings reinforce the fact that crime is a social problem conceived and nurtured by social ills such as poverty and alcoholism. For example, it was learned that in California, twenty-four (24) percent of the prison inmates who were released had been in custody within 90 days of their release (California Department of Corrections, 1969). Add to these findings the following national figures:

	U.S. Average Inmates	
Illiteracy	1.1%	12.7%
Completed 12th Grade	72%	25.0%

Seventy-five (75) percent of prison inmates have an alcoholic history, and twenty-one (21) percent of inmates are in prison for a drug charge.

The statistics alone reflect the failure of the criminal justice system and the community that attempts to deal with the problem of crime and alcoholism when they are released.

In the recent past, it has become evident that under the constant prodding and funding by the LEAA and other Federal agencies, penal authorities are working diligently to up-grade rehabilitation methodology and to provide offenders with adequate facilities. There is much to be done if we ever hope to minimize the alarming rate of recidivism. In a report from the Texas Department of Corrections, dated 12-70, it was stated that of the 14,331 inmates confined in Texas, seventy-two (72) percent were minorities. It was estimated that over half of this population had less than a high school education. The report further stated that thirty (30) to forty (40) percent of this population were second offenders. The report listed felony theft, burglary and narcotic offenses high on the list of crimes most committed by inmates in custody at that time.

Alcoholism and Crime

We begin then with the fact that we must tackle the difficult problem of endeavoring to come up with at least a new and workable program to heighten awareness among mental health and criminal justice officials of the high prevalence of alcohol abuse and alcoholism among the Criminal Justice population.

As we view the problem of alcohol abuse and alcoholism and its relationship to the crime problem, a story is in order.

While sitting in a Criminal Courtroom as an observer, we watched a very stern Judge verbally berate a young prosecutor for recommending a light sentence for a young Black charged with misdemeanor theft. "You mean to tell me," the Judge growled at the young lawyer, "that you are recommending leniency for this thief when it was only two cases ago you recommended a \$500 fine for a DWI case? I think you are being too easy on this thief."

The prosecutor explained that the young Black was a harmless skidrow drunk who committed his act of theft to get another drink. The Judge growled, "A thief is a thief, and I want to lock them all up."

This story merely points out that there is still a definite lack of understanding or sympathy for the alcohol abuser or the alcoholic in the Criminal Justice System. Even where there is some understanding, there is a definite conflict of interest in methods of treatment by law enforcement officials from the patrol car to the bench; from the jailer to the prison warden. Each one operates on a different wave length when dealing with the alcoholic offender; each one enforcing the law in his own manner, and each jurist sentencing according to his own interpretation.

When an offender is arrested by a police officer, all attention is focused on the offense, from the time of arrest through investigation, indictment and sentencing. No thought is given to the cause. When the offender is eventually confined to a prison, the keepers are informed about number of

arrests, number of convictions, and descriptions of crimes committed. Rarely is there any mention of a possible cause for such behavior.

Detection

Alcoholism can be described as the condition of those whose excessive drinking creates serious problems in the management of their lives, and yet who usually are unable to stop drinking, even if they want to, without outside help.

The author of this paper along with many other acquaintances were caught up in a vicious cycle of alcohol-related crime, and had no idea of alcoholism being a problem. We were forever in a sort of a revolving door situation, finally accepting the fact that we were "criminal no-goods," rather than treatable people. Our alcoholism was obvious from the very first arrest, but minorities then were just "thieves and liars," never alcoholics. Unfortunately, much of this attitude still prevails within the Criminal Justice System.

Treatment

Alcoholism and alcohol abuse in the Criminal Justice System should be attacked as a special rehabilitation problem within the system. It should be pulled out of the Mental Health Programs and treated as a separate entity. The best approach probably should be an entirely new National Drug Abuse Program.

Mental Health follows the old structure of treatment, very diverse in function, with alcoholism a later-day overlay of their already immense program. Their outlook is seemingly geared to social work, and every attempt to absorb drug abuse into this framework has been unsuccessful, particularly with the offender who shirks any other labels to add to those imposed by his place in the Criminal Justice System.

A.A. is the most successful alcoholic rehabilitation program in today's penal institution. It could do a better job, if courts, prison officials, and others would make it mandatory for those persons in prison with alcoholic histories, rather than a choice. This would be coercion, but necessary. A.A. has done a miraculous job in prison, but it has failed to reach the minorities (Blacks and Chicanos).

A.A. with all of its greatness overlooks basic cultural differences that exist among subgroup

* New Directions has served 561 ex-offenders in 3½ years. 90% are multi-recidivists. 26% are alcoholics. Only 26 of these have returned to criminal behavior and to prison.

populations. Roles of family members, drinking patterns, social customs, and language must be carefully considered in designing alcohol abuse and alcoholism programs for minority group abusers. It is essential that alcoholism program planners also recognize that the cultural patterns of these minority groups differ in almost as many ways from each other as they differ from the majority. This is only to say that A.A. in prison is good—but not good enough.

Education in Prison

With the new wave of penal reform sweeping the country, much emphasis is being placed on education. The Texas Department of Corrections has by State law become an accredited School District. Since the emphasis of the program is placed on the traditional three R's, it probably produces more educated drunks than any other.

This unique School District is in a position to set the pace for school districts across the nation where drug abuse is concerned. Alcoholism, alcohol abuse and other drug abuse education should be part of the total program. They have a captive audience of abusers in their controlled environment.

Another Sub-Group

*New Directions Club, Inc., an ex-convict organization in Houston, Texas, grew into being out of a unified effort of prison inmates at Retrieve Unit of the Texas Department of Corrections.

The effort was sparked because Retrieve Unit was a maximum security unit for 500 Black inmates classified "incorrigible." The unit was always receiving unfavorable publicity and didn't like it. Instead of rioting, they decided to do more work at rehabilitation, and attract attention by doing positive things. Soon they set the pace for all Texas Units and for ten years sparked prison morale to a new high. This culture now exists on the outside in Houston, Texas. A 50-member ex-convict club based on the Rotary Club format operates 4 halfway houses in the Houston area (1 for women ex-offenders and 3 for men ex-offenders). The group is in the process of purchasing two more houses in nearby Galveston, and is often consulted by interested persons in other cities as to their methodology. In other cities the movement exists, but is fragmented. It could be made an active part of release programs, if releasees had to participate in drug treatment and drug rehab-

itation on a tight schedule and as a part of release plan.

Coercion is not a good word. Parole and Probation are an agreement between offender and the State, or offender and the court. As a follow-up to prison or probation, the offender must learn to deal with himself, his personal problem and the community that could induce him to drink or use drugs. He must be placed on a job and counseled in every phase of life, else sobriety cannot be sustained. It is very unlikely that the ex-offender will participate voluntarily. He is too busy being free with no or very little free world know-how. They will shortly be overcome with drinking and consequently go back into the cycle.

Agencies ? ?

Recently on a visit to a unit of the Texas Department of Corrections, the author of this paper talked with a very disgusted inmate. He was an active member of the prison A.A. group. He had written two letters in 2 months to A.A. Intergroup Association in a nearby city. He stated that he was an alcoholic about to be released and he requested the A.A. association provide him with a sponsor upon his release. He was disappointed because his letters were unanswered.

There are no agencies specifically for the offenders. It's usually a hit and miss situation (mostly misses).

We would hope that Alcoholism Councils across the country and other Alcoholic Rehabilitation Programs receiving Federal funds would be instructed to include the offender into their programs. We would include successful ex-offenders on their staff to deal with the problems of those who need the service.

Probation and Parole

Probation and Parole Officials seem to have little knowledge of alcoholism and seem to care less. Parole Boards frown upon parolees attending A.A. meetings. ("You don't need to go over there where those people have all those problems" or "You will be associating with other characters.")

We would advocate a special and exclusive alcoholism treatment program for probationer's and

parolee's. We would recommend an investigation of the Houston New Directions Club. Such a program could easily be instituted and administered elsewhere with the cooperation of those in officialdom of the Criminal Justice System.

Presentencing

Minneapolis displays the most impressive diversion program ever witnessed by the author of this paper. It was noted that persons arrested for public drunkenness or crimes against property committed by persons with drinking problems were brought before a magistrate. Bond was required or the person was released on his own recognizance. He was instructed by the court to attend twelve (12) lectures on alcoholism.

If the person failed to keep the appointment, this is reported to the Court and the offender is hauled in and fined, or in the case of a felony, brought for indictment. When the twelve lectures are completed, the offender is placed on probation. Many of the offenders are brought face to face with the problem of alcoholism. Many of them join A.A., others never drink again, few go back to jail.

Problems

What problems exist in developing community resources for offender alcoholism programs?

a. There is a lack of proper follow-up services in the community.

b. There is a need to sell the idea to local officials and agencies that parallel services to offenders and ex-offenders are not necessarily a duplication of services.

c. There is a need to gear programs to the criminal justice population to serve offenders and ex-offenders. Make providers and consumers aware of the need for offender training programs, training of offenders in programming and management.

d. There is a lack of coordination and cooperation between the courts and existing agencies.

e. There are little or no therapeutic community services for women offenders and women ex-offenders.

Incare Treatment Programs

BY COLIN FRANK, PH.D.

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In view of what Dr. Pavloff has written about the scope of the alcoholic problem among the criminal justice population, I have some rather astounding statistics of my own to quote. In the Bureau of Prisons we had a 200% increase in the number of programs for alcoholic abusers in FY 1974. In FY 1975 we expect another 200% increase in the number of programs. What this really means is that we had one incare treatment program last year; we have two this year; we plan to have four implemented by next year. Two facts should become clear. One, obviously we are just "getting it together," with regard to explicit programming for alcoholic treatment in our institutions. Two, our growth rate represents our commitment to identifying and treating the problems of the alcoholic offender.

In this brief paper I will sketch some of the parameters that the Bureau of Prisons alcoholism programs are working within. In most cases I will try to make clear the problems in the abstract and leave the description of the solutions to my colleagues Messrs. Berliner and Phillips. In some cases I will be indicating areas that still need attention and which, hopefully, this seminar can help remedy with appropriate recommendations.

As Dr. Pavloff has pointed out, alcohol rates as a major problem area within the criminal justice population—but, a much more rigorous definition is required when one starts writing guidelines for system-wide policy. Precise criteria have to be adopted if only to exclude the many we cannot attend to from the few for whom we have adequate treatment resources. Ideally, an adequate picture of alcohol use and abuse should be developed during the initial classification process: age when the individual started using alcohol, length of use, quantity consumed and under what conditions are all relevant factors.

We then get to the more difficult questions. What is alcohol abuse? A pint a day? A weekend binge? Cirrhosis of the liver? Should it be considered a causal factor in events leading up to the commission of a crime? Were problems relating to alcohol abuse critical in upsetting the functioning of the inmate's family life? Did alcohol abuse

disrupt the individual's employment in a significant manner? These are the kinds of questions which are vital to understanding what to do about the problem.

Since we are dealing with not only alcohol abuse and alcoholism but the dimension of criminality as well, the problem of classification for treatment becomes doubly complex. For example: what are the treatment implications for the youthful first offender versus the recidivist serving a long sentence? The decision to treat or not to treat often becomes confounded with questions about when the offender will be released, what his chances for success are in the free world, and what kind of risk he poses for himself and others.

Correctional strategy suggests that the administrator choose as his target group those individuals who will have the most successes ("cures"), for the available treatment dollar. But, does this result in a situation in which we are "only making the fit fittest?" One potential solution would be to exclude in advance those people who are violence prone or who have two or more felonies as was done in the provisions of the Narcotics Addict Rehabilitation Act. Others might suggest that this is precisely the population that needs treatment the most. In short, a great deal of thought is necessary in determining program eligibility.

Another important aspect of the classification process can be considered under the rubric of "treatability." This term connotes the sum of diagnostic information. Perhaps most important is the depth of involvement and motivation of the individual for personal growth and change. Such a judgment is based on many of the educational and psychological measures that are ordinarily developed on each new Bureau of Prisons commitment. It would also be based on any special materials and interview techniques devised by the alcohol abuse program manager. Very often programs of this type have relied on an intensive screening process during which the potential client is involved in group process, staff interviews, and even a peer group review.

The two critical features which one needs to consider in the classification process are the ex-

tent of involvement in alcohol abuse or alcoholism and the pattern of criminality. It would seem that a pragmatic approach would consist of answering positively the question: "will treating this person's alcohol problem significantly reduce his tendency to recidivate?"

The foregoing assumes that the alcohol program draws upon the usual population designated to any particular institution. In fact, the possibility exists that individuals could actually be sentenced for alcohol treatment as drug addicts now are under the Narcotic Addicts Rehabilitation Act. Then, it would be possible to do much of the classification and diagnostic workup *before* final sentencing, and the sentence could be tailored to permit release when effective treatment had been accomplished—and not at some arbitrarily established date five years later.

An alcohol abuse program in a correctional institution faces a number of therapeutic and operational problems in actually delivering service to those who are designated as "eligible." First, the goals of security and treatment in a correctional institution are often thought to be antithetical. In this respect, there are a number of valid appearing objections to doing treatment in a controlled environment. Here are but a few: The fact of incarceration overshadowing any possible motivations for personal change because men would really be working just to get out of the institution. For this reason, clients in the program will be dishonest in any kind of therapy program. They will try to say "the right thing" in order to secure a quick release. It has been said this is one of the real reasons why inmates might seek out involvement in any programs at all. The second theme among objections to incare correctional treatment is the fact that no alcohol is allowed inside an institution, therefore there is no real test of the client's self-control. He is dealing with an artificial situation which has limited transfer to the free world. Another objection to incare treatment is the fact that regimentation of institution life just goes one step further toward creating an unnatural dependency. As such, it plays into the games of the passive aggressive character disordered client. Another objection to incare treatment is the idea that the prison's sub-culture, (the "convict code") will necessarily prevent or tear down any true therapeutic process.

There are a few tentative answers to this sampling of objections which others frequently raise. First of all, the purity of an inmate's motivation

for any kind of correctional program is in some part going to be bound-up in "getting out." This is a legitimate part of the parole process. It means simply that staff must exercise good judgment and must rely on objective measures as well as their clinical judgment.

The idea that no alcohol treatment is possible because there is no alcohol in prisons is foolish. If there is any kind of personality problem underlying the alcohol abuse it will manifest itself in institution acting-out behaviors. These behaviors rather than the alcoholic intoxication can then be grist for the therapeutic mill.

The problem of overcoming the convict code or indifference among line staff is more a question of basic correctional reforms. It starts with generous finding, enlightened administration, adequate personnel who are well trained and well paid. Despite the fact that the Bureau of Prisons must be counted a leader in these areas, it continues to seek improvements.

As outlined above incare treatment programs can be no better than the level of competence and humanity shown by line staff. However, beyond this base there are other steps that can be taken to support the aims of an alcohol program. It is necessary to have a relatively high staff-inmate ratio in the treatment unit. For example, a program manager, a psychologist, a caseworker, two correctional counselors and a clerk may support a 50 man unit. This is a rich mix, but one that is not unusual in our drug or alcohol unit planning.

Outside consultants knowledgeable in alcoholic treatment and specialized training for the staff are additional supports necessary to fulfill a real treatment mission. Arrangements may be made with a University for student interns and faculty involvement.

Further help may be gained by housing all the inmates in the program together. Some of these arrangements have the earmarks of a real therapeutic community. Some program managers insist that this is a minimum condition for successful treatment. They argue that only when the program participants can separate themselves from the rest of the population will they take the interpersonal risk required for successful therapy.

These are but a few of the means that can offset the inertia that may build up in established institution customs. Many such innovations may initially be criticized as "coddling" inmates. In the Bureau of Prisons the intensity of self-discipline

demanding in our special treatment programs far exceeds any skeptical expectations. In fact the institution disciplinary committee may even turn over its prerogative to the treatment unit for all but the most serious offenses.

In the context of incare programs for alcoholics the term "treatment" connotes much beyond just therapy. Treatment is meant to convey all the resources that are brought to bear on the problems of the offender. Among these are: academic and vocational education, medical and dental care, chaplaincy services, and recreation, to name a few. Social service groups, perhaps Alcoholics Anonymous, can provide links to care giving groups back in the community. Case management must provide coordination of release plans and liaison with the parole authorities. All these elements are essential to treatment. But, treatment is somehow more. It is the philosophy and plan of attack on the life problems of the alcoholic. It must synthesize all the resources mentioned above in a consistent plan and deliver them in a schedule that allows for an individual to progress at his own rate.

The therapeutic approach of the treatment program may range from traditional group psychotherapy to B-mod; the program manager has a wide latitude. The critical feature of the therapy program is that it help the person achieve autonomy—free from the institutional props and free from alcoholic compulsion.

Once one has decided to have incare treatment, the continuity of care issue becomes the next most urgent concern. Continuity of care in a correctional sense means continuing alcohol treatment upon release from an institution. It may be as a condition of parole and/or as available on an elective basis. At the moment there is no provision for aftercare from Bureau of Prison alcoholism units except what can be arranged by parole officers on an *ad hoc* basis. The type of post-release care given to the drug abuse population should be accorded the alcohol abuse group.

In the drug abuse situation the Bureau of Prisons contracts to local agencies. Each agency provides aftercare services according to program

standards set by the Bureau. In this way drug treatment carries on when it may be most crucial.

Alcohol incare treatment can be an empty and futile exercise unless the proper aftercare services are created. All the statements about the seductive availability of alcohol apply doubly to the released offender. He must deal with his awesome anxiety at facing the world again and ignore his former alcohol pacifier. Realistic alternatives need to be spelled out in this area and administrative solutions or legislation written to bridge the gap.

Another obligation of any treatment program is to provide for assessment and evaluation on a continuing basis. Since recidivism is the *sine qua non* of correctional "cure," a double criterion of success with the alcoholic would be maintaining his freedom without further alcohol related problems. Only when the program manager and administrator can say what works and with whom and to what degree can any program be considered a success. This behooves the program manager to arrange for careful and relevant record keeping to assure himself that his hunches are being borne out in reality. Beside simply recording demographic data the program manager should be able to specify those therapeutic operations which constitute his "brand" of therapy, spelled out in operational terms. Only this kind of painstaking approach will be able to answer the critical question, "Are we really doing any good?"

In the foregoing I have only sketched out some of the features that must be included in considering incare treatment for the alcohol abuse population. The Bureau of Prisons is currently creating an overall alcoholism strategy and policy guideline. We have the valuable experience of our two pioneer programs at the Federal Correctional Institution, Ft. Worth, Texas, and the Federal Penitentiary, Leavenworth, Kansas. Another important resource has been the experience of drug abuse programming developed under the Narcotics Addict Rehabilitation Act. The third major contribution will come from the participants of this seminar, the community of alcohol treatment.

Developing a Treatment Program for the Alcoholic Offender in Confinement*

BY ARTHUR K. BERLINER, M.S.S.A.

Director, STAR Unit, Federal Correctional Institution, Fort Worth, Texas

Alcohol abuse frequently precipitates irresponsible behavior. This commonplace observation encompasses a behavioral continuum ranging from that which is merely annoying to others, to actions of the gravest import, for example, vehicular homicide. In the latter cases, and in many others, the behavior leads to felony conviction and imprisonment. Presumably if the offender can be helped to stop his drinking or to control it he will be less likely to engage in future antisocial and illegal behavior. This rationale influenced the creation of an alcoholism treatment unit at the Federal Correctional Institution (FCI) in Fort Worth, Texas.

This paper will describe the development of a program serving offenders admitted to the FCI by transfer from a number of federal penal institutions or sentenced directly from a federal court. These men vary in age, severity of prior criminal record, ethnic background, vocational competence, socio-economic status, and other important variables. They share a common social deficit: the inability to drink responsibly. The offense which led to incarceration was committed during, or as a climax to a drinking episode or, alcohol abuse¹ had been a prominent and chronic feature of the offender's background as reflected in his arrest record.

The description of the program and its conceptual underpinning will be preceded by some information about the institution itself. This may help place our alcoholism treatment program in a more understandable context. The paper's final section will discuss some of the problems of implementing the program.

The Federal Correctional Institution Fort Worth

In October, 1971 an institution operated by the U.S. Public Health Service for the treatment of narcotic addicts was transferred to the Depart-

ment of Justice and became the newest facility of the Federal Bureau of Prisons. It was designated an intermediate length (sentences of less than five years) adult institution with a capacity of five hundred offenders.

In two important respects this institution is in the forefront of correctional innovations. All "residents" (the term replacing the more traditional "inmate") are assigned to a designated "functional unit." This is an entity of about one hundred residents occupying a specific location in the institution and assigned a treatment staff exclusively concerned with providing services to this group of residents. The traditional pattern, on the contrary, is of overwhelming numbers of inmates living in an area separated by some distance from a centralized staff of caseworkers, counselors and others. A custodial staff is assigned duty in a specific cellblock. Other staff have no relation to the cellblock occupants except as individuals. There is no community of inmates/staff and little or no opportunity to develop one. Rather the setting seems to encourage fragmented inmate to inmate relationships ("each man does his own time") and social distance between inmates and staff.

At Fort Worth five functional units exist. One is a Comprehensive Health Unit (CHU) designed for geriatric prisoners and those with chronic or recurrent medical disabilities. Two other units (NARA and DAPS) accommodate residents with problems of opioid abuse. (These differ from each other only in the legal regulations governing admission to the respective units.) Another is a Women's Unit. The fifth is the Alcoholism Treatment Unit, designated the STAR Unit, an acronym to be explained below. Except for the Women's Unit, each of these furnishes occasional residents to a sixth entity, known as the Therapeutic Community, a small unit applying transactional analysis concepts to its members' interactions.

The second major innovation concerns the "co-educational" nature of the environment. The

Women's Unit comprises about one/fifth of the total resident population. These women occupy separate quarters but share with the men all other institutional facilities. This common and integrated use of all program resources makes the Fort Worth FCI the first adult "co-correctional" environment in the United States. This bold departure from tradition has been in effect less than two years. No systematic study of treatment outcomes has yet been attempted. Nevertheless, some consequences for the social setting as a whole appear to have flowed from this "co-ed" environment. These should be of significance in furthering constructive change in residents:

1. The institutional environment has been "normalized."

2. Incidents of predatory homosexuality, a constant threat in the typical monosexual prison environment, have been absent. Manifestations of "toughness," i.e., exaggerated (pseudo) masculinity in men and denials of femininity in women have disappeared in people subsequent to their transfer here.

3. Violence, an ever-present threat and frequent reality of prison life, seems notably scarce. The pervasive tension hanging over prisons does not exist. To the casual observer, to the knowledgeable visitor, to experienced staff and to the residents the climate is "cool" and relaxed.

There are basic rules of deportment governing the interactions between the sexes. Sometimes transgressions involving physical intimacies occur. More characteristically men and women are now experiencing a structure for interaction as persons, not as sex objects. Limits on the expression of physical intimacy minimize exploitive relationships and encourage awareness that men and women need each other on more than a physical basis.

A general emphasis on the dignity of the person is maintained. Depreciatory terms are not employed by staff. Staff-resident ratios enable interchanges on more than a crisis basis. Living arrangements range from dormitories to private rooms, the keys to which belong to the resident occupants. The "old timers" in the population, alumni of the traditional penal settings, when transferred to Fort Worth react with "culture shock." Most accommodate rapidly and welcome the change. A few cannot cope with the more permissive environment and with the absence of a

* World Health Organization definition of alcoholism.

rigidly defined "we-they" social structure; a few cannot maintain the behavioral controls necessary in a heterosexual environment.

We now turn to a consideration of the unit established for those with alcohol related offenses.

The Star Unit

In January, 1972 a contingent of six offenders from two other federal institutions arrived to open the unit. In planning meetings at about this time staff dissatisfaction with the unit's designation became evident. "Alcoholic" was felt to have many negative connotations, both to the abuser and to others, to have the implication of "loser." An acronym was found, and with surprising rapidity it met with general acceptance. STAR represents Steps Toward Alcoholism Rehabilitation.

The acronym had merit for another reason of perhaps more fundamental importance. The terms "alcoholic" and "alcoholism" are popularly associated with the notion of disease or illness. Sustained abuse of alcohol certainly leads to definable illness but it is at least arguable whether alcohol abuse, per se, constitutes a disease. Some behavior patterns in some individuals become repetitive, intensified and ultimately lead to pathological physiological changes in the organism. Some would say the antecedent behavior was itself pathological. Others argue that drinking behavior is learned, socially sanctioned and part of the warp and woof of our society. It may become "a chronic behavioral disorder manifested by repeated drinking in excess of dietary and social standards of the community and [which] . . . interferes with the person's health or his social or economic functioning."

How is this issue related to the STAR treatment program? We start from the premise that the behavior labeled alcoholism is embedded in a social context. As Osler said of tuberculosis, we are dealing with a social disorder with a medical aspect (or medical consequences). A most important implication of this is that we do not regard the resident as "ill," as the victim of alcohol, or in trouble because of alcohol. He is in trouble because he has been irresponsible, not sick. When asked to account for their behavior our incarcerated offenders typically indict alcohol as "the cause." We refuse to accept this externalizing of responsibility, pointing out that millions of people drink without becoming addicted or committing crimes. We insist that people are responsible for their behavior. To call the alcoholic sick or alcoholism a

* This paper in abbreviated form, was originally presented to the Texas Commission on Alcoholism's 16th Annual Institute of Alcohol Studies, Austin, Texas, July 23, 1973.
¹ The term "alcohol abuse" seems beset with ambiguity. It appears reasonable, however, to consider drinking which leads to fighting, accidents, disorderly conduct and other behaviors leading to arrests as "abuse" of alcohol.

sickness is to encourage the legitimizing of "cause from without," to emphasize the chemical agent not the actor, the drug not the person ingesting the drug.

It is necessary not only to believe in the person's capacity to change but to encourage his efforts toward change. This is important in helping the resident overcome the passive, dependent "convict," posture to which previously he may have adapted. For some residents this had become a comfortable form of response. For all of them such an adaptation would seem in the long run dysfunctional for adult performance in the "free world."

This stimulus to action begins with providing a means for the future resident's participation in securing admission to STAR. Thus his transfer will be achieved partially as a result of his own actions, not as one passively "shipped" at the behest of others. When a transfer request is received from another facility we respond both to the referring staff and to the inmate whose record had been submitted. Both are informed that a final decision cannot be reached until the prospective resident has completed a lengthy questionnaire and an autobiographical narrative. Two questions deal with how the person believes he can help himself and how he thinks he may contribute to helping others in the program. The material is of two-fold value: it provides data about the person's background; it engages him in the admissions process. Also, the applicant signs a "contract" indicating his awareness of some of the basic conditions under which he will function as a program participant at the FCI.

In their initial encounters with the new resident, staff members and specific residents (whose role will be elaborated below) stress the issue of responsibility. Alcohol, as such, is soft-pedaled as the source of one's difficulties. One has forfeited his freedom because of irresponsible behavior, of which drinking is but an instance. Residents are told they are capable of becoming responsible

³ This point is made in telling detail in Goffman, Erving—*Asylums, Essays on the Social Situation of Mental Patients and Other Inmates*, Doubleday & Co., Inc., Garden City, New York, 1961.

⁴ This person oversees the day to day operation of the unit and is deputy director of STAR. The unit psychologist, educational/vocational specialist and caseworkers report directly to her. The caseworkers supervise the counselors. The latter carry out much of the ongoing interactions with the residents to whom they and the caseworkers are assigned. This relatively "clean" table of organization tells only part of the story. All staff offices adjoin resident quarters and informal interactions and/or requests for service are initiated by residents with any member of the staff, not only to those assigned to them. This may occur because the person originally sought is unavailable, or has already said "No," or because the resident is an inveterate "shopper," or because the resident perceives, or thinks he perceives where the levers of power reside on some specific issue. Sometimes the staff reacts perceptively to this fluid infrastructure, sometimes we are "had"; about the latter there are further comments in the concluding section.

people. As this is demonstrated through their actions we (the staff) will respond by telling them so, and, more important, by modifying the conditions and opportunities of their life on STAR. Responsible behavior earns increased autonomy and privileges.

It is true such measures of independence and such prerogatives the free world adult already takes for granted. But under conditions of captivity they are no longer at his disposal.³ The possibility of their reacquisition, while still in confinement, may provide compelling motivation toward behavior change.

The privilege system may be used inappropriately to reward dependent, compliant behavior which placates staff. As we see it, however, the privileges the resident earns through responsible behavior are intended to emphasize and encourage increasing autonomy. Responsible behavior means the individual needs less looking after, less management, less surveillance. He is capable of taking over a larger and larger segment of his own life.

Of what does the responsibility-privilege system consist and how is it implemented? A "level" system consisting of a four step progression constitutes the framework for progress. The resident's current program status is reflected in the level he occupies. Level one, the entering step, sets certain performance expectations. Eligibility for promotion to level two occurs after one month in level one and is contingent on meeting the responsibilities established for level one. As our experience accrued the level system has undergone modification. The current revision was accomplished with the participation of residents. Exerpts from the detailed chart of the level system are reproduced on the following page. A copy of the entire chart is furnished each new resident.

Assessment of the resident's program is possible through a number of program activities in which all or most residents are involved. New residents engage in a "mini-marathon" (twelve hour session) led by the STAR Unit psychologist. These are conducted twice monthly with experienced residents leavening the group composition. Thus, over time, all residents participate recurrently in a combined orientation/reality therapy experience. Weekly group counseling sessions, in some cases supplemented by regular or ad hoc individual counseling sessions are part of each resident's program. These are conducted by our two caseworkers, four counselors, psychologist, the unit manager,⁴ unit director, and others.

EXERPTS FROM STAR UNIT LEVEL SYSTEM

Level:	ONE Minimum time one month	TWO Minimum time two months	THREE Minimum time three months	FOUR Minimum time four months
Responsibilities	Must begin steps to remedy educational/vocational deficits (e.g., illiteracy). Try out institutional Alcoholics Anonymous program. Find and join counseling group and/or establish individual counseling arrangements.	Must progress in contracted areas of work, education, counseling, etc. Must explore expanded program activities of a self-help nature (e.g., transactional analysis, Toastmasters, etc.).	Must develop active involvement in unit community affairs. Reassess and, if necessary, renegotiate educational and vocational goals. Must demonstrate responsible use of leisure time. Responsible behavior on community trips.	Leadership in community activities. Completion of vocational/educational programs. Consistently responsible behavior.
Privileges	None	Staff-escorted community trips for specific purposes. May wear civilian clothing during evenings and weekends. Earns more money than level one resident.	Level two, plus: Eligible for work/study release under certain conditions. Eligible for certain types of community trips. Earns more money than level two. Semi-private living arrangements.	Level three, plus: Eligible for service as a community volunteer. Additional frequency of community trips. Maximum possible monetary earnings. Private quarters, if desired.

N.B.—Above the solid horizontal arrows are indicated minimum time intervals before movement to a higher level may be considered. Since the new resident does not enter level one immediately, at least six to seven months must elapse before a resident may qualify for level four.

The broken arrows indicate that serious breaches of responsibility may lead to demotions of one or more levels. Time interval for re-promotion vary with the case in question.

Alcoholics Anonymous plays an important role in the program. "Alcoholism as illness" is an oft-repeated theme by A.A. speakers. Nevertheless, our orientation and theirs blend in the stress on affirmative action for achieving sobriety and in the belief that chronic alcohol abusers cannot return to social drinking. New residents must attend the thrice weekly meetings: "open" meetings Sunday and Tuesday evenings and the Twelve Step Study Group on Thursday evening. After a month's trial period the resident may opt to discontinue. There is a substantial inducement to keep on, however. Those active in the "New Way" group may attend A.A. meetings in the community when they have attained level three; increased frequency of community meetings is allowed in level four. Without question a number of residents are active because of the pay-off, trips away from the institution.

As has been characteristic of community response in other FCI program areas—work/study, religion, recreation, education—Fort Worth/Dallas A.A. groups have made a massive and continuing commitment to the New Way A.A. group. Sponsors from many different groups in both cities escort residents to community meetings and in some cases enhance their relationship by visits to the resident at the FCI and have him come to their home. For the past several months a reciprocity has been underway. Two new programs in Fort Worth are being served by STAR residents. The latter make weekly trips to a newly formed community A.A. group and present A.A. talks at a Detoxification Center. A recently started Al-Anon group is now struggling to establish a constituency at the FCI.

Another important feature of life on STAR is the weekly community meeting. Levels one and two live on one side of the unit, levels three and four on the other. Each has its own scheduled meeting. Once a month the two sides also meet in a combined meeting. Every resident and staff member is required to attend these get-togethers. Ad hoc meetings also occur when an issue arises important enough to warrant this. These assemblages are intended to encourage resident participation in the life of the unit, to build a sense of community, and to provide a structured means for residents to effect change—in community policies, in unit rules—and for problem solving through orderly discussion. Residents conduct the meetings through their elected chairmen, a position occupied for a month's time. Proceedings are exceed-

ingly informal. Announcements from staff are held to a minimum so that dialogue may be encouraged.

In the beginning simple issues could be utilized with which to encourage development of the latent decision making potentials among residents. Our unit resident population numbered twelve when the unit T.V. set was delivered. Which programs were to be selected for viewing? Residents who complained to us about difficulties in program selection were encouraged to bring up the matter at the community meeting. No one did, so the staff asked what had been decided. The general thrust of the responses was that the staff should set the week's programming to avoid conflict. Precedents were cited from other institutions where operation of the set was controlled by an officer. We insisted that since only the unit residents used the set the latter could best decide. The discussion produced a solution which did not work and again the appeal to authority was made. Again, we suggested further discussion where everyone could bring up ideas, i.e., at the next community meeting. The second group consensus proved equally unsatisfactory. The third one, arrived at during the following meeting, worked.

Issues of greater moment have recurrently appeared. It seems impossible to prevent covert substance abuse by men in confinement. Certainly those proven vulnerable to alcohol abuse are no exception. Sometimes drinking, glue sniffing, etc., occurs as an isolated act, sometimes it is a group phenomenon, increasing in scope the longer it remains surreptitious or unchallenged. The traditional pattern has been to ferret out and punish the offender(s). We have tried a rather different tack by insisting this is an issue affecting the entire community, of concern both to those indulging and those who tolerate the presence on the unit of home brew, or whatever. Since everyone has previously succumbed to this "contagion," this "dynamite" threatening to infect or blow up our community, it is everyone's responsibility to prevent its introduction and use.

The resistance when first we took this approach was immediate and determined. We were told it was the staff's job to do something about it. "It's not a convict's business what another convict does." We were accused of utter naivete in thinking that "you can get one convict to tell another convict what to do." The staff earned high marks for persistence on this issue. Eventually, it was possible to discuss publicly the behavioral difficul-

ties of residents and for some residents, at least, to affirm responsibility for the status of the unit vis a vis alcohol, thefts, and other issues effecting unit life. This breakthrough heralded a significant erosion of the convict code, a penetration and breaching of the monolith emblazoned, "Each convict does his own time," or its variation, "You don't publicly talk to the police [about anything except immediate practicalities]."

When resident-staff group interactions are productive the results may be dramatic. An institution-wide clothing shortage (underwear) had developed which appeared to be contrived, i.e., due to hoarding rather than to a decline in the total supply. The reflexive instruction for dealing with this, as it came from the Correctional Service, was to conduct a unit "shakedown," i.e., a systematic search of all residents' lockers, belongings, etc. The order was countermanded by the unit director. To have carried it out would represent manifest hypocrisy. We had talked with residents of trust, of open exchange and interaction, of community engagement in problem solving, of residents' responsibility for their own behavior. Now to enact the "cops and robbers" game would usurp their opportunity for dealing with this problem.

A special meeting of the entire community was called for that evening. The residents were told that final authority for action resided in the unit, not outside it and there would be no shakedown. The response was a spontaneous burst of applause. When it came to what to do, however, the dialogue threatened to wind down into defensiveness, and rationalizations and evasions of the issue by residents. "They don't issue enough clothing"; "The clothing doesn't fit right"; "When are you going to [remedy this or that alleged injustice]?" Alleged insufficiency of clothing was referred to the inter-unit consumer council for discussion at the next meeting between resident representatives and the FCI administration.

In retrospect it is difficult to know what turned the tide. The unit director reiterated to the assembled residents that a shakedown would not be attempted. This was not how we worked. Residents were entitled to assume some responsibility for a

⁵ Attributing the code's viability, in part, to staff members may seem offensive to some. But the code could not survive without, at the very least, staff tolerance, staff acceptance of its alleged inevitability, and staff behaviors which support and perpetuate it. The code is a force for regulating interactions between staff and inmates and maintaining system equilibrium. Most of us prefer order to uncertainty, particularly when our work involves dealing with large numbers of people in involuntary confinement. So the code is functional for most people in the social system of the correctional institution. Whether it "deserves" to survive is a function of one's correctional goals and objectives.

solution. The director added that it was the residents of FCI, not staff, who would decide about the future direction of corrections. Residents could be responsible persons—and this would mean in future more places like Fort Worth—or what some people said about prisoners was true; they needed others to manage their lives. If so, Fort Worth could not work. We would have to go back to more maximum security penitentiaries. However, there would be no shakedown regardless of what happened concerning the clothing.

There was no way to ascertain what the residents' response would be. As the meeting adjourned we were prepared to come up empty. We had given away our leverage, for the residents could choose to sit on their hoarded clothing with impunity. We had assured them their lockers would be inviolate.

Some minutes later a resident invited the unit director, brooding in his office, to take a look in the hallway of the living area. It looked as though Christmas had come early this year. A huge bundle of underclothing had been collected. Someone had started it, as we later learned, with the comment, "What the hell, they can have the ----- extra underwear!" and an avalanche was precipitated. The unit of one hundred men had turned in eighty surplus pairs of underclothes. Word concerning the size of the haul and the voluntary nature of the action spread through the institution.

Community meetings and their aftermaths are not ordinarily this moving. Professional visitors to our unit comment rather consistently on the openness of exchanges and the orderliness with which these meetings operate. Sometimes things are very spirited and intense. Discussion is heated and the meeting runs over into "count time." As often the meetings are deadly dull, discussion is perfunctory and/or full of petulant, demanding "What have you done for us lately?" comments, and adjournment comes early. Nevertheless, the community meetings remain one of the important tools of our systematic onslaught against the convict code. In the writer's opinion the code is the product of a mutual, unacknowledged accommodation between captors and captives which helps buttress an unhealthy equilibrium in institutions.

An even more potent force for change has emerged recently in the form of a STAR Unit Resident Council. The idea had been part of our original prospectus, but had remained dormant

until stimulated by resident initiative. (Several residents had secured and read copies of the original program proposal.) The publicly offered explanation for resident interest was their concern about the number of escapes from the STAR Unit, a figure approximately forty percent⁹ of the total escapes from the institution. Residents felt they could reduce this number and thereby diminish the perceived threat to their community privileges. By getting involved in decisions about who participates in community trips, furloughs, family visits they felt they could reduce the number of defections. These community ventures account for virtually all of our losses.

This highly pragmatic reason—protecting their privileges—also covers, in a way more acceptable to the inmate sub-system, the movement toward a junior-partnership role with staff. Indeed, much overt resident anxiety accompanied discussion of the proposal for a resident council. It was debated, challenged, reformulated and repeatedly attacked in community meetings. Its final implementation was approved by the majority of residents over the hard core opposition of a minority who defiantly asserted that they never would: (1) believe in the morality of "convicts siding with staff against other convicts" (their perception of what the proposal was all about); (2) "One convict getting into another convict's business."

The Resident Council has gained both in influence and acceptance as it has gained experience. The fears of its detractors have not been realized; it has not become a puppet manipulated by staff. Nor have some staff misgivings been well founded. The Council has not been a front for pushing every resident request. Council members, with notably few exceptions, have taken their duties very seriously, spending hours of their free time on Council business. They have displayed substantial courage in occasionally recommending against residents' community trips and in confronting residents who have needed this. They have also provided another source for strengthening staff accountability. A reassuring indication of the repute in which the Council is held can be found in the caliber of its membership. Representatives are elected by the total resident body: three from each of the two wings and three elected at large. Again, with few exceptions Council members have been strong, articulate residents.

⁹ Those familiar with the statistics tell us "alcoholics" run away with more frequency than do representatives of any other defined group of prisoners. This interesting intelligence provides only a modicum of comfort to STAR Unit staff.

These gains have exacted some costs. Not only do resident councilmen work overtime but there are heavy additional demands on staff time. We learned early that regular and sustained communication between Council members and staff was essential to avoid misunderstandings and prevent witting or unwitting sabotage of the Council concept. Irregular, incomplete or ambiguous communication contributes to resident anxiety that the Council is a disguised informer system and to staff anxiety that the Council is usurping staff authority. Also, communication helps overcome the unanticipated logistical problems involved in funneling pass requests through still another layer, the Council screening. The need already has been indicated for councilmen secure enough to take the temporary ostracism, snide remarks from other residents, overt hostility and other manifestations of peer group anxiety. The staff must be secure enough to cope with the growing assertiveness of residents and sufficiently committed to the Council idea to publicly support its continuation. Individual councilmen experiencing a rough time from peers need consistent support from staff members. But staff now is hearing resident comments which reflect an increased awareness of the complexities and burdens of the staff job, e.g., "I wouldn't have your job for a million dollars," and shifts in self-orientation, e.g., "Four months ago I'd have laughed in anybody's face who said I'd rap like this with the police."

Casualties of Council success include the "resident advisor" program and the "buddy" system. The idea of resident advisors was initiated by staff many months before the Council. Two residents who had earned upper level status were recruited to provide orientation and support to new residents and to help socialize them into the STAR system. As turnover occurred staff selected replacements from a pool of volunteers. "Buddies" were a joint staff-resident idea, the purpose of which was to provide each resident with a more experienced peer who would help as an informal counselor to the newcomer. The defined list of Resident Council duties evidences the diminished role of the advisor and the obsolescence of the buddy system, an idea which had never really gotten off the ground. The Council:

1. Counsels ("groups") with residents who are having adjustment difficulties as evidenced by substance abuse, problems on work release, returning late from furloughs, etc.

2. Contributes to overall assessment of resident change, leading to

3. Inputs to staff concerning an individual's readiness for increased autonomy, as reflected in furloughs, work release, family visits, A.A. passes, etc.

4. A recent addendum to Council functions, initiated by Council members, is to orient new residents, encouraging in them a positive attitude toward their opportunities at FCI.

A Council turndown of a resident request may be appealed directly to the staff. It is understood that the Council is an advisory body. Final decisions on furloughs, work releases, etc., reside with the staff.

Council activity has also made more effective the use of unit-based segregation. Whenever possible a resident whose behavior requires isolation remains on the unit instead of in the central isolation unit, in a room variously referred to as the "think tank" or "cooler." He can think things over and/or "cool off" but not while separated from the unit. He does it in a place where his peers have easy access to him so they can help him "get his head together" and provide him support. Here he can readily attend the next community meeting where his peers may confront him.

The final program element to be mentioned is the use of the "recovered" alcoholic, two of whom work as part-time, "consultant" staff. Their credentials include active A.A. membership and time previously served in federal and state penal institutions. These men serve three functions:

1. They are role models of successful change. Beneath the bravado of many residents lurks a difficulty to shake pessimism. Is it really possible to overcome one's drinking, convict patterns? Here are two people who prove it can be done.

2. As individual and group counselors they add to the staff's treatment capability. And having been there they possess a special empathy for the alcoholic offender as well as the ability to cut through some of the sham and "conning" behavior which may befuddle the "square" staff.

3. Their perspective puts them in good position to advise the staff about the overall climate of the unit and the impact of policies on resident morale and attitudes.

Why We Don't "Cure" Everybody: Problems of Slippage and Other Embarrassments

We know already that some residents have done well since leaving. Some have started well, fal-

tered, then gotten back on the path of responsible behavior. But others are not making it. Since we presently lack systematic data concerning the life careers of our alumni, we are confined to theorizing about why our program has limited success. About some of these conjectures some degree of confidence may be felt; others are highly speculative. They are offered in no particular order of importance.

1. If our fundamental premise is valid, the task confronting residents is to "grow up." Growing up is difficult, much more so when it comes late, when one is already chronologically an adult, and handicapped by a depreciated self-concept. It must be accomplished under the burden of confinement which is an inherently non-adult situation. This is true even when we try to maximize initiative and autonomy. These handicaps are too great for some to overcome, or the timing for them is not right. They are not ready to make the required effort.

2. We are confronted with a structural dilemma whose horns we may never escape for lack of a sufficiently flexible response. On one hand we need structure to control impulsive, manipulative behavior, but such a framework tends to curb spontaneity and initiative. The assertive resident is ideally desirable, but when he is encountered in real life he may be perceived as a nuisance and an impediment to bureaucratic order. Lack of order may be interpreted from a system management point of view as reflecting a problem of individual adjustment. This interpretation may be the more likely one in a situation where the client, by definition, is wrong. *He* is the offender, after all. But we need to remember Freud's dictum that the patient (client) is sometimes right. As workers in child development have pointed out, people may behave the worst when they are growing the most. We need to distinguish between behavior annoying to staff and behavior which disrupts system equilibrium to no good purpose. Failure to make this distinction frustrates and disheartens residents. It may sap their ability to make constructive use of their experience with us.

3. Related to the above is the problem of lack of consistency in application of program measures. Program effectiveness requires that rewards and sanctions be consistently applied in response to resident behavior. But when staff members have been buffeted about for a while by residents who may be at their demanding worst, it is very difficult for the former to maintain needed objectivity.

The staff member becomes fatigued, "up tight," fed up with the hassle. He cannot tolerate another round of demands, so he gives way. This may or may not become a matter of overt awareness.

It helps to have a staff system in which participatory management is practiced, i.e., where free communication exists between all staff members. This means anyone can be told, "You blew it that time," or, "You need to stand firm on this," or whatever is indicated in the way of advice and/or moral support from the more objective (this time) colleague to his temporarily "disabled" colleague.

4. A "taking for granted" syndrome adversely affects the functioning of some residents and staff. Most residents are initially delighted with the increased freedom and autonomy obtainable at Fort Worth. They are responding positively to the accountability-privilege system. For some, however, privileges soon become taken for granted and "What have you done for me lately?" becomes the prevailing attitude. For example, attendance at A.A. meetings in the Fort Worth/Dallas area is possible with a frequency and on a scale unheard of in any other facility of the Bureau of Prisons. Most residents realize this but, somehow, it soon becomes insufficient for some of them. Its incentive value plummets.

The other side of the coin is the staff's neglect of opportunities to reenforce residents' efforts to change. We too frequently take for granted evidences of responsible behavior and do not respond to or recognize these with legitimate praise. This is particularly unfortunate when the resident is trying hard. Our inertia signals him no one is really paying attention to his struggle for maturity. Whether the behavior is commonplace—the resident is, for the first time, picking up after himself, or unusual—the resident has hung on and completed a difficult sequence in school—our bland, casual acceptance of his behavior may well discourage further efforts.

5. We have not yet managed to improve our behavior vis a vis resident drinking. Drinking occurs in the institution and while the resident is on authorized activities in the community. When we become aware of it, we do not respond with necessary consistency. Too often it is ignored by the staff member who first encounters it. Usually this is the correctional staff on evening watch making rounds on the unit, or the staff in the Control Center where the returning resident must check in. Indifference to this behavior sends a

clear signal to the resident discounting the STAR Unit staff's position that this is dangerous behavior destructive to self and others. Why is it ignored?

Discussion of the problem suggests three possible factors:

a. Some "lower echelon" staff feel that it is pointless to report such behavior, since "nothing will be done." There is a general attitude among some officers that professional staff does not respond adequately to behavior infractions reported by line staff. The problem often is poor communication. Disciplinary action is not reported back down the line or filters back in garbled form leading to the erroneous conclusion that nothing was done.

b. An attitude of misplaced compassion leads to silence. The officer wishes that the resident not "get into trouble" so he withholds information. In fact, this sets up more trouble later.

c. There is widespread ambivalence about drinking and getting drunk. Drinking is equated with having fun, and/or with masculine behavior. The numerous euphemisms for intoxication—"tying one on," "getting loaded," "bombed," "smashed," "crocked," etc., attest to how thoroughly entrenched are alcohol indulgence and overindulgence. The resident is doing what (most of) the rest of us do and we may be tolerant and amused rather than seeing it as a sign of trouble. Thus we are not helping these residents to develop necessary patterns of successful abstinence.

6. The increased size of the unit has posed another problem in program implementation. While the unit remained at its originally planned size of fifty residents a kind of "primary group" atmosphere prevailed. The unit director knew every resident by name and the rate of interaction permitted a current awareness of resident behavior. One community meeting could include all the residents. There was an informal quality to staff-resident interaction that promoted closeness.

In its doubled size, though staff has been increased to compensate, a qualitative loss in relationships has been incurred. Keeping up with admissions and discharges is more difficult. One may get to know faces but may have to grope for names. It no longer is true that all staff members know all residents. This poses difficulties when the assigned caseworker or counselor is absent. The caseworker or counselor covering may have to

deal with a sticky problem without knowing the man well.

7. We have developed a program which assumes a homogeneity of subjects. Experience shows this to be a less and less credible assumption. Every resident's troubles are associated with alcohol use. Beyond this it is difficult to generalize. We seem to have chronic alcoholics and occasional drinkers, individuals with relatively strong egos, as measured by past periods of social competence, and

those whose hold on reality has been tenuous at best. Before us, therefore, lies the important task of delineating a typology of residents. This is the necessary preamble to achieving a greater flexibility of approach. Building upon the unifying concept of helping people become responsible adults we need to develop a variety of programs to cope with the diversity of needs found among our residents. Toward the accomplishment of this task we have made only a beginning.

Introducing a Comprehensive Treatment Program into a Penitentiary Setting

BY RICHARD L. PHILLIPS

Manager, Alcohol Treatment Unit

The Federal Bureau of Prisons has increasingly committed its planning, training and institutional operations to the concept of "functional units." These are broadly defined as small and relatively self contained treatment programs based upon individual living units, and staffed in a multi-disciplinary pattern. This type of unit has been used in other settings, and including the smaller Bureau institutions, but only recently has an attempt been made to establish them in major penitentiaries. The decentralized nature of these operations is different in many points from the typical centralized management system which is commonly employed. Before providing a brief overview of the establishment of such a unit in a penitentiary setting, a short description is necessary of the institutional setting and the program itself.

The U.S. Penitentiary at Leavenworth, Kansas, is a close custody institution housing approximately 2000 Federal, State and Military prisoners. The population consists primarily of older felons who have served several prior commitments, and who typically are serving lengthy sentences. Many are transferred to this setting after having presented management or security problems at other institutions. A significant proportion of these men have demonstrated histories of alcohol abuse in connection with criminal activity. Prospective clients drawn from this population do not ordinarily present detoxification problems, neither is severe neurological difficulty often encountered.

The Alcohol Treatment Unit at Leavenworth was established in May of 1973 with the following staff complement: one Unit Manager, one Ph.D. Psychologist, two Correctional Counselors, one Teacher, and one Administrative Clerk. Correctional staff for the Unit were assigned from the Custodial roster when the Unit went operational in July. The Unit is located in a small dormitory in the basement of one of the cell houses, with a total capacity of 50. Renovation of adjacent storage areas and one end of the dorm yielded four small offices and a small group meeting room.

Initial intake of nine new residents was on July 16 and the unit count is presently approximately 25. Actual programming consists of a variety of group therapy and individual counseling techniques, applied according to the individual's needs, and backed up with educational counseling and other supportive services. All casework services are provided on the unit, and to the greatest extent possible the Unit staff are in contact with those areas which do not have direct representation on the Unit staff, especially job supervisors.

Given the number of men in Leavenworth, and the size of the unit, selection criteria were critical to develop and enforce. A bona fide history of alcohol abuse may seem elementary, but there have been and continue to be those with other problems and other motivations who attempt to gain entry to the program to enhance their parole prospects. No major management or security risks have applied, but due to the low security and supervision level of the living area, they are not seen to be suitable at this time. Lastly, a resident should have between 12 and 24 months remaining to a possible release date. The depth of the problems encountered leads our staff to feel that less than a year would provide too little time to deal with the problem, and yet we also feel that beyond two years in the program could lead to stagnation and loss of interest. These decisions were made with considerable thought, for the allocation of this scarce resource within the institution is of concern to a great many inmates and staff.

The early period of this project showed activity in the following areas: administrative, staff training, operations, and public relations (with both staff and inmates) regarding the mission of the Unit within total institution. The first three are more easily observable, and seem to have evidenced the most positive change. The latter, involving two complex groups, called for extensive efforts, and continues to be extremely important.

The introduction of a decentralized management unit within a large, ongoing, centrally orga-

nized institution is bound to affect other institutional departments. A department head is introduced who has the functions and interests of a number of areas within his department. Staff which has been, or otherwise would have been under the direction of other departments are now in the decentralized unit. It was especially difficult to define, for all institutional staff, the boundaries of the unit's staff supervision responsibility. This situation has been resolved by the Unit Manager providing direct supervision, with indirect input by the other department heads as to technical competence and career related matters. All leaves and schedules for noncustodial staff are handled on the unit. Correctional Officers continue to be assigned by the CCS. All timekeeping for the Unit was transferred to the Unit, after some difficulty in coordinating leave and other schedule changes for the Correctional Counselors. An undesirable (for them) result of this has been to effectively cut them off from overtime duty which occasionally becomes available to Counselors on the regular roster. There have been minor difficulties in achieving distinction from the previously established institution AA program. It is felt that while departmental status may already be ascribed, staff and inmate acceptance will only come with time and sustained performance.

The difficulty of assembling a treatment staff from three different institutions, none of whom had extensive experience in working with alcoholics, meant that staff training was to be an important initial step in the program. Due to the previous training and experience the incoming staff did have, there was a process of synthesis in ideas and techniques. Because our residents come to us detoxified (at least this has been the presumption), we have not leaned heavily on the medical aspects of alcohol abuse, looking more to the underlying character disorders of which alcohol abuse is a symptom. Should medical problems arise in connection with usage while in the program or in alcohol related symptomology, USPHS Physicians are available for consultation, or to provide treatment.

Our foremost training goal has been in the area of staff cohesiveness. We strongly feel that staff who are not themselves working harmoniously will not be able to bring about the creation of a smoothly operating program. Further, with the various social and individual pressures on the unit staff, this new reference group gives much needed support to unit staff. Many sessions in the

early months were used to join unit and individual goals and to begin to harness the considerable personal energies of the people involved. Through regular, continued sessions the staff group has become a well oriented and cohesive one, and every indication so far is that it is continuing to strengthen. The second training objective had been to acquaint the staff with a variety of treatment modalities and to refine their abilities in those areas which they already have experience. This has been done through both on-unit and off-unit training sessions. With the time lag available between assembling the staff and accepting the first residents, we were able to work on improving both group and individual counseling skills.

It is felt generally that the operational problems encountered in the starting of this unit were not significantly greater or different than those encountered in setting up any other new housing unit. Acquisition of equipment, getting acclimated to new meal and move schedules, finding additional storage space and many similar problems were not overly difficult to solve. Staff coverage is 24 hours a day, 5 days a week, and in addition to the Correctional Officers, the professional staff are scheduled for duty from 12:30 PM to 9:00 PM covering the 7 days per week. This has been done to maximize staff contacts with residents in our heavily industrially employed population. The scheduling of group work in the afternoon and evening has given considerable flexibility for men whose work or school schedules might have otherwise conflicted. Excessive callouts of FPI workers has been avoided when possible, in order to minimize any disruption of production. We employ no inmate clerks, as most units, because we have a staff position for much of the work a clerk would do. Clerical functioning has been impeded somewhat by the retention of the inmate file in the C & P file room for security purposes.

Public relations are important for any new program in a large organization if it is to gain acceptance by those not directly involved. We took a two way approach to this issue, attempting to get help and advice from others, while at the same time advising them of our plans. To this end our staff attempted to involve a large number of other staff and inmates in the planning stages of the unit, and then to keep them abreast of the program as it progressed. Various misconceptions still exist as to the relationship of the AA group to this unit. Members of the institutional AA group and their sponsor were brought into plan-

ning sessions to give ideas, as well as support. The ATU Staff from time to time attends AA meetings to field general questions about the program. Non AA members who had alcohol abuse histories and who were felt to be respected in the population were updated as to our intentions.

Even so, we have encountered mild difficulty in image with the general population. The accusations are occasionally made that this is a "snitch unit" or a "brainwash unit," and the repercussions of such accusations are of great concern. They no doubt stem from our attempts to break up the "inmate code" and foster an open, honest atmosphere where men aid each other in selfhelp activities. It is likely that a few of the men we have declined to accept in the unit are also saying a few unkind words about the program. We do not, however, feel that the general population regards the unit in those terms, and we have made every effort to convince inmates that this unit is sign of positive change at Leavenworth. When criteria were developed for the program, they were posted on all institutional bulletin boards. An institutional newspaper could have been used to good effect here. An ongoing program for the Admission and Orientation unit is being established, and eventually may be incorporated into a video tape package for institutional use.

It is important to note that informing line staff and the Correctional Supervisors of our plans and problems has been a major thrust to date. We have used less of the written work than we might have, but instead concentrated on personal, informal contacts. Attendance at various departmental meetings has been profitable in securing two way channels of communication with these other areas. Another means of obtaining involvement on the part of major staff was to meet individually and as a group with department heads, and solicit their remarks and criticisms of our proposed program when it was first drafted. These consultations were quite helpful in firming up weak spots in the planning of our staff assignments, disciplinary process, inmate files, inmate

job changes and group schedules. They also helped assure that unit operations would be congruent with the parallel operations in other departments. This effort is continuing through attendance at appropriate staff meetings and by continued personal contacts at all levels.

Leavenworth has for years operated as a custodial institution, and the momentum and the tradition of that mission carry into the present. There have been religious, vocational and educational programs in the past which began the erosion of the strict custodial mold. Other therapeutic group work was going on at the time of inception of this unit. The difficulty arises from the intensity of staff involvement within such a small number of inmates, for that has never before been encountered at this institution. There has been much comment, and understandably so, regarding the staff-inmate ratio. Still, we actually have encountered much less resistance to the program than was anticipated at the outset. In fact, all department heads have been particularly helpful in getting the Unit off the ground. Time will be necessary to demonstrate to the total staff that this new type of organization can run in an orderly fashion and also provide intensive treatment services. In this way we hope to also establish that within the physical limitations of a penitentiary, and using available custodial staff, the goal of offender rehabilitation can be achieved without compromising the security mission of Leavenworth.

The substance of this brief report is that a treatment program for alcohol abusing offenders can be initiated in a major penitentiary. A full range of treatment services can be provided in a wholesome, yet properly secure setting. The long term effects of this program on the participants, and its effects on the institution at large will only be known in time. Still, it is an encouraging and promising enterprise, one which will no doubt be watched closely both for its treatment and organizational implications.

Treatment Programs for Incarcerated Alcoholic Felons

BY MARTIN G. GRODER, M.D.

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It may be taken as given that the traditional custodial orientation with its emphasis on security and control and the traditional mental health orientation with its emphasis on the diminished responsibility, helplessness and neediness of its clients are forever and perennially in opposition and conflict both in theory and in fact. The usual approach to this problem, if any effort at all is made to solve it, is to try to "soften up" the "screws" with various types of counseling training and to "toughen up" and "smarten up" the mental health personnel by exposing them to harsh experiences that disillusion and harden them so that they become more like the traditional prison worker. Often this effort fails and the two sides end up warring with each other, churning up what little resources they have in futile efforts at interference, sabotage and subversion. Likewise, vis a vis the inmate populations, it is very typical to find the mental health personnel wearing the white hats of the good guys who really "love" the inmates and care for them while the custodians wear the black hats of the cruel, mean and debased jailers. These stereotyped Persecutor-Rescuer roles are consistently contraproductive and reinforce the inmate in his view of himself as a Victim of an irrational, deranged, dangerous world where he just happens to be on the losing end this time.

When this situation exists, typically the mental health personnel will trick themselves into a variety of covert contracts with inmates attempting to facilitate trust, confidentiality and the appearance of privileged communication. Since, in fact, usually they can not maintain this position under stress or duress of circumstances, it is rapidly exposed as a fraud and the relationships become game-playing ones and contraproductive. Likewise, for those custodial staff that do have genuine interest in productive relationships with inmates, these tend to become perverted by the requirements of the supervising staff who, in general, see inmates as very untrustworthy people who need to be controlled if they are not to take

advantage of you. Voluntarism in these circumstances often is a covert agreement between the treater and his client. The treater promises to write suitably positive reports if the members of the program will be kind enough to stay around and keep his census up. The issue of whether or not the program has, in fact, terminated the alcoholism and/or other personality distortions that help produce the incarceration becomes beside the point.

If our experience with narcotic drug abuse programs is any indication of what we can look forward to in the area of alcohol abuse, as is likely, the following may be expected:

1. Programs, in general, will demonstrate neither the toughness nor hard edge of a truly tightly-run security operation nor the genuine warm concern, involvement and crisp, effective treatment of a curative mental health environment.

2. The result will be soggy programs run by poorly prepared and trained and partially motivated personnel with inmate members who are, to varying degrees, faking it successfully.

3. The long-term outcome will be predictably unchanged except to the extent that the more humanely structured and engaging environment of a somewhat organized program usually results in less immediate deterioration in prison with the result that failure in the community will probably be delayed as compared to no program at all.

An effective predictable solution to the above problems has not yet been demonstrated. It is predictable, however, that if a program is designed only to "treat the alcoholism" it will fail with an incarcerated population. There is so varied and extensive a complex of distortions of personality, deficiencies in experience, education, motivation, acceptance, family life, etc., in incarcerated alcoholic felons that no unifocal program can possibly produce major change. The best type of design that we have been able to formulate to date has been that of an effective functional unit in which all staff are carefully and extensively

trained in the methods to be applied. The unit needs to have a sufficient degree of autonomy in decision making and disposition of resources to truly effect the lives of its members, both staff and inmate. Above and beyond the specific treatment technology used to treat the alcoholic aspect of the person's personality, the unit must also treat all the other deficiencies and distortions present. The following are issues that seem to be most crucial in terms of effecting the outcome:

1. Aftercare must be furnished preferably by similarly trained staff in the community.
2. Attainment of at least a high school equivalency degree is necessary along with usable skills and integration into the work community with acceptance by that community.
3. The creation and/or maintenance of a suitably positive social setting, preferably the family, extensive enough as to fill the social needs of the individual.
4. The programs, while being primarily concerned with treatment, must, of necessity, carefully control covert anti-social behaviors. The history of most programs has demonstrated that covert adherence to anti-social values prevents lasting gains, especially post-release. The program, itself, deteriorates over the long run.
5. Staff and inmates must work together to avoid stale and alienated roles in order to function as a close and integrated team in achieving mutually productive goals.
6. Each area of inmate deficiency should be handled by the program or by resources available to the program. No one should be put out in the

community or released after short community supervision with so much of the work incomplete that the total effect is one of failure.

7. As staff turns over, sufficient time and resources must be put into training of new staff, otherwise the program will predictably deteriorate into the usual bureaucratic mish-mash.

8. Each program should be designed to have a self-evaluative aspect that enables the program managers and members to know if, in fact, they are succeeding with their goals. This will enable them to tune the program to its effectiveness instead of the usual process of measuring program effectiveness by secondary or intermediary goals which do not necessarily predict terminal goals.

The above description, which is adapted from my general Program Master Plan for the Federal Center for Correctional Research, has enabled us to begin to look at a variety of theoretical and practical models that can treat alcoholics among others. Thus far, we have found that the issues above cut across theory in such a way as to illuminate the similarities and effective areas of various program types instead of the usual emphasis on the jargon differences of these programs.

In summary, I can not overemphasize the necessity of looking at our history of efforts with drug abuse populations and thereby carefully avoid with the alcohol abuse population the failures of our past. Instead, we must build our programs on those principles that we have learned do produce successful outcomes and proceed with those vigorously.

Ingham County Jail Inmate Rehabilitation Program

BY KENNETH L. PREADMORE, SHERIFF AND JAMES P. FRANK, PROGRAM ADMINISTRATOR
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The Ingham County Jail Inmate Rehabilitation Program (ICJIRP) is composed of various community agencies and organizations from Lansing, Michigan and the surrounding area which come to the jail and offer services to inmates. Participation in the program is voluntary.

The inmates first contact with the ICJIRP is through the Intake-Referral Coordinator. His primary responsibility is to interview every inmate arriving at the Ingham County Jail. The interview serves a two-fold purpose; first, it is important that the newly incarcerated inmate is aware of the ICJIRP services available to him and secondly, it is used to ascertain which of these services can be most beneficial for that particular individual. In order to accurately access the latter function, social, vocational, personal, educational and other pertinent demographic or related information is routinely compiled during the interview. Based on this information, the interviewer's evaluation, testing, and the inmates expressed desires, a referral is made to the proper ICJIRP coordinator, counselor or agency.

Services offered to the inmate include classes taught by certified teachers from the Lansing School District. These classes range from instruction in basic reading and writing skills to high school completion classes in mathematics, English, social studies, and art. A class in General Education Development (GED) preparation is also available. The Ingham County Jail is a GED testing facility and the test can be administered during an inmate's incarceration.

Lansing School District also conducts classes through a correspondence school (American School) which offers subjects in a wide range of academic and vocational areas suited to individual inmate needs and desires.

Lansing Community College is offering a class in Auto Mechanics which includes basic engine tune-up and brake repair. Classes in business skills will be offered in the near future.

The Drug Abuse Treatment Program offers services for inmates with drug or drug related

problems. The services provided by this program include individual and group psycho-therapy, medical services including in-patient detoxification where indicated and vocational placement services which include counseling and vocational placement. In addition, the Drug Program provides liaison workers between the jail and the community as a part of the after-care program.

The Drug Program at the jail is part of a larger Comprehensive Drug Abuse Treatment Program which can offer additional services to former inmates through the North Side Drug Center, West Side Drug Center, the Drug Education Center in East Lansing, a half-way house, and a multi-lodge.

Additional psychological assistance, counseling and recreational therapy is offered to inmates through Community Mental Health. Psychological counseling is available to inmates who do not have a drug or drug related problem. Recreational therapy is available to female inmates. The recreation program is seen as an integral part of the rehabilitation process.

A limited alcohol program is offered through the Tri-County Council on Alcoholism and Addiction. The service is offered to inmates who are incarcerated for charges relating to alcohol such as drunk and disorderly, intoxication, and driving under the influence of liquor.

Input from volunteers has been significant. Volunteer activities include a sewing class for female inmates, library services, advising for the inmate published periodical "RAPport" and tutorial assistance in the education classes. Volunteers are seen as "plugging holes" with respect to the total operation of the program.

Medical assistance is provided to inmates through the jail physician who spends 70% of his working time at the jail. The physician works closely with the Drug Program staff and other ICJIRP staff for the purposes of medical assistance and referral.

Religious counseling is available to inmates through the jail chaplain. The chaplain provides

inmates with regular Sunday services and is on an on-call basis for religious counseling during the week.

A comprehensive audio-visual system, complete with control room and studio, is currently being installed at the jail. The implementation and utilization of such a system is seen as having much impact on the program. It will:

1. Provide inmates with a wider range of educational experiences available through commercial T.V. programming, educational T.V. programming, and "canned" educational tapes.
2. Provide inmates with basic instruction in the operation, service and repair of audio-visual equipment being used in increasing numbers of public and private institutions.
3. Provide inmates with a vehicle for artistic and self-expression through the use of in-jail inmate produced "mini-productions." This concept is seen as valuable for improving the self-image of inmates and thus contributes to a more positive mental attitude created by that improvement.
4. Provide inmates the ability to attend class, who are otherwise unable to attend due to sickness, (an average of 12 inmates are in the hospital dorm at any one time and are therefore not able to attend class) or security considerations.
5. Provide inmates with opportunities for educational programming during weekends and other times that instructors are not available.

Direct service and individualized attention is provided during the pre-release and post-release period through a Vocational Placement Specialist and Follow-Through Counselor. These positions provide pre-release interviewing, testing and vocational counseling. The pre-release portion of an inmate's involvement with the ICJIRP is an important one. At this time, needs and goals must be reassessed as a result of an inmate's progress within the ICJIRP. Viable plans and objectives must be formulated for implementation upon release. These plans are based on consultation with program staff, individual inmate needs and desires and vocational testing and evaluation. Contact and coordination with existing community services must be initiated before release so that an individual approach may become a reality.

The post-release period is critically important in a former inmates rehabilitation. It is during this time that the person must adjust to "society."

Employment, education and drug problems are very real once again. Community involvement is seen as being the key for the completion of the former inmates rehabilitation. Various members of the ICJIRP staff are continually working with existing community agencies for purposes of former inmate placement. In many instances, former inmates are able to continue their involvement with the organizations that have offered services to him while incarcerated.

Increased community involvement is seen as having the most impact for the ICJIRP. Significant linkage, existing and proposed, is as follows:

1. *Comprehensive Drug Abuse Treatment Program.* Linkage with this organization has been established for inmates with drug or drug related problems. Admittance to the half-way house and multi-lodge, group and individual therapy sessions and many other services offered by the Comprehensive Drug Abuse Treatment Program are available to inmates who actively participate in the jail portion of that program. Such services are invaluable in the areas of follow-through and aftercare.
2. *Lansing School District.* Inmates who enroll in education classes at the jail are encouraged to continue their involvement upon release. A counselor from the school district is currently working with inmates about to be released so that there may be a smooth transition to classes offered in Lansing after release. In some instances, inmates are placed in classes taught by the same instructors who taught them while they were in jail.
3. *Youth Development Corporation.* Linkage with this organization for inmates in the 17-19 year-old-range is anticipated. Services offered will complement efforts in the areas of follow-through including job training and placement, counseling services, and cultural enrichment.
4. *Division of Vocational Rehabilitation.* A part time case worker who has been assigned to a public offender caseload is currently working with clients in jail and after their release.
5. *Community Mental Health.* A part time psychologist from the Mason branch of Community Mental Health is working with inmates who have psychological problems which are not drug related. A recreational therapist is working with female inmates. Continued therapy is encouraged after an inmate is released.
6. *Tri-County Council on Alcoholism and Addic-*

tions. A volunteer working under the supervision of this organization is currently working with inmates incarcerated for alcohol abuse charges. Involvement is encouraged upon release.

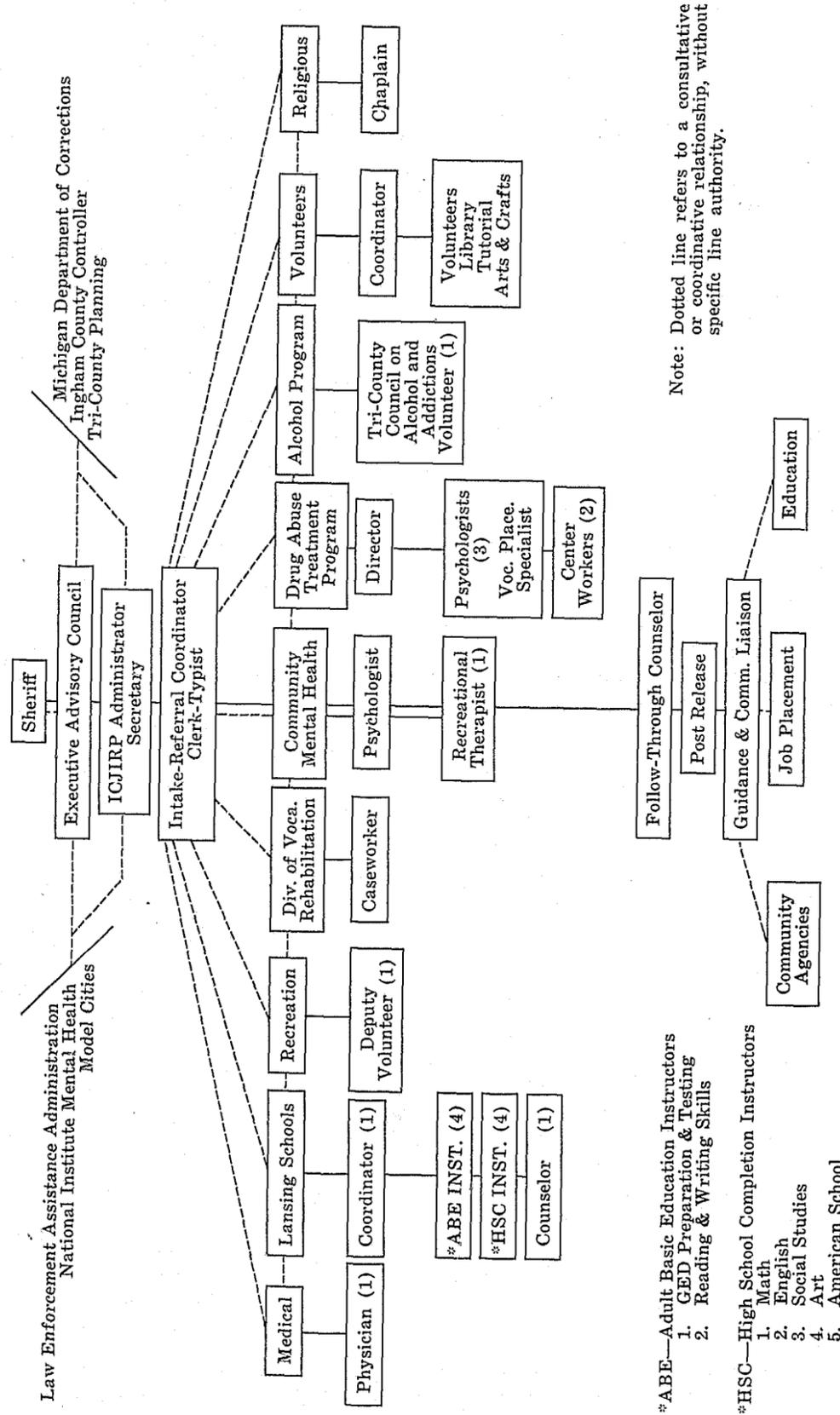
7. *Courts and Probation Department.* Linkage with these departments are continually encouraged. Manifestation of such linkage is apparent through increasing cooperation and communication.
8. *Michigan Employment Security Commission.* Contact with the M.E.S.C. has been established. Information provided has been beneficial in the areas of job placement and follow-through counseling.
9. *Lansing Community College.* Enrollment in the L.C.C. classes at the jail will hopefully motivate inmates to continue their schooling upon release. Educational counseling and vocational testing provided by the Vocational Guidance and Liaison and the Outreach workers will enable inmates to realistically assess their needs and will lay the groundwork for continued educational involvement at the community college level.
10. *Ingham Intermediate School District.* Linkage with the Capital Area Skills Center (Administered by the Ingham Intermediate School District) located about 3 miles from the jail is anticipated. Services offered include counseling, vocational testing, evaluation and work experience.

INGHAM COUNTY JAIL INMATE REHABILITATION PROGRAM Alcohol Program

The Alcohol Program is a non-funded agency. The scope and the activities of the Alcohol Program include the following:

1. *Individualized Counseling Sessions.* The program has one part-time volunteer who will receive his M.S. in Criminal Justice within the academic year.
2. *Group Therapy Sessions.* The program has three part-time individuals, each of whom have had training related specifically to alcohol abuse. Two of the volunteers are representatives from the Tri-County Council on Alcoholism and Addictions.
3. *Vocational Placement.* The Alcohol Program Coordinator works in conjunction with the Follow-Through Counselor at the Ingham County Jail in seeking vocational placement for clients upon release.
4. *Alcohol-Education Classes.* Members of the Tri-County Council on Alcoholism and Addictions present alcohol-education classes that are filmed and then shown throughout the jail on closed-circuit television. Vocational-educational testing is used and an effort is made to locate a job which is meaningful and interesting to the client.
5. *Alcoholics Anonymous.* Several members from this organization see clients on a weekly basis and explain how the organization can assist individuals with alcohol problems.
6. *After-care.* The Alcohol Program works in conjunction with several social service agencies and treatment facilities within the local community. Another facet of the program provides referral procedures to Half-Way Houses, Vocational Rehabilitation Services and other social service agencies.

INGHAM COUNTY JAIL INMATE REHABILITATION PROGRAM



March 1972

The Chemical Dependency Program at Minnesota State Prison

BY HARRY K. RUSSELL, PH.D.
Program Director and Chief Psychologist

The Chemical Dependency Treatment Program currently in existence at the Minnesota State Prison developed primarily out of a charge by Dr. David Fogel, then Minnesota Commissioner of Corrections, to a task force, directed to develop a comprehensive chemical dependency treatment model for use at the Minnesota State Prison, but also designed to serve as a model for other institutions in the state. This task force operated for approximately a year and was composed of professions in the Welfare and Corrections Departments, as well as the consumer—the chemically dependent inmate at the State Prison. During the life of this task force, the State Prison contracted with Dr. Robert McAuliffe, for an educational program within the institution. The Task Force formally presented its proposal in the Fall of 1972, which consisted of two parts: alcohol and drug dependency. The results served as the basis for the Hennepin/Ramsey County Mental Health agencies to jointly cooperate in funding, with the Commission on Alcohol monies, a chemical dependency program within the State Prison. A coordinator and counselors were selected. The basic format of the program involved a heavy emphasis on education in alcohol and drug dependencies; formalized group therapy, individual therapy and encounter type therapy. The formal treatment program under the mental health agencies began in January of 1973 and became incorporated into the D-House Therapeutic Community within the State Prison, as one aspect of that separately funded grant. This therapeutic community is housed in a 200-cell block, separated from the rest of the institution by locked doors. The Chief Psychologist of the prison was placed in charge of the total cell block; having control over the correctional officers who provided the security as well as over the treatment personnel and the inmates entering and leaving the unit. He also functions as the Project Director for the Therapeutic Community.

Other aspects of the therapeutic community involve an inmate counselor training program, an

intensive treatment unit program for emotionally disturbed inmates and a new admissions orientation program. Additional custodial officers were selected and screened by the therapeutic community staff to work in the unit and to work in the development of the therapeutic community philosophy. These officers did not wear uniforms and a formalized training program was set up, designed to train them as counselors in addition to their security functions.

In February of 1973, a screening committee was formed, consisting of counselors in the unit, other prison staff and inmates, to screen the first twenty applicants for the alcohol treatment program. Two months later an additional twenty individuals were screened and the program was so arranged that every two months, twenty additional people enter the program, while twenty would be completing Phase I of the treatment. The total in-house program is four months in duration. In the screening process, heavy emphasis is placed on the amount of time a man has left on his sentence, since the program is linked to the community, as well as equal emphasis on the degree to which a man possesses a chemical dependency problem.

The development of the Chemical Dependency Program within the Minnesota State Prison is unique in that the community contracted, developed and staffed the program. We see this as significantly expanding the concept of community corrections, since the responsibility for treatment rests in the proper place. Traditionally, treatment programs develop out of institutional needs and by institutional staff who have immediate responsibility for the clients under its care. It was not only difficult to involve the community, but time and distance factors made community involvement almost impossible, or at least impracticable. The community (state) would hire professionals to treat its problem people in an institution, and then hire another set of professions to treat its problem people when they returned to the community. It seems quite likely that con-

siderable therapeutic value is lost because of this lack of staff continuity.

The Chemical Dependency Program at the prison allows for treatment follow-up to the community with the same helping person for those who need this service. Present programming allows for community involvement, utilizing the existing resources in the community, but beginning this involvement while the man is still incarcerated. Heavy emphasis is placed on education as a necessary first step toward the personal realization of a problem and, with support, a willingness to work towards resolving the problem in the community. While it is possible to implement the educational phase and begin the initial steps toward self acceptance, long-range benefits in terms of behavioral change, are more readily apparent if some controls and supportive systems can be available to the offender when he returns to his home community, particularly if this support and controls can be offered by the same person with whom the offender has already developed a therapeutic relationship. If additional community services are required, that same therapist can actively and directly aid the offender in taking advantage of these resources.

Briefly then, the goal of the Chemical Dependency Program for the inmates at the Minnesota State Prison, is to develop the first phase of a total treatment program extending into the community, including all resources currently existing within the community. In reaching these goals, we utilize, particularly in our institutional phase,

a highly structured educational program which deals directly with an understanding of the addiction problem both intellectually and personally as it relates to the physiology of the body and the basic behavior of the individual and then, secondly, to assist in the emotional awareness of the individual regarding himself and others. We utilize direct class-room lecture and textbook material, group living experiences, encounter therapy, individual therapy and group discussion. It is our expectation that this approach will be of value to the offender while in the institution but particularly be of value to him when he returns to his community. We feel that community corrections must not only be based in the community but must extend into the institution in order to maintain a direct continuity of treatment between where a man chooses to live and where he is forced to live.

We anticipate that this model can be further developed and extended and that it can be demonstrated to be applicable to other institutions and community agencies. We would even suggest that all treatment in any institution be contracted to, paid for and performed by the community. Perhaps, only in this way can the responsibility for treatment remain where it is most appropriate, in the community and perhaps we can begin to anticipate more and better programs incorporating realistic goals and primarily directed towards returning an institutionalized person back to his community as a productive member of that community.

The Program of the Department of Alcoholic Rehabilitation, Mississippi State Penitentiary

BY J. W. GOTCHER

Director

Several factors have influenced the type and scope of the Alcoholic Rehabilitation Program now in operation at the Mississippi State Penitentiary. Among these are the physical layout of the prison, the type of inmate being confined in the institution, the originator's understanding of the type of treatment program that would possibly prove to be most effective, and the qualifications of the personnel that would be available as staff members including its director. In addition to these would necessarily be the amount of funds available for the purpose.

The prison is located at Parchman, Mississippi, and is comprised of eighteen camp units distributed over 21,690 acres of delta farm land. Each camp operates very much as a separate unit to house its inmates. It is rather difficult, except on special occasions, to bring inmates from different camps together into a single group. For alcoholic rehabilitation purposes, we must consider the camp system as being a number of penitentiaries under a single administration.

In May of 1968, several members of Alcoholics Anonymous, as a part-time project, began establishing institutional AA groups at Parchman and during the remainder of that year four of these groups were organized in four of the camps. In December of that year one of the AA members, J. W. Gotcher, who is its present project director, sold his business and began giving his full time to this penal program at his own expense.

At this time a decision was made to attempt the development of as complete and effective an alcoholic rehabilitation program as conditions would permit. We realized that to do this several studies would first need to be made, the results of which would furnish us with information that would be used in developing the most effective program possible.

That year our study of the inmate population revealed that they had an average age of 27.9 years, an I.Q. of 85 and an attainment level of 4½ grades. More than half came from broken homes. These investigations further showed that approxi-

mately 80% of the inmates had problems with alcohol prior to being sent to the penitentiary, and in years past, the vast majority of them have gone immediately back to the bottle when released. As high as 80% of the parole revocations could be traced directly or indirectly to the misuse of alcohol. Thirty percent of these were repeaters. A further study, made over the past four years, would lead one to believe that with few exceptions the inmate has never known how or seen fit to live by the rules and mores of organized society.

These and later studies convinced us that a fully comprehensive rehabilitation program was desperately needed at the institution, one designed to assist the inmates in coping with their alcoholic problem, teaching them how and motivating them to become useful, productive and tax-paying citizens when released from the institution. A program was needed that deals with the whole man and not with his drinking problem alone.

At that point I felt it desirable that I make a study of other penal alcoholic rehabilitation programs so that we would be able to profit by their experiences. I have been able to make on-site studies of a number of them and have had the opportunity to talk and correspond with a number of individuals associated with such programs other than those I have been able to visit. I feel it will be advantageous for me to visit and study still other programs as the opportunity permits.

In 1969, I began formulating plans for a comprehensive alcoholic program for this institution, although at the time there appeared to be little likelihood of the necessary funds being secured. In developing these plans I took into consideration the knowledge I had gained through the studies of alcoholic rehabilitation methods and programs, penal and otherwise, my ten years AA experience in working with those having alcoholic problems, and my one year's work with the problem in this penitentiary. I relied heavily upon my understanding of the inmate at Parchman and what I felt was needed to assist him in returning to society

as a sober, useful and productive citizen of his community.

It was not until September of 1970, that we were able to secure any type of funding with which to put these plans into operation. At that time we were able to obtain a one-year grant of \$40,000 from OEO and \$10,000 from the penitentiary. In October of the following year we were awarded a three-year grant of slightly more than \$100,000 per year by the National Institute on Alcohol Abuse and Alcoholism (HEW) with which we are able to more fully expand the program activities.

When developing plans for this program and putting them into practice we have felt that if it was to have its maximum effectiveness, we would need to treat the whole man rather than his drinking problem alone. In a large percentage of instances alcoholism seems to be a symptom of other problems and in turn heavy drinking connected with the disease creates even other problems. Most of our inmates came to us from subcultures where they are not taught how nor the reasons for living by the mores and laws of organized society. Moreover, when imprisoned they are placed in a segment of our society whose influences create and encourage additional negative thinking. It is easy to see that these are people with many deep-seated problems.

Our major aim is to place our participants back into the mainstream of society as contributors rather than burdens to the community. In most instances, this requires a considerable change in the inmate's sense of values and living habits. Regardless of how well the man who has an alcoholic problem is taught and is motivated toward making these changes, he has little chance of making good on the outside unless he understands the need to refrain from the use of alcohol and is able to develop the ability to do it.

For planning and operational purposes we divided this project into two separate but closely coordinated parts: that which is offered the inmate while imprisoned and that which is made available to him upon leaving the institution. We often refer to these as the inside and outside parts of the project. Experiences in this and other similar programs show that a strong, well developed inside program would be of marginal value without an equally strong or stronger follow-up program outside.

While arranging the inside part of this program, we felt that most types of therapeutic treat-

ments would be more effective if conducted in both group and one-to-one sessions. Each type has its place and one cannot be substituted for the other in a well-balanced program.

Inside we hold two group meetings or sessions per week, at night, in each of the participating camp units. One of these we designate as type A meetings and the other as type B. The type A sessions are taken up in the study of alcohol, alcohol abuse and alcoholism along with the teaching of the fundamental principles of Alcoholics Anonymous and the application of these to our everyday living. This is done with talks by staff members, inmates, and volunteers from the outside. We also use tape recordings, slide presentations and motion pictures.

The weekly type B group meetings are devoted to group therapy sessions, both basic interpersonal relationships and encounter groups in several variations. We have found it advantageous in the basic interpersonal relationship sessions to divide the larger camp group into smaller ones of six and the encounter sessions into groups of from eight to ten participants. The use of encounter groups, as a part of this program, is yet experimental and has not been adopted as a standard practice. I doubt that the majority of our clients will find it interesting enough to participate in this form of therapy.

If our clients are to become acceptable citizens of the community when released, they must learn to work and to live in harmony with their fellow men. In order to accomplish this they must first develop an understanding of themselves and of their own shortcomings as well as the shortcomings of others: This is what we attempt to have them learn in our basic interpersonal relationship small group sessions. We employ a variety of methods and materials in holding these sessions so as to cover a wide range of subject matter and to prevent the group from becoming bored and losing interest.

Through a friend of the program we were able to secure a copy of the "Basic Interpersonal Relations Program" published by The Human Development Institute. We had this material retyped, duplicated and bound into hardback books. We find this to be excellent material for use in this type of program.

There is another procedure we use and which we find both effective and interesting to the groups. We start by furnishing each of the small groups with the same prepared question or state-

ment. After each one has discussed the subject at hand for 45 minutes, all groups are called together where the leader of each section gives a brief run-down of the opinions expressed in his group. This always brings up comments and discussion on the subject that may go on for another 30 minutes.

Some samples of the questions we furnish are: How does resentment effect one? Why do we have laws and people to enforce them? Would you live in an area where there are no laws? How does drinking effect ones behavior? How are we effected by our associates? What kind of father and husband should one be? What is an alcoholic; can alcoholism be cured?

After using the furnished material for several sessions the participants will begin suggesting very good questions which we use along with those supplied by the staff.

Often during the first few weeks it is difficult to see where this part of the program is proving of value in changing the thinking of the participants. However, in time they will come to the counselor asking for his opinions. Also they will be observed in small groups discussing the same or similar questions. Properly administered, this type of therapy will prove to be very effective in preparing the client to make good when released.

More of our time is taken up in one-to-one or eyeball-to-eyeball counseling than any of our other activities. We feel that those we deal with are individuals, having individual problems, values and goals in life. We are limited in that which we can do for and with the person until we know him as an individual and a healthy relationship has been established between him and his counselor or counselors. This can first be accomplished through one-to-one rap sessions and from this will grow a good counseling relationship.

A part of our work within this penitentiary is acting in a liaison capacity between the inmate, the administration and other departments. This includes, but is not limited to, making arrangements for the inmate to attend one of the several schools, assisting him to make changes in work assignments and furnishing him with information relating to his parole or discharge eligibility.

In a number of instances we have found that an inmate's family has lost interest in him and that communication has broken down to the point where letters and visits have ceased. We have been instrumental in bringing these individuals

together again. This has been done through contacting the family by letter, telephone and in person. We explain to them that the inmate is making an attempt to create a better man of himself and that he needs them in his efforts. We continue by telling them that the life of an inmate is a dreary one at best and there is little that means more to him than hearing from home through letters or visits. We feel this is an important function of this program inasmuch as the individual should have a better chance of making good upon leaving prison where he has a family to which he can return. In addition, the inmate better accepts his prison conditions where he has good communication with loved ones.

Every individual, and especially the prisoner, wants and needs those with whom he can communicate in confidence and with understanding. It is when we take an active interest in assisting the inmate with his problems and during the one-to-one rap or counseling sessions that he learns, often for the first time, that there are those who care for his welfare and future. In time he begins to place a considerable amount of trust and confidence in the members of the program staff. It is natural that we are able to develop better rapport with some than with others.

The inmate becomes aware of the fact that we are not part of the prison staff and are not obligated to, and will not, disclose privileged information. The prisoner considers those employed by the institution, with few exceptions, to be policemen who have little or no personal interest in him as an individual and can not be trusted with his confidence. In addition to this I have found that most of those who have the desire to better themselves hesitate to discuss many of their problems and goals in life with other inmates, fearing the conversation will be disclosed, thus making them subject to ridicule by their associates.

After the client has gained a degree of confidence in his camp counselor or counselors, he will show the same confidence in and have good rapport with our field counselor. This is advantageous in our efforts in working with him on the outside. Also, where he has learned to trust our judgment, he has more confidence in those we point out to him as desirable associates and sponsors than he would otherwise.

One will find that inmates, with few exceptions, are hungry for someone with whom they can discuss their problems and other affairs, feeling they will not be taken lightly. Once the counselor has

had the opportunity to rap with one of them for as long as 45 minutes or an hour, both the inmate and the counselor will look forward to the next session. It often takes several of these for the two to begin understanding each other and for the inmate to express himself with some degree of honesty. I can recall many fruitful discussions I have had with our inmates over the past five years. One of the most impressive was a series of conversations I had with a young man in his middle twenties. He had appeared to me to be much of a loner, having little to say to anyone. He attended our group meetings but took no active part in them. While in his camp one day he asked if he could talk with me for a few minutes. We went to a quiet place away from other inmates, but he had little to say of importance. Although I felt he had something on his mind I did not push him, thinking he would bring it out later. I sought him out again in the next few days but with no better results, although he did talk a bit more freely during this second visit. A short time after this he sent me word that he wanted to see me at my earliest convenience. I saw him the same day and after a few minutes of idle conversation he told me he had something on his mind that troubled him and he wanted to tell someone.

He related to me that he had been caught and convicted on one charge of burglary. Actually, he said, he was guilty of ten other burglaries and the authorities had no idea who did them. I spent about two hours with him and in this time formed the opinion that he would not repeat these crimes. I could see immediately that a big load had been lifted from his shoulders by his telling me this story. Remarkably, he was transformed into what appeared to be an entirely different man. He just had to talk about what he had on his mind.

From that time forward I took a special interest in him. He began to take an active part in the program and to be more outgoing. I later helped him with his parole and job situation. He has been out of prison for more than three years and to the best of my knowledge he is doing well on the outside. I hear from him occasionally and have seen him several times. Being able to talk with someone, a man he felt he could trust to share his burden, seems to have made a considerable difference in his outlook on life.

The outside part of this project consists of a number of activities and services to each of which we attach considerable importance. Briefly, they are the securing of employment for those leaving

the institution, providing each of these with a sponsor or big brother, family contact and family assistance in addition to our follow-up services. These services are made available both to those leaving by parole and by discharge alike.

We feel it most important that one leaving the institution should have suitable employment awaiting him. By "suitable" we refer to employment to which the individual is suited and at a starting wage that will amply sustain him, with an employer who cares for the individual's future and in a community in which he will be accepted. Our parole board requires that an inmate have approved employment before he is considered for parole and we take it upon ourselves to provide this when he cannot make this arrangement for himself. We offer the same assistance to those men being discharged.

At the beginning, it was felt we would have difficulty in securing such employment for our clients, especially those being paroled. These men, being convicted felons, have served time in the penitentiary, some of them more than once, and most of them have had severe drinking problems. With a parolee we would need to secure this employment as much as 60 to 90 days prior to his release. It would not be a certainty that the individual would be paroled and therefore the possibility existed that he would not be available to fill the job. Added to this, to make it more difficult, the potential employer would not have the opportunity to interview the individual before making his decision regarding his employment.

We started this part of our project by having our field counselor canvass a considerable number of potential employers located throughout the State, talking with them regarding this entire project and soliciting their assistance and cooperation. He would explain that the men in whom we were interested were not run-of-the-mill inmates, but were ones who showed evidence of attempting to better themselves. He would also emphasize that we screen these men closely and possibly can furnish more information about them than the employers would normally be able to gather on those they employ through regular channels. In nearly every instance these firms have agreed to furnish employment for our participants, should an opening be available at the time the job is needed and one that the inmate can fill. By having a listing of these organizations and the type of employment they offer, we can then select the job most suited to the needs of our par-

ticipant in the community he wishes. Since we seem to have done at least an acceptable job of preparing our men to go back into society and in selecting the job for them, we are now beginning to have the employers call us for men when they are needed.

It is advisable that we have a much larger number of job offers available than we would expect to have men to fill within a reasonable length of time, so we would have the type and location to fit the individual inmate when it is needed. For this reason it is necessary that we contact these firms periodically to keep them sold on assisting us. Too, there will be changes in the management personnel and in such instances we would need to go over the same ground with the replacement. We constantly add to these contacts so as to broaden the type and location of jobs at our disposal.

Originally we had planned to use the services of the Mississippi State Employment Security Commission to assist in securing employment for our clients as this appeared to be the logical move. Several trips were made to Jackson, the state capital, to discuss the project with the Commission and several of its members met with us at Parchman to finalize plans for the cooperative effort.

The Jackson office prepared special forms to be used by us when applying for their services. That office informed each of the local employment offices of the arrangement and encouraged them to give special attention to our needs. By that time we had done considerable work toward soliciting the cooperation of industry and other employers and we furnished the Commission with a list of about 100 firms which were interested in employing our clients, copies of which were forwarded to the local offices.

We are notified as much as 90 days in advance of the date an inmate is to be considered for parole and it is not difficult to learn when one is to be discharged after serving his sentence. It is a requirement that a prospective parolee have his employment at least 30 days prior to the date he is to be considered. Our agreement with the employment service was that they would have 30 days in which to locate employment for each applicant and should they not be successful, we would then use our efforts in securing the job. We feel we have a definite obligation, where the individual qualifies for this service, to have employment for him when he is to be considered for parole and we do not want anything to interfere.

It was our decision that at the start we would call upon the employment service to furnish half of the jobs that were needed and we would take care of the others. We furnished applications on 15 clients over a period of 60 days. During this period our field counselor, who handles the employment part of the program, made contact with most of the offices which were handling these particular applications. He found, without exception, that they had no interest in working toward securing the jobs. He was given a number of excuses for this apathy: no one in this area will hire an ex-convict; I cannot find employment for anyone unless he is on the spot to be interviewed, but if you will have him come in after he is paroled, we will see what we can do for him; we have all we can do without finding jobs for your men, but we will see what we can do.

As would be expected from such an attitude, the employment service was not able to furnish any of the 15 jobs and we found it necessary for our department to make the effort. Within two days our field counselor, using the phone, was able to place each of the 15 men and, with one exception, in the town and job of the inmate's choosing. We then decided we could not depend upon the State employment service and would secure all the jobs ourselves. We have the opinion that the state employment office in Jackson wants to furnish us with the services we need, but that the local offices have no such interest.

Later we found that the prison Department of Vocational Rehabilitation had in the past attempted to use the Employment Commission's services for the same purpose and with the same results. I am told the same has been true in several other States where prison alcohol programs have attempted to use the services of their respective State employment commissions. This does not mean that programs in some of the other States would not be more successful in using State agencies.

We endeavor to provide a sponsor or big brother for each of our participants when he rejoins society. These are people who can furnish him with healthy fellowship and wholesome social contacts. The sponsor must be a person to whom the individual can and will go to discuss the many problems he faces as a released inmate returning to society. The selection and the recruiting of these sponsors is also one of the duties of the field counselor and it requires a considerable

part of his time and effort to select and interest those who should prove effective.

Although we attach major importance to having suitable sponsors for each of our clients, we have not been as successful in this area as we anticipated we would be by this time. The problem has been that it takes more time on the part of our field counselor to locate, interest and supervise suitable people who can and will act in this capacity than he has been able to devote to this phase of his duties. In addition, I realize that our efforts in this area have not been sufficiently organized and given the attention to which they are entitled.

Some months ago we made an investigation as to the feasibility of using personnel connected with other agencies as sponsors. It appeared the most logical ones would be in vocational rehabilitation and the local units of mental health. We found, however, that the V.R. counselors were carrying an average case-load of 250 clients which left little or no time they could give to ours. In addition, a majority of them displayed little interest in released inmates, especially those with alcoholic problems. We found basically the same problem with attempting to use those with mental health agencies.

Although many of our parole officers assist us in a number of ways, they are not in a position to offer our clients the counsel and sense of fellowship they need. The Parchman inmate thinks of the parole officer as a policeman, paid to police his life and activities when on parole. To a considerable extent this has been the attitude of the parole officer in the past. Fortunately we now have a parole board which has been able to employ additional officers who will work more toward assisting the individual. The older ones will be forced to change their attitude if they are to stay. It will take a long time before the released inmate will trust and think of the officer as being in a helping role.

At the beginning when our clients were all white, we were of the opinion that we could depend upon the more stable members of Alcoholics Anonymous as our source of sponsors. Although many of our sponsors are members of AA, we cannot depend on this source for our requirements.

Mississippi is a weak state AA-wise and many of its areas do not have groups. Too, most of the existing groups do not accept Blacks who constitute 60% of our participants. These conditions are slowly being changed for the better in that

more groups are being formed and more of them being integrated.

I find it important to examine periodically the several program activities to determine which are the weaker ones and to decide what can and should be done to strengthen them. Only a few days ago I, along with others, reviewed the entire outside part of the project, especially that of sponsorship. Among other things we find we have secured quite a number of those who would sponsor our clients who are not now being used because they are located in places other than those most of our clients live and work. In time we will likely need all or most of these potential sponsors, but in the meantime we will need to devote our efforts to securing those where they are most needed. With some changes in our plans of operation in this area we anticipate that within four months each of our clients leaving the institution will have individual sponsors.

It is important that the field counselor follow up by periodically contacting the released inmate, his sponsor and his employer. In doing this he is not only able to furnish additional reinforcement for the individual, but in several instances we have been able to detect problems in their early stages that can be corrected before they become major ones. These contacts offer the opportunity of determining whether the individual is satisfactorily employed and, if not, arrange with his parole officer for us to move him. The same is true with his living conditions. In addition, these contacts offer us the opportunity of evaluating the sponsor and his effectiveness in working with our released participants.

A short time after the program began operation we found that quite a number of the inmates would begin participating in it only a short period of time prior to the date they were to become eligible for parole. This was so that we would furnish them employment and that their record of participation would tend to influence the decision of the parole board. This caused our groups to be packed with many of those who did not desire or expect to gain the benefits which were intended.

After careful consideration and discussions with a number of our more interested and informed inmates, we made it a condition that for one to become eligible for a number of our services, he must attend our group sessions with a specified degree of regularity for at least six months just prior to the time these services were needed. Such services are assistance with employ-

ment, furnishing the parole board with our evaluation of the subject, the use of our efforts to secure funds from Vocational Rehabilitation for clothes and initial living expenses upon leaving prison and transportation, if needed, to the place he will work and live. We had several reasons for making this stipulation and our experience leads us to feel that it has proven to be a sound decision.

We feel the success of this program will be measured more by the quality of its product than by the mere number of men on its rosters at any given time. At best, the staff has a limited amount of time that can be devoted to an individual, whether it is in group or one-to-one counseling sessions. Although we still have a number who come into the several groups and drop out after only a few weeks, a larger percentage now remain for the balance of their stay in prison and therefore, we are able to spend more time with each. Many of those who drop out after a short time return permanently.

Although the penitentiary has eighteen camp units, four of these are not suited to having this type of program. They are the Hospital, the Maximum Security Unit, the Reception Center and the Pre-Release Center. The program is active in ten of the remaining fourteen and our plans are eventually to include all of these.

Our present staff consists of eight members: the director, a secretary-bookkeeper, and six counselors. Four of these counselors are designated as camp counselors, one is the field counselor handling our outside activities, and the sixth is in charge of our activities at the Reception Center. He will also have charge of our program carried out in the Alcohol and Drug Treatment Center when this facility is completed.

Until a few months ago it was necessary that each of the camp counselors be assigned to work with three camps. Since that time we have been able to employ an additional counselor and to make other changes which have permitted us to reduce each counselor's work load. Under this new arrangement each of the four counselor's now has two camps with which to work, with the exception of one counselor who works with a third camp. This camp is a small one where the group meetings can be held in the afternoon rather than at night. I act as the counselor for the tenth camp. By this new arrangement each of the counselors works five days and four evenings each week, evenings being taken up with his group sessions. This has not only reduced the hours worked by each

counselor, but has permitted him to concentrate his efforts more effectively.

This department's office building was constructed with funds provided by LEAA and with penitentiary labor. Part of its furnishings were provided by OEO and the other by a friend of the director of the program. LEAA is also furnishing the funds and the penitentiary the labor for still another building which was designed for the use of this department and is now under construction. This facility will house and feed 24 inmates and will include offices, counseling rooms, a large class room and a conference room that will seat 20 people. In addition to the construction LEAA has provided all of its furnishings and equipment.

As has been brought out, a high percentage of those sentenced to the penitentiary have an alcoholic problem. Many of these do not realize this is one of their problems, while others who understand this to be a problem with themselves do not want to admit to it. There are still others who accept that the abuse of alcohol has contributed to many of their life's problems and will willingly accept help in this area. In many instances, those who would originally accept this assistance change their attitude regarding the matter when they begin associating with the hard core of inmates in their assigned camps.

The inmates, when they are first brought into prison, are placed in the Reception Center for a period of from four to six weeks where they are given a number of tests, are classified and are given their camp and work assignments. Until recently one of our counselors would talk with them in groups of twelve regarding the results of the abuse of alcohol, furnishing them with a brief understanding of this program and what they could expect from participating in it. He then would arrange to talk individually with any who had personal problems they would like to discuss with the counselor.

Due to a reorganization of some of the prison procedures, more office space was needed at the Reception Center and the room we had previously used for our group discussions is now being used for testing purposes. This has, through necessity, brought about a change in our activities at the Center and I feel may result in an improvement.

Four men, two employed by the prison and two by Vocational Rehabilitation, now work at the Center in testing, evaluation and counseling. These men in the course of their work are to make an effort to determine which of the inmates have

had problems with the use of alcohol, refer these to us for our attention and inform the individual this is being done. The success of this procedure will be determined to a large extent by the interest the men at the Center show in cooperating with us and by their ability to carry out the assignment. It has been our experience that inmates are more willing to admit to and more openly discuss their real problems when they first come to the penitentiary and while they are in the Reception Center than at any other time. Upon completion of the facility previously described, those found to have alcoholic problems are to be assigned directly from the Reception Center to it for a five-day program on alcohol education, program orientation and motivation prior to being sent to their permanent camps.

Through the use of talks by the staff members and other selected individuals, the use of taped materials, slide presentations, motion pictures and other means, the inmate would be shown how the abuse of alcohol interferes with one's interpersonal relations; the job, family relations, finances, health, as well as his relationship with the law, which often brings one to prison. This would be done in such a manner that he would realize and accept that the misuse of alcohol has, and can probably continue to be a problem in his life. He would then be shown that there are solutions to his problem and that there is a program at Parchman for individuals such as himself. Attempts would be made to motivate him to take an active part in the Alcoholic Rehabilitation Program at the camp to which he will be assigned.

We are of the opinion that following the individual's participation in such an introductory program at intake, he will better understand himself and many of his problems, including his abuse of alcohol. He will be much better prepared to gain valuable assistance in these areas through participation in the range of camp programs and will be less subject to the negative pressures of the subculture to which he is about to be exposed.

The program's counselors have been carefully chosen as those who have, in the past, shown a genuine care for others, like to work with prison inmates and have good rapport with them. They are individuals who have the desire and will continue to take training in this field of endeavor. Each would be considered as paraprofessional. In addition, we use professionals as consultants.

The number who participate in the program varies from month to month, averaging around

300. Earlier in the year we anticipated this number would increase to around 450 by midwinter, but for a number of reasons I doubt we will show any material increase before May or June of next year. In addition to this, we now have 131 clients in the follow-up part of our program. This number will increase more rapidly than in the past due to a new policy that has been adopted by the parole board and its work release program.

This prison is under a Federal court order requiring that the institution make a number of improvements in its facilities and methods of operation. Most of the buildings are quite old, some having been constructed as far back as 1900, and are both obsolete and over-crowded. The funds have now been made available with which to construct a number of new buildings and to completely renovate several of the others. In the meantime, the parole board is endeavoring to reduce the prison population by increasing the number they parole until more and better facilities are available to house them. Also, the institution is now placing inmates on their new work release program. Although this number has been small, it is their plan eventually to have as many as 200 on work release at a time. These and other conditions will bring about a more rapid increase in the number for whom we will be called upon to locate employment and sponsors as well as to furnish our field counselor's follow-up services.

I am not familiar with a proven method now being used to evaluate satisfactorily the results of a program such as this one and to compare it statistically with the results of others. It appears that the most widely used method is comparison of the percentage of the program's participants who leave the penitentiary and are returned for any reason with that of the prison population as a whole. Only 4.6% of those who have left the prison by parole and discharge after participating in this program over a period of six months or longer have been returned for any reason, while the latest information furnished us shows that approximately 30% of the inmate population as a whole have been returned for parole violations alone. This does not take into consideration those who were not on parole and committed a new crime for which they were sent to prison. Our 4.6% includes both readmissions for parole violations and to serve new sentences. I anticipate that over a period of time the 4.6% we now show will increase to approximately 6% and remain close to that figure.

We can easily see a number of improvements in the program's participants while imprisoned that cannot be stated statistically. Those who have been in the program for an appreciable length of time are giving much less trouble than the non-participants and they have gained a better attitude toward their present situation and life itself.

From the beginning we have felt the need of a more satisfactory method of evaluating our efforts and the effectiveness of the project as a whole. It was our opinion that Dr. Columbus Hopper of the University of Mississippi was probably the best qualified man in the state to assist in developing a method of doing this and he agreed to undertake the assignment.

It was his opinion that one of the better methods would be to evaluate the progress or lack of progress each individual makes while participating in the program. The method he proposed and which we have adopted is that we interview each inmate at intervals of six months for the specific purpose of learning and recording, on a specially prepared form, the attitude of the individual in ten areas of his life. Added to this is the counselor's summary and prognosis. These evaluations are to be continued for a period of three years after the individual leaves prison, provided we can keep in contact with him for that length of time. After a sufficient number of these evaluations have been made on a number of inmates, the information is to be examined by the University. From this information they hope then to be able to form some conclusions as to the effectiveness of this program and this method of evaluating it. In the meantime, we are finding this method of evaluating the subject to have another function, in that it furnishes us with an understanding of the man we would not likely acquire otherwise.

We have recently made an evaluation of this method of determining the progress being shown by the individual and the program. From it we conclude some small changes need to be made in the materials used and in the method of gathering and recording the information. We have added to our testing program the use of the 16 P.F. Personality Test provided by Western Psychological Services of Los Angeles, California. We find it most important that we maintain a good system of records relating to the program's activities and individual files or jackets on each of the participants.

It is felt by those familiar with the project that the basic plans developed for it and under which

we now operate are sound and should be followed until such time we learn of others that should prove more effective. However, as we fully realize, there are a considerable number of improvements we can and will make in each of the several facets that go to make the entire operation. At this time it is a matter of making a study of each of them to learn of the improvements that are needed, how they can be made and to take steps to follow through.

I have formed a number of opinions and conclusions relating to the establishing of alcoholic rehabilitation programs for the penal inmate both while incarcerated and after leaving prison. These are largely based upon my five years experience at the Mississippi State Penitentiary and observations I have made during my visits into other prisons for the purpose of investigating their alcohol programs. It is understandable that conditions vary among penal institutions and therefore my comments will not hold true for all.

I have found a significant difference in how prison administrators and those in treatment programs view inmates and their rehabilitation. This is largely brought about by the difference in the position each holds in the penal system and that which they consider to be their responsibilities. Those in custodial care are prone to view the inmate population as a group of living numbers, and their interest in and responsibility toward their welfare is in furnishing security, food, clothing, medical care and employment while they are in prison. In their position they have a minimum of need and often little desire to know and understand the individual inmate. In contrast, those in treatment see or should see each inmate as an individual with individual problems. Their major interest is in helping prepare the individual to have a successful future and taking the steps that are needed to provide this.

The attitude of those in custodial care toward prisoners, in general, is often determined by the problems they have with some of them and by the high percentage of those who did not make good on the outside when released and who were returned to the penitentiary. This often leads them to feel that the felon is and always will be a trouble-maker and there is little that can be done for him to make it otherwise. On the other hand, those in treatment take a more positive attitude, feeling there is hope even for the most hardened criminal. The difference often brings about areas of conflict between the two.

In the past too little attention has been given to the alcoholic problem among inmates. When States develop comprehensive plans for the control of alcohol abuse and alcoholism, most of them overlook their prison population where they still find their largest concentration of those needing assistance. Aside from their alcoholic problem, it is these who are more likely to cause serious problems when they again enter society. Only a small percent of our millions of alcoholics will commit crimes for which they will be sentenced to a penitentiary, while statistics show that, nationwide, as many as 70% of those released from prison will again be incarcerated within five years. Comprehensive programs dealing with the inmate's alcohol problems when released will materially reduce this problem.

I contend that when a judge, acting for society, sentences a person to prison, society assumes a number of obligations. Among these are to provide the individual with the opportunity of leaving the institution as a productive and acceptable citizen of his community, equipped to cope with life's problems. Where general education or a skill in a trade is needed, these should be provided. Where he or she has an alcoholic problem, it is most important that adequate treatment be made available, for regardless of other qualifications, few ex-convicts can become successes in life and abuse alcohol. I fully recognize the value it is to the released inmate to have an increased ability to earn by having a better education and a skill in a chosen field. If, however, he is and continues to be a practicing alcoholic, more money will only permit most of them to drink better brands of liquor in more sophisticated surroundings.

The prison authorities' attitude toward alcoholic rehabilitation programs is now and will continue to be an improvement over what it was in the past. One of the reasons is that those being placed in the more responsible positions are better educated and better trained in the field and are more receptive to ideas relating to the rehabilitation of the inmate. Another is that they are becoming better informed through the news media of the nationwide alcoholic problem and its devastating effect on the individual and his family along with its cost to society.

I have given considerable thought to steps that could be taken through which more of our prisons would become actively interested in having comprehensive alcoholic rehabilitation programs in their prison systems. There are those who realize

the need and who would work toward having the most effective program possible providing they could be furnished with technical assistance and funds with which they could be originated. There are others who have some awareness of the need, but depend upon the prison AA program to fill it. There are still others who show little if any interest in the alcoholic and his recovery.

The solution is not a simple one to the problems of establishing alcohol programs in most correctional institutions and with which the administration will be fully cooperative. The first step I would suggest is to have one of the interested national agencies or organizations prepare factual information, setting out among other things the alcoholic problem among prison inmates, the need for its solution through a well-planned program, and the results that could be expected.

This material would be mailed to the wardens of all State Correctional institutions, key State officials, including the governor, the department of correction and all State legislators. The reason for including the legislature is that a number of them have a genuine interest in their penal system and to a degree influence its operation. Too, it is they who will need to provide any State funding for the program's operation.

Once successful programs have been established in several areas of the nation, others will become more interested in having them in their own institutions. Where the prison warden and his staff have had a hand in bringing a program into a prison, he will show a greater interest in its operation.

When considering alcoholic treatment for the penal inmate, one should not overlook the work that has been done by Alcoholics Anonymous in this area and the use of this organization in a more expanded program. Over a period of thirty years AA groups have been formed in most of our penal systems. For the most part this was done through the persistent efforts of the outside groups and not through any particular interest on the part of prison officials. The interest shown and the cooperation given the work of those who sponsor and direct the prison groups covers a wide range. In some instances they are merely tolerated by the administration, principally because of pressure from the outside. With others they are better accepted and the program is looked upon more favorably. In still other prisons the officials consider the program as a definite asset to the prisoners and the institution. To the

best of my knowledge, for many years this was the only alcoholic treatment program in prisons, and in many this is true today.

Although these prison AA programs have been instrumental in straightening out the lives of numerous individuals, their efforts would be much more effective where they were a part of a better organized and more comprehensive approach to the problem. In planning any more extensive program for penal inmates the efforts of outside AA groups should not be replaced, but utilized to their full capacity. This would not only include working inside the prison but as a source of after-care assistance.

One of the disturbing conditions found with any type of prison alcoholic rehabilitation program is the limited number of those who show an interest in participation but who have the need to do so. There appear to be several reasons for this, including the inmate's lack of understanding of his need for treatment and the influence of his peers. There are those who have alcoholic problems without realizing this to be true. Others who understand that this has been a problem feel that since they will not have access to alcohol while in prison, they will be able to continue without its use when released, or at least be able to control their intake to an acceptable amount. Most, if not all, prison inmate populations are made up of a number of subcultures or cliques, one of which is composed of the more hardened offenders or sociopaths who have little interest in rehabilitation and strongly influence a number of others, especially the young and less mature. Of course, there are others who see the need and regardless of the opinions of others participate in the programs to their advantage.

Those working in alcohol programs are not normally in a position to solve these problems but can, with the cooperation of the penal officials, take steps that will hold them to a minimum.

Administration officials employed at the reception center while testing, screening and gathering information for the social history can perform a valuable service for the alcohol program. They are in an excellent position to determine, within reasonable limits, which of the incoming inmates have an alcoholic problem and pass this information on to the alcoholic counselors. The counselor can then contact the inmate and discuss the matter with him, urging him to take part in the prison alcohol program. We have found that through

these early contacts we are able to improve camp participation.

Another segment of personnel who can contribute substantially to the welfare of the program consists of those who have close contact with the inmate. These people can in many ways encourage or discourage program participation.

Although it is my opinion that there should not be any form of affiliation between the probation and parole system and the alcoholic rehabilitation program, there are areas in which each can make important contributions toward the efforts of the other. The inmate and parolee look upon the members of the board as judges and its officers as police. It is important that the inmate and parolee does not consider the program staff as either.

It has been our experience that we are more effective in working with clients who are parolees than the ones who have been discharged and are not under any form of custody, although this is not always true. Those who have been discharged often move several times during their first few months of freedom and it is difficult and sometimes impossible to keep in contact with them. Some also seem to have less interest in following our sponsorship program. They want to do their own thing. On the other hand, the parolee is easy to locate and more readily accepts counsel and assistance with his problems. Under these conditions the client leaving prison on parole should have a better start in life than one who is discharged. It is to the best interest of the prison, the parole board, the client, and the program that the board parole our clients rather than let them be discharged, even if they are to be on parole for as short a time as six months.

An alcoholic rehabilitation counselor has the opportunity of knowing and understanding his clients better than any other person in the penal system. This places him in a position whereby he can furnish the probation and parole board with a better evaluation of the man and his possibilities than could be secured elsewhere. The board uses this and other information when considering our clients for parole.

We have found it to be both to our advantage and that of the parole officers that we work closely together in the interest of the client's welfare. Our active interest in him reduces the possibility of his getting into serious trouble, and for this reason the parole officers often contact us when they feel we are needed to straighten out a problem the client is having. By following through

when contacted, we have been able many times to assist in solving problems before they become serious.

I have given considerable thought to the difficulties that would be involved in providing alcoholic treatment for those in our criminal justice system. This would include, among others, those in prison and other types of correctional institutions, jails, those on parole and those on probation. One of the major problems involved would be the reluctance of the individual to volunteer for treatment. It is my opinion that treatment should be made mandatory.

My major interest and experience has been with prison programs for the incarcerated inmate and those on parole or discharge. Lately however, I have become interested in jail programs and have taken part in the establishing of one as an experiment.

Several problems present themselves when consideration is being given to the establishing and long range operation of prison programs. Two of the major ones are which agency or institution should control and supervise the project, and the administration of follow-up or aftercare for the ever increasing number of program clients leaving prison.

I am firmly convinced that in most instances these programs should be under the control and supervision of others than the prison administration. Few in these capacities have the desired

understanding of the disease of alcoholism and its treatment. Too, politics, rather than the qualifications of the individual, could easily influence the selection of the program staff.

Providing follow-up or aftercare for released clients is an essential part of any type of alcoholic treatment program and especially for those leaving incarceration. This can be provided by half-way houses, alcohol treatment centers, organizations such as AA groups and individuals acting as sponsors on a volunteer basis. In our State where there are only a few organized facilities which can and will supply this service without a fee and having areas without AA groups, we must rely heavily upon individuals as volunteers.

Our experience has been that it requires considerable effort and time on the part of our field counselor, covering the entire State, to locate and interest those who would sponsor our clients and to make certain they follow through. This becomes a major problem when the clients begin to number into the hundreds.

In our State many of the AA groups will not accept Blacks. Since more than half of our clients are Blacks, we are organizing Black groups where needed, principally to sponsor our clients.

An aftercare program for penal inmates can grow into a sizable undertaking and plans should be made for this when the overall penal program is organized.

Abridged Proceedings

DR. PAVLOFF: We seem to be missing one or two participants, but I would like to begin nevertheless, because we will be here for a day and a half and the schedule is rather tight.

What we are going to do today in four different sessions, two in the morning and two in the afternoon, is to ask each of the participants here to take about two minutes either to summarize the highlights of the paper that they have delivered or, if they have no paper, just to speak about the program areas in which they are involved.

We are going to begin with myself. And after I touch on the highlights of my paper, we will open it up for discussion.

The paper that I submitted is along the lines of a "scope of the problem" statement. It presents an overview of the criminal justice population which is now in the neighborhood of 1 $\frac{3}{4}$ millions of persons on a given day, one-third of whom are in institutions and two-thirds of whom are on release in the community.

My paper also reviews the literature regarding the frequency of the association of alcohol abuse with various types of crime, and the prevalency of alcohol problems among samples of the criminal justice population.

My conclusion is that in conservative terms, 40 percent of the population that we are going to be discussing today and tomorrow abuse alcohol, or are at various stages of addiction to alcohol. I want to emphasize "conservative terms" when I say 40 percent. I notice that in three of the papers submitted, various authors have made a similar estimate on their own home grounds and those three estimates range, I believe, something in the neighborhood of 50 percent up to 80 percent.

Corrections officials should not be surprised at these figures, although I believe they will. I know Mr. Gotcher took a survey of Mississippi State Penitentiary which indicated 80 percent of that population was in trouble with alcohol. He himself would not believe the results when he first saw them.

The implications are obvious. First, the size of this problem has to be brought more forcibly and more widely to the attention of health and criminal justice authorities and planners.

Secondly, alcoholism screening, treatment, and rehabilitation programs for this population have

to become the rule rather than the rare exception.

I am fully convinced myself, even in the absence of answers to some questions, such as the exact nature of the relationship between alcohol abuse and various types of crime, I am convinced still we possess enough knowledge and experience, even now, to mount successful programs. And that we can make them more successful as time goes on.

I trust that this seminar is going to prove helpful in disseminating this knowledge and experience and lead to the planning and implementation of such programs on a much wider basis.

Can I open the floor up now for any comments or questions or discussion on the paper that I delivered? A dry paper, in a sense, with a great number of statistics and citations, but it leaves us with the conclusion that among particular types of alcoholic populations, the drinking driver, the skid row inebriate, various ethnic groups, employed populations—it has been thought in the past that perhaps the American Indian has the highest rate of alcoholic abuse, for that figure is between 40 and 80 percent. But here I think we have found that with the criminal justice population of probationers, inmates and parolees, we are speaking about a range that is almost exactly identical: 40 percent if you want to speak very conservatively, and as a matter of proven fact as high as 80 percent in some given settings.

DR. FRANK: One need that I perceive is the need for some way of convincing administrators of the extent of the problem.

I haven't seen convincing figures from the Bureau of Prisons about the extent of our alcoholism problem. Our estimates vary. They come close to 40 percent, and yet some of our administrators shrug in disbelief that there could be that many.

I think we have a need for some—

MR. GOTCHER: I did not try to discriminate between problem drinking and alcoholism. I think, personally, it is the same thing. Problem drinking is an early stage of alcoholism and both types of individuals need similar treatment.

Now, what would be judged as a problem drinker by one person may not be judged as a problem drinker by another. I think that is where a good deal of our discrepancies come in.

Am I right there, Doctor?

DR. PAVLOFF: Yes. Those definitions are difficult. Oh, we have a few in the papers that were submitted. I believe one person said if your drinking leads you to be involved in criminal behavior and end up inside criminal justice system, that is problem drinking.

MR. GOTCHER: I didn't take into account a person being intoxicated at the time he made a crime at the time I made this survey. I went back further than that.

DR. PAVLOFF: While I am by no means an expert in this field in all the screening, diagnoses, testing that actually takes place in the courts and penal institutions, it must be very rare that alcoholism is a factor that is looked at, among the great number, I suppose, of IQ tests and personality tests, and so forth and so on. That is one of the issues we want to be keeping in mind throughout the day. It is something that hardly anyone addressed very specifically or in any great detail, how does one screen for problem drinkers and alcoholics? What tests and interview techniques, searches of the records would make a good combination for this first step of screening or diagnosis?

MR. POINTER: Isn't it true a greater part of the problem lies both in terms of numbers and treatment resources at the local level, local lockup, the county jail? Therein, it seems to me, lies the place to begin.

In short-term misdemeanors a person is locked up in a local jail facility. There is where we have a dearth of resources.

In some places we have excellent community resources available for treatment of alcoholics. They are usually not tied in or coordinated in any way with local lockups or jail facilities. It seems to me that there is where our demonstration efforts need to be placed.

State prisons admittedly have very little resources, at least little more than lockup.

SHERIFF PREAMORE: I agree wholeheartedly with his concept. They are not sent to the pen for alcohol, but for a crime related to alcohol. Daily the alcoholic has a greater recidivism rate than anything, greater than narcotic drug abuse.

I had 5,000 prisoners here in my institution, a county jail. I am pleased with your research, you did take a look at the 60,000 inmates going through local jails; approximately one-eighth are

public inebriates arrested for the fact of being drunk.

Unless we can at the local area bring together community aspects, professional institutions, to treat that person there, he is going to continue to get drunk, deteriorate, family relationships deteriorate, resulting in crimes for which he finally goes to State institutions.

Only drunks go to county jails, not State penitentiaries.

DR. PAVLOFF: While the public inebriate is a matter of a lot of concern, it is a subject along with the drinking driver we are going to exclude from consideration at this seminar, because there is a great deal of studies that have been made, great deal in print, and relatively speaking there are a fair number of programs under way.

MR. RECTOR: That would be pretty hard to document in terms of the amount of police and court time used primarily because of alcoholic problems in the lower court area.

You find very little actually being done except maybe by private agencies.

DR. PAVLOFF: That is why I said "relatively." I mean in comparison to the criminal justice population as we are defining it here today—

MR. RECTOR: You just want to talk about felonies?

DR. PAVLOFF: Probationers, inmates, parolees—the bulk of whom, according to what I read, are felons, whose charges might not mention the word "alcohol" at all, probably don't.

MRS. GAY: I think my turn comes up later, but the community base before the prison, this is what we are doing. We have only revoked one probation in 1973 for a felon within the community. I would like to expand on it later, but I would like to say I certainly agree with what he said.

JUSTICE CHRISTIAN: Dr. Pavloff, I was much struck by the consistency in three or four of the papers estimating population on the order of magnitude of about half of the persons within the criminal justice system who were affected by abuse of alcohol in relation to their association, not of causation, of crime. Those estimates ring true to me, having seen these cases come through the court and being supervised on probation.

I wonder if there might be some utility in some sponsored research to attempt to refine some of those estimates in terms of specific offenses? Just on a basis of watching these cases, I suspect there is a higher correlation still that may not be well appreciated by judges and others in the sys-

tem; certain specific offenses, such as repetitive bad check artists, shoplifting, some other kinds of property crime, where if the sentencing authority or probation authority involved were keyed to watch for the likely incidence of this problem in a particular kind of offense that goes with general social failure, you might get increased attention on the part of the administrators, as Dr. Frank has suggested.

I am not aware that there is such published research at present.

DR. PAVLOFF: The research that I cite has largely to do with the four index crimes of violence. Your suggestion is an excellent one. I will ask you to hold it in mind, because tomorrow all of you will be asked what policy and action recommendations you want to make to the three Federal agencies which are represented here and jointly sponsoring this seminar. I want to emphasize, too, when we say 50 percent, that figure means still *excluding* the public inebriate and the drinking driver. Because those populations alone, those who are arrested on specific alcohol abuse charges, public drunkenness, drinking-driving, and some of the euphemisms of vagrancy and so forth, account for something in the neighborhood of 40 percent of all the arrests in this country this year. Today we discuss the alcohol problems of the other 60 percent.

DR. RUSSELL: I wonder if it would be appropriate in terms of the extent of the problem to—maybe this group or some group to set some definitions.

The percentages of 40 to 80 percent of alcoholics or people with alcoholic problems in institutions, most generally reflect a definition of the alcoholic. In the Minnesota State Prison, we have estimates ranging from 40 to 80 percent and, again, it depends. If we are talking about a lot of different criteria that make up alcoholism, then we are going down to 40 percent. If we are going to include—and some people do—a lot of the things like they happened to be drinking a day or so before or during the offense itself, or somehow alcohol is related to the offense, then the percentages go up. You look back and forth, what those percentages are, and I wonder if it wouldn't be appropriate to come up with some kind of guideline for a definition so that every institution is about the same.

DR. PAVLOFF: Yes. Throughout the day today I expect to be asking a number of partici-

pants here what are the diagnostic criteria, what are the screening mechanisms that they use.

MR. GOTCHER: I have become very interested in this jail program business and made some investigations of it in my State, but in the meantime one of the jails, a more modern jail in the State of Arkansas, asked me to come over and help with instituting of a jail program. And I did go, and the program is now about 90 days old. The success it has is going to be determined. Those people that have been in jail and are out now are at liberty to come back to the jail for group therapy meetings, counseling, and all. That is a very small town, small county. So I think we can adapt into the jail system some type of effective program using entirely local people, volunteer people, most volunteer help.

The jail is using the AA group for one type of group meetings and using the Mental Health Center for other types, and I think that can be done 'most anywhere.'

MR. RECTOR: I think if you just want to focus on populations, solve the problem of uniform definitions and criteria, there are so many States now that require presentence investigation prior to any sentencing, that you could build your uniform questions into a given number of court systems at that level to do your finding on a uniform basis and have a sufficiently large sample to make projections across the entire population.

MR. POINTER: I wonder if that wouldn't also be true of the uniform parole reports, some of that data already gathered may get at some of the questions in the area of felony.

DR. PAVLOFF: We don't want to exclude the misdemeanor from consideration here, or juvenile offenders.

I would like to draw toward some enclosure on my own particular paper and ask a final question to wind up, if any of you can suggest to me sources of information about the criminal justice system. I know the system itself and the sources of information are very fragmented. The principal document that I relied on dates from 1966, and is one of the most serious surveys of the criminal justice system that was performed. If you could give me other sources, I would be glad to hear about them; or if you hear of other studies on alcoholism and particular types of crime, that I did not come across, I would appreciate hearing about those also.

DR. FRANK: I would like to just say for the record, I think I am fumbling in the Bureau of

Prisons to try to determine the extent of the problem. I am not aware of any good source of information. I think that in the Bureau of Prisons we are going to have to develop our own techniques for assessing the scope of the problem and have to develop our own criteria for what constitutes an alcoholic problem.

And I think that from all the people I talked to in corrections, that corrections has had an ostrich-head-in-the-sand kind of attitude toward alcoholic problems. It may just be because of the scope of the alcohol problem in America. It may just be that the prevalence of alcohol, the fact that alcohol itself is legally obtainable, may blind us to its contribution to commission of crimes.

DR. PAVLOFF: What I would like to do at this point is to move on to Ted Nissen's paper and ask him to take about two minutes to touch on the highlights of that paper, and then enter into discussion on what he had to say.

MR. NISSEN: Thank you, Dr. Pavloff.

As I stated in my paper, I started in San Quentin as a guard in 1952. I have been with the California Department of Corrections up until two years ago, at which time I became project director of a project called SPAN, Special Project on Alcohol and Narcotics, the concept being to take ex-convicts out of the California prison system, either on parole or discharged, and train them as paraprofessionals to work in the area of drug and alcoholic abuse.

With that frame of reference, I was to respond to the question, is there a typical prison subculture? If so, what are its implications for an alcoholism treatment and rehabilitation program within a penal institution? Is there a typical subculture of those released into the community? If so, what are its implications?

To my mind, there are four forces that make up the subculture in the prison system. The first is the administration of the prison. The second is the correctional officers in the prison. The third is the treatment group in the institution which includes vocational, education, et cetera. And the fourth is the inmate subculture.

The administration is given the responsibility of the protection of society. As long as they have that as their focus, there will be no treatment within the institution.

The second point that I bring up is the correctional officer who is becoming the most potent source in the penal system. Correctional officers

are actually polarized behind the new militancy found in the new inmate subculture. It is very similar in my mind to the Neo-Nazi movement within the prison system. I think this is caused by several reasons.

Correctional officers are very poorly paid. They are dealing with failure people continually. They never see any success in their lives. They are rather incestuous in that they run around strictly with correctional people. Thus for any new change in the correctional system, this force, this subculture will have to be dealt with.

The third part of the subculture is the treatment people within the institution, and they are not a potent force. The reason they are not potent is they are not unified. Vocational fights education, educational fights the chaplains, chaplains fight the parole department. Therefore, it is not a strong force within the subculture.

The last one which I write about is the inmate subculture. When I first started to respond, I wrote strictly on the inmate subculture and a new-found militancy which is not only in the prisons, but on the streets, too.

I am not saying militancy is bad; I am saying it is a fact of life.

Ten years ago you had a prison system in the California Department of Corrections. There was a con-boss system. It was sort of similar to the structure of the old spoil system of the correctional officers. That is, the warden had the most power, and power went all the way down to the correctional officer. Everybody had a little bit of power, a little bit of political juice.

The prison was run by the convicts and then we abolished the con-boss system, but we didn't really abolish it. We just rolled it underground. It's still there, still works, still very active. It is a myth if correctional people think they run their prisons. They only run their prisons as long as the inmates want them to do so.

The reason I have these feelings I didn't have two or three years ago is because I have been working very closely with ex-addicts and ex-alcoholics out of prison. I have been working very closely with them 20 hours a day, six or seven days a week, dealing with men and women we are training to go back into the prison system. That is basically the thesis of the paper.

We do not have any real treatment within the prison system, and so as far as I am concerned we had better start abolishing prisons. I realize as soon as I say this I am stepping on the toes of

certain participants at this table, but I think that is what we have to direct ourselves to.

We must have diversion programs before they enter these large warehouses which tend to perpetuate themselves.

If you have no treatment within the institution, and I state you don't have any treatment, then there is no reason to say what do you do when they are released. But I have perhaps an idea that works. By taking ex-addicts and ex-alcoholics and ex-inmates and developing a new group of paraprofessionals—and it is very difficult to train them, because they are as hung up in their old system as we are hung up in our old system—we can develop a new role in correctional circles where the ex-prisoner who has been helped will become the helper of the people he himself is dealing with.

We have had lots of problems in SPAN I would be happy to share with you, trying to redirect alcoholics and addicts. At a given time we have 40 addicts attending the University. If you think your programs are hairy, I can share some things with you that make yours look mild, when you bring blacks, browns and white addicts onto a white University.

That is basically my thrust, Dr. Pavloff. I would be happy to respond to questions.

DR. FREDERICKS: You point out some very salient facts I am sure everybody here is aware of with respect to the role both correctional officers and parole officers find themselves in. Where they have to wear two hats simultaneously and find it difficult sometimes to do either one effectively.

Would you see this paraprofessional by training as a kind of way out of that dilemma in some way? And if so, how?

MR. NISSEN: I can perhaps use my group, the people that we train as an example.

I am still officially a district administrator with the California parole system. That means if a parolee, one of my trainees, tells me something I have to go to the authority with the report.

This completely stops treatment as soon as you have to run to a political system. I refer to the adult authorities in the prison system. You are not going to have treatment with them in charge. So the thing I do in my group when one of our trainees starts to talk about drugs, they will tell me to get the hell out of the room—and I get out of the room. Because I can't hear it, because if I hear it, I am put in a position to compound the felony, if it's an illegal act. The parole officer

comes and knocks on the door and asks, "How are things going?" He says, "Fine." And he writes down in the book, "Fine." That is a myth.

An ex-convict counselor can go in, and I have got two of them working for me, that can go into a shooting gallery and sit around and talk with the folks about, you know, this is not the best way to handle your problem, and come out without the dilemma of being involved in a criminal act themselves.

There has to be another person to service the account, in effect. And the white middleclass American college students that are parole agents, such as I was for years, just can't do it any more than black middleclass Americans can do it.

It has to be this new paraprofessional that can reach the streets.

It is interesting that the streets reject them, too. They don't like to see them change. The dope pushers love to turn on my SPAN graduates working on the streets. They are offered more dope than anybody. We are finding out we can provide them support systems when they do go into these areas.

DR. FREDERICKS: Are they seen as correctional "Uncle Toms," so to speak?

MR. NISSEN: That is a very mild term they call them, yes.

DR. RUSSELL: Are you the only agents hiring them?

MR. NISSEN: Department of Corrections doesn't hire my people.

DR. RUSSELL: Can't get them jobs in the system?

MR. NISSEN: Get them jobs, but California Department of Corrections doesn't work with anybody.

MR. POINTER: They work with the adult authority?

MR. NISSEN: No.

MR. POINTER: What is your strategy for these people, making an impact on the system?

I agree with some of your ideas, but I wonder how it is going to impact on this system which you have described?

MR. NISSEN: Okay. We are swinging from a very liberal policy of being very humane to bringing back capital punishment. So we are in the throes of a lot of changes.

I can place my people with California Youth Authority. I can place them with California Rehabilitation Center, which is a narcotic drug program within the State of California, if they

are nonfelons. I have placed them in police departments, interestingly enough. Police departments will hire my guys not as paid snitchers, but as diversion people such as you are talking about.

Probation offices will hire them. Counties with mental health programs—just placed a girl last week at \$800 a month to start in a mental health program.

The correctional system won't let us in per se. They lock us out.

In other words, for years people in business have said, "Do you hire your own people?" I have said, "No, but they are really good people." And that is stupid.

If we can't start bringing the people that we have trained back into our system, then corrections is a myth.

MR. CHRISTIANSEN: Wouldn't it be defeating if you did?

You cannot hear what the inmates say.

MR. NISSEN: You can't make them peace officers. There has to be a new correctional system within the system.

Now, they tried it before in other communities, parole hired guys off the streets, had them start doing things.

You can't do that any more than taking blacks out of the South during the Civil War and putting them in administration.

They have to be retrained to understand a lot of middleclass systems. And they pick it up. We train them in 20 weeks.

And if you don't have good support for the new correctional officer who has been an ex-convict, we are talking about interfacing of different systems, that person will be destroyed by the old correctional officer system.

In other words, I thought that was what we were directing, problems of interface of mental health and corrections and law enforcement. And they were ready to fire me last week at the university because I wouldn't submit reports on time.

That shows the problems of the interface of systems. Just an academic system will drive you out of your tree.

MR. POINTER: You are saying you haven't been able to make an impact on the Department of Corrections. But you are into a lot of agencies that have had an openness. Wouldn't it make more sense, rather than approaching it from the standpoint of confrontation, further polarization, that you begin to sell your kind of program on the basis of successful experience in these other sys-

tems, whether it be law enforcement or youth or California Youth Authority, or—

MR. NISSEN: You are right, Mr. Pointer, but first we have been in existence for two years and if you read the paper—

MR. POINTER: Very frustrating, I understand.

MR. NISSEN: At the end of two years, I would say we are having a gradual rise in success. We started this quarter three weeks ago with 17 trainees; we still have 16 left. This is very high, because we usually—see, when a person comes into this kind of changing system, he goes through a lot of frustrations, a lot of acting out. Now when they act out, the University goes out of its mind. I don't think it is really bad, because I am looking at it from a correctional viewpoint.

I think the president of the University has a lot of guts on a day-to-day basis to let us stay there.

MR. POINTER: I am a little familiar with the developments in California. Going back to the experiences of Doug Grant and the whole new careers development in California, which really, in terms of this country, was the birth place of that whole concept, it seems to me you have a very rich experience to draw on there and something that would be envied in a good many States that are trying to move in the direction of using paraprofessional people and people who have been exposed to the system.

MR. NISSEN: I just had the Doug Grant concept for the first 2½ quarters in project SPAN. I am saying—

MR. POINTER: I am not saying it is the same concept, but at least that experience has been cumulative.

MR. NISSEN: It has been.

MR. POINTER: That a lot of other States have not been able to benefit.

SHERIFF PREADMORE: Mr. Nissen, in your project, there are two areas of thought here. One is to interject a new system into the project to correct the old system. On the other hand, we are talking about having educated guards. In other words, we have to raise the level of our professionals in the correctional system.

Do you feel your program works better on the streets, half-way houses, community level, than trying to—if we interject those people back into the system, we are lowering the standards?

As law enforcement and correctional personnel, we are trying to upgrade the pay scale, upgrade

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the qualification, educationwise, of the people working in the system, so I would say—

MR. NISSEN: I agree 100 percent. I just don't believe in custodial systems today. They are just not working.

SHERIFF PREAMORE: Not as they are.

DR. FRANK: I would like to underline, though, one part of your paper where you said you always thought the correctional officer had greater effect on the inmate because of his close contact with the felon.

As an ex-guard, you are saying there is a person there who is really important, and I guess—I am gathering from what you are saying there is no sense in working with him.

MR. NISSEN: Oh, no, I am saying perhaps he is the most important person in the correctional system. He is. No doubt about it. The trouble is the systems he has got going now are very negative, generally speaking, for any treatment process within an institution. Because of what the Sheriff has brought out. He has got a lousy go, lousy money scale, no status. I mean, as I put in my paper, if you can't work, get yourself a job as a bull or guard.

Of course, I think you will have a difficult thing changing the correctional system.

SHERIFF PREAMORE: We don't want to change it; we want to improve it.

MR. NISSEN: I want to abolish it. Sorry Sheriff.

MR. RECTOR: I wonder what your paraprofessionals feel their chances are with the parole staff? You cite some pretty horrendous experiences in terms of the attitudes of the parole officers themselves with the men on the street.

What are the chances there in terms of reaching the alcoholic problem?

MR. NISSEN: You have asked me two questions, the problem of our paraprofessionals and problems of alcoholism.

The problem of the paraprofessional—

MR. RECTOR: And getting the bright parole officers to use—

MR. NISSEN: Right. We have in the State of California, I think, some of the best field parole agents in the country. They are subject, however, to pressures as I tried to point out in my paper, and it is political and it is legal. And as long as you have that political-legal pressure on a field parole agent, it stultifies treatment, the same as in prison.

Paraprofessionals who have made it—and Cal-

ifornia Corrections have hired in the past ex-convicts, they are not right now hiring—I know most of them throughout the State. Some of them are very highly effective human beings, very effective in getting right into the streets and reaching people with problems and coming up with diversion for a person as he is coming into alcoholism.

So one of my biggest inputs is going to be in the junior high school program. We have a junior high school in the Pomona School District that lets us send in every afternoon five of our ex-convicts to work as tutors.

If they can turn around a bunch of glue-sniffers and boozers in that school and make them effective kids, I have a system that is sellable. Then I have got a product, in effect.

The paraprofessional goes through tremendous pressures, though, as he re-enters—the same way a Black has problems when he re-enters the ghetto, and so on. It can be done. What we have developed in SPAN are some of the systems necessary to provide the guy with support.

We have a lot of our trainees come back to us on a weekly basis, sit in groups, to share the gut-ripping situations they are going through.

I hope that responds to your question.

MR. GOTCHER: I have had in mind that in our penitentiary in Mississippi, eventually the majority of the counselors in alcoholic programs would be ex-inmates, because he would have a closer rapport, you might say, with the inmate himself.

MR. NISSEN: There is no problem. The only thing is the person has to be trained.

A person just doesn't become a counselor because he is an ex-addict.

MR. GOTCHER: I understand.

MR. NISSEN: He has to go through a very highly concentrated training process.

You mentioned it, sir, when you said the person has rapport. We like to say it is a little bit of empathy he has got; but just having empathy itself will not make a person a good counselor. It is selecting the right person, putting him in as a paraprofessional, but providing him treatment and continuing training. And when I say treatment, I mean it, because they are going through different systems, training and treatment for quite a long period of time. They are highly effective.

I have got some people working at California Youth Authority every evening running groups.

They have taken a segregation unit—in other words, all the people in that prison who are real problems—and they work with the seg cases and they are turning kids that have been in seg for six, seven and eight months out onto the mainline, and no one has been able to turn them around before.

SHERIFF PREAMORE: The concept you have got is excellent.

A "Ph.D." they have after ten years in prison—you know, better education than you get any place else.

MR. NISSEN: They get street scenes, but not counselor skills. A lot of people with great street scenes will use all the lousy techniques put on them for the last ten or fifteen years, just like that; "I will give you advice," "Tell you how to do it" and "Don't"—they don't listen. I mean, of course, this is part of the training.

MR. PHILLIPS: You have what you feel is an effective 20-week program for translating former users, ex-convicts, into effective treatment people. You also state that within the correctional system, your correctional officers had the highest potential for effecting change.

Is there some reason why your program couldn't be applied to those people within the system?

MR. NISSEN: Be glad to take a few from your State and train them, and we can do this. All you have to do is provide—

MR. PHILLIPS: Why hasn't it been done in California? Departmental resistance?

MR. NISSEN: No, I would like to say it is a system rejection.

If we came up with a cure of alcoholism today and I had it in my pocket, and I laid it out, I don't think any of you would accept it—because I would really be threatening your very livelihood.

That is what you have to realize when you interface systems, you are threatening the hell out of people; because, in effect, you are saying: I am going to do it a little bit better.

MR. PHILLIPS: Do you think you are wanted back—

MR. NISSEN: I will never go back into the prison system. I think they are necessary for very few select cases. But it is hard enough just to interface them into the society rather than interface them back into the prison. And corrections have been saying now things are cooled down, come back.

I say no, you burned me once, you won't burn me twice.

MR. POINTER: You are writing off the correction officers. They're a potent change force. There ought to be some parallel effort to develop their ability.

Michigan has demonstration, taking correctional officers out of uniform and creating a whole new career area to upgrade their counseling and treatment capability.

It seems to me that that kind of approach offers better long range—

MR. NISSEN: You are telling me exactly what Department of Corrections tells me. "We welcome you now," you know, "We wish you would come back in."

I am just saying this, until you change some systems within the correctional justice system where you don't continually send poors and blacks and browns and minorities to your prison systems—

MR. POINTER: They may be asking you to help change that system.

MR. NISSEN: If I were 22 and had a big, white horse, I would charge into it. But I am only concerned with training of paraprofessionals on a University, and that is where my focus is.

We have concentrated through NIAAA, forty people a year to provide classes in the morning, internship in the afternoon and keep them busy 18 to 20 hours a day for 20 weeks. They stay relatively sober, especially if you watch them on Sunday afternoon.

(Laughter)

A lot of support for them, we provide counseling and groups. We teach them how to be counselors, and then we follow them up, help them get jobs. That is enough for Ted Nissen to do in his last few years in the correctional systems.

MR. POINTER: Maybe the effort needs to be expanded and you need additional help.

MR. NISSEN: If you come up with a couple hundred thousand dollars, I would be very happy to provide you with all the systems necessary to—

MR. PHILLIPS: You do have the answer in your pocket.

(Laughter)

MR. POINTER: A few years ago we were going through the experience, how do you deal with community relations and law enforcement groups, and you had out in California some kind of community relations experience. I think it was

probably in San Francisco area, where they applied some of the principles that have been developed in some of the occupied countries in reducing levels of hostility between occupying forces and nationals, in dealing with these groups, in breaking down certain myths, working with them in group treatment processes, and eventually working to bring these groups together to deal with some of the issues that prevent your interfacing with the corrections department.

I wonder if some of these principles couldn't be applied?

I know we are getting a bit away from the alcoholism issue, but it seems to me we are dealing more with how do you develop strategies that make it possible to effectively treat, whether it be alcohol or narcotic addiction or what have you. And it seems this is really an important issue for us to address.

MR. NISSEN: I can respond to that in just a couple of seconds. The people we have trained that are effective are effective in going into the community and teaching people who have been judicially deprived, I would like to say. And being able to provide them with systems that everybody should have.

They are very effective. It is a very slow process. I thought it would be a very quick process. I thought I would write this lovely proposal, get funded, and after 20 happy weeks I would have 20 happy trainees doing 20 happy things.

I had two left out of the first group. But one is very effective, working in a Boys Republic in Los Angeles with a group of juveniles.

I would like to say this, that if you have a treatment facility now within your institution, with the present systems at this time and place, I just don't think you are going to get a heck of a lot done.

MR. POINTER: I would agree with that, except I say in the long run, we have got to develop some strategy. You can't just give up in the face of that.

MR. NISSEN: Okay. Change the political system of setting time, get rid of the interdeterminant sentence law—

MR. POINTER: Or abuses of this law.

MR. NISSEN: Or abuses of that law, right.

MR. CHRISTIANSEN: Change the role of correction officer.

MR. NISSEN: Give him \$1,100 a month, you know, so the correctional officer doesn't have to moonlight three or four places to support his fam-

ily, so he can come to work without worrying about his kids, and in that way you will have a treatment person.

DR. GRODER: So many of the things we do—and this is one of the reasons I made some of the comments I made in my paper on setting up programs—are trivial efforts. Kind phrase.

And don't really attack some of the major kinds of interference—you call them interfaces. And you know, this list of changes that you just started to enumerate is really where a lot of the problem is. And I can relate to some of the issues you have come up with.

I think one of the kinds of things that we often get into is in introducing innovations. It usually is not that difficult, if you are knowledgeable about the system, to figure out how it is *not* going to work. And then it becomes trivial if you don't do whatever is necessary in order to *make* it work.

I would like, as we go along, to look at how to make whatever we are talking about nontrivial. And that is very difficult.

It is very easy to have innovations, very easy to talk about why it didn't work. It is getting the ball across the line that counts.

MR. NISSEN: A lot of systems approach to things, you do things because you do things, start something and no matter whether it was working or not, keep doing it.

DR. GRODER: Yes.

MR. NISSEN: That is not too effective.

MR. RECTOR: I guess the hopeful thing is the mass of the patients are not in the long-term institutions. They are in the jails and as lousy as jails are, they can't be as disabling as more long-term institutions.

MR. NISSEN: Right.

MR. RECTOR: The great majority, even felons, with alcohol problems are on probation, in the better States, prior to going into an institution. So you have an effort to reach them there.

Parole is being used more rationally in some States to lessen the damage of the long-terms by having trial periods earlier, with field systems being introduced, and so on.

So as bad as institutions are, I think we have a mass of cases and areas for case finding and experimentation without taking on disabling effects of the long-term institutions, and the problems of the institution culture, both inmate and staff.

MR. NISSEN: We can't find offenders in the

California Department of Corrections to come into project SPAN that are just basically alcoholics, where initially we were funded to do exactly that. We have had to take drug addicts. You just can't find just an "alcoholic." We find a lot of old 60 and 65 year old luses that wrote checks. They go out, you know, on release and go back. They are the tragedy of the old system. So with the diversions in probation, you know, they are screened out—what are you laughing at?

MR. PHILLIPS: That is my program.

(Laughter)

MR. POINTER: How about the Los Angeles Probation Department, largest in the country, they have been experimenting in careers. Are they receptive to your program?

MR. NISSEN: No, they have had nothing, nothing but bad luck with new careerists.

The reason they have is no one had a training program to train them. And they hired them and then said, "Gee, they didn't work."

DR. PAVLOFF: I would like to make one observation, then ask one more limited question of you, Ted, before we go on to the next paper.

I hear you saying that it just can't be done inside of a prison. We have other program directors here who are running programs inside of prisons.

There is something approaching, nevertheless, a commonality in what you are both saying. I feel what you mean is you can't do it in the traditional setting of a prison and the descriptions that we have of prison programs likewise are telling us that we have created new settings—most of the institutional programs that have been written about here involve a special unit with a good deal of autonomy, and whose therapeutic purpose is recognized as primary, with perhaps a wider opening to the community, more easy access to the community than the traditional setting has. We will get into that a little later as we discuss these existing prison programs.

The limited question I would like to ask you before finishing here, could you elaborate briefly on that one phrase on page 7 of your paper, "the mental set of the inmate?"

I know you touched on it here and there as you have been speaking. Could you give us a rundown as to what you see that mental set to be?

MR. NISSEN: I can't speak of a mental set of an inmate because I am not an inmate. I can only give you what my paraprofessionals have given me. Their only goal while in prison is to get out.

If that is their motivation, then systems that

will cause them anxieties and problems they will tend to avoid the same way as they will avoid isolation or segregation. And I don't think prisons are "treatment facilities"; they are punishment facilities. No matter what we say, the inmate tends to know this.

I don't think the inmate has been listened to. I don't know if anybody in this room is an ex-felon, but I don't think we have really solicited from them how they feel. Some may say they will con you and that is fine. I may be conned. But I am just speaking now from about 21 years of being in the system. The inmate wants out. The correctional officer wants to keep him in. They have two opposite goals. And so I think the inmate tends—someone used the word "Tom"—they tend to "Tom" what is needed to get out.

When they get out, they seem to have an ungodly desire to get back in, which is really sick, from my viewpoint. Not from theirs, I guess.

Does that respond to the mental set?

SHERIFF PREAMORE: That is the most exciting part of corrections, because you utilize goals within the institutions to give them alternatives to what they are doing.

The reason they want to get out is perfect. If they want out, then if you can provide them with alternatives to get out of cells or get back into society, then here is the beginning of your probation.

Here is where you can start working with the inmates on a good level. As part of getting out, they may be receptive to programs, education—

MR. NISSEN: Sheriff, as long as you don't have another cycle of failure.

Most correctional training programs—and I mentioned the "mud trades" in California's system; for years they were firing everybody in brick and plaster, they had a training program at the California Correction System where they taught people to lay brick. A person comes out and says, "I am a bricklayer." What do you do, build yourself a barbecue? You can't do it out there.

SHERIFF PREAMORE: The thought behind that rehabilitation concept is not good. You need to get people in the system to know what is occurring on the outside.

MR. NISSEN: We are not dealing in private enterprise. I wish to heck we were. Where if the product doesn't work, you quit doing it.

We make a product and keep pushing the same product through.

DR. PAVLOFF: I would like to go on now and ask Dr. Groupe if he would summarize the statement he submitted.

DR. GROUPE: First let me preface it, I heartily disagree with many of Mr. Nissen's concepts. It is a good paper, but I disagree with many of the concepts. I deal with a more select population, roughly 1400 inmates who are sent to Vacaville specifically for therapy, whatever that is. These are people who have been selected as being amenable to therapy by whatever standards they are using at different institutions.

This seems to bring on a concentration of people who are in prison as a result of alcohol-related crimes. They may be major or not major crimes, may be violent or nonviolent. But approximately 90 percent of the inmates at Vacaville are in prison because of alcohol-related crime.

Now, that doesn't mean they are drunk or were drunk at the time of commission, but simply that there had been alcohol used recent enough prior to the commission of a crime to feel that it had a bearing on the commission of the crime. And many if not the majority of these people had no difficulty with the law except those times when they had been drinking.

This may involve a man, or kid I should say, who has one or two drinks, and then loses his control, to the man who sits down and has his pint and then goes out and commits a robbery. And I am associated with the parole system also, I am an advisor to the Northern Parole District where my alcoholic antabus program is being operated. It is a small pilot program that has been in operation since 1969. At the present time I think we have processed probably no more than 75 parolees. We have limited our program to 20 at any one time. The parolees on this program are very highly selected, motivation being one of the major considerations. Motivation to quit drinking. So the experience that I have had may not be applicable to any other segment of the population.

We were trying to find out whether our concept was correct, that we could separate these people from their drinking culture and make them "normal" and we found that our concept was wrong.

However, we have what we could consider a 50 percent success rate if we stick to a two-year follow-up period. Beyond that we don't know. Unfortunately or fortunately we lose contact with our men. This may mean that they have been successful and have dropped out of the public eye, or it may mean they are in prison in another

State or in a local county jail we don't know about. Be that as it may, although I am operating the program, I am not satisfied with it, because I may be working a false premise. And that is that if I put a man on antabus and keep him on antabus, stop him from drinking, he will become rehabilitated and become a useful citizen.

The false premise is trying to stop him from drinking. I don't think that is the answer. We can't stop a man—expect a man who has a sociopathic background, expect him to stop drinking and go back into the outside world where drinking is an accepted fact. We are immediately setting him off as being different. He is in prison in the first place for being different, then we send him back out and say continue to be different in a different way, and then we will like you.

So I think we have to change our standards. We have to change our goals. We have to review our goals and be able to devise which individuals are capable of drinking in moderate amounts and remain capable of conducting themselves in an acceptable manner. Allow them to drink, teach them to drink moderately and keep out of the criminal penal system.

Those that we feel are incapable of drinking that first drink without getting in trouble we should preach abstinence to. But the vast majority can control their drinking if they are taught to. And this brings up the subject, a taboo subject, which is behavioral modification. There has been a good deal of success with behavior modification. I wish I could start utilizing it, but unfortunately I can't. Every time I mention that word, out in public, I wind up in court.

(Laughter)

Or before an assembly investigation committee. Modify my behavior.

(Laughter)

Fortunately a fellow by the name of Skinner gave behavioral therapy a name and also a bad name.

What we are actually trying to do is modify their behavior. This is the reason we put them in prison in the first place, to modify their behavior. But I feel that our limited program is more successful than any other I have come across. But only with those who are predestined to success because of the motivation.

I feel there is no such thing as a successful alcohol treatment program and this is why I am here, to find out, get some ideas as to how we can establish a successful treatment program.

We talk about treatment programs, but that is all they are, they are programs.

We have some built-in devices to make ours successful. I have the authority, or did have until recently, to send a man back to prison if he broke his contract with me and started drinking. The reason that has been taken away from me now, there has to be a trial before he can be sent back to prison.

I have a parole agent who can ride herd on this man and see that he stays sober.

If this is kept within the parole system and under control of a thinking and feeling parole agent, it can be more successful than the other methods that are used.

We have to modify our thinking, again, and devise a method of treating patients on an individual basis, rather than try to make him fit into a pattern that fits into our "treatment program."

MR. BERLINER: Dr. Groupe, I appreciate your remarks, which are very realistic. You touched on one subject which intrigues me; that is, the business of looking at some of the alcoholic inmates as people who can drink responsibly, as against another group of alcohol defendants who have gone past some point of no return, so that that abstinence is the more reasonable goal.

I am confronted with the same issue where I work. But what I don't know is how that distinction is established. How do you decide which of your clientele, patient load, can learn to drink responsibly and which have gone past that point and need an approach which aims at abstinence?

DR. GROUPE: Frankly, I don't know. I haven't tried it maybe because I am afraid to. It is a radical concept. It has been tried in the Department of Mental Hygiene—in fact, I can refer you to a monograph, I have one with me, where it was tried at the State Hospital. It was more of an inpatient rather than outpatient program. Therefore, it might be more applicable to a pre-release program.

But I don't have any criteria. It would have to be strictly on a statistical research basis. We would have to set up a program and try the two groups, and try to establish some criteria for differentiation.

MR. BERLINER: I think this opens up another issue which lies behind a lot of what we are struggling with now, and that has to do with defining the group with whom we are concerned. And that means some basic definitions about

what we mean by alcohol addition, what we mean by alcoholism.

I imagine that every group that has got together to talk about alcoholism is struggling with this issue and with only limited success. But that doesn't mean we shouldn't take part in that same struggle, too. Because I think we are dealing with a very heterogenous population and when we use the term "alcoholism," we are glossing over a whole complex of definitions.

It is like referring to schizophrenia, really a number of different illnesses. We may be talking about a number of different conditions when we use the term "alcoholism" and we are going to continue struggling unsuccessfully until we factor out the specific groups we are talking about rather than to presume one group of alcoholics.

DR. GROUPE: We can right off the bat divide our population or people we are talking about into two major groups. One is the criminal who uses alcohol, or the other would be the alcoholic who becomes a criminal by virtue of his being under the influence of alcohol. And the treatment program for the two would have to be separate and distinct from each other, different.

We are dealing with different basic problems, and I am still looking for a good definition for alcoholics. There are many, but none of them which will fit or make me feel comfortable.

DR. RUSSELL: Could I ask one question? What are your criteria for success or failure? I mean, that is a very gross criteria, failure. One who comes back?

DR. GROUPE: When you consider the men in our program had multiple incarcerations, have reached the point they felt it is time they straighten up, stay out of prisons, if we can keep them out of prison or out of the hands of the law other than an occasional drunk tank visit for a period of two years, we consider it a success. Especially as one man, who is 59 years old now, relates that he doesn't remember being sober more than one week at a time throughout his life since age 14 except when he was in prison. And he went for two years on our program with two slips, where he had enough drinks to get a severe reaction from the Antabuse. And that is mighty good.

DR. RUSSELL: Are you talking about the Antabuse program?

DR. GROUPE: Antabuse, yes.

MR. CHRISTIANSEN: What does your parole

agent do? Does he have special skills? Watch them? Support them?

DR. GROUPE: He has a special skill, or he had, I should say, because he died about four months ago, five months ago. He was replaced by another man who is now learning. The original parole agent was brought up with the program. He started with it originally, grew into it, and he became the father figure, which most of these men sorely need. And he had the ability of cussing them up and down, castigating them and making them maybe not like it, but accept it.

He could go in, see a man in a bar, grab him by the neck and pull him out and kick him in the pants, and say, "If I ever find you in there, next time I am going to throw you in the slammer and leave you there." Next day that guy would come in the office and say, "I am sorry."

I couldn't do it.

He could sit down and talk to them, and if they needed a couple of bucks, he would get it for them.

So our program is not just the Antabuse. Antabuse is an excuse. It is like the doctor giving a patient a pill. "Take a pill; have a piece of me." It is the therapy involved, the personal contact which these people sorely need and haven't had. The feeling of being accepted, and accepted not only by us, but by others on the program.

MR. CHRISTIANSEN: We have two groups in the State of Utah doing exactly the same thing, deputy sheriffs, administering Antabuse. They know every one of the clients because it is a small town, and it is the most successful program.

DR. GROUPE: We give Antabuse tablets twice a week. In the first place, I start out—nothing under the table—by explaining, "You can't trust yourself; if you could, you wouldn't be in the trouble you are in now. And by virtue of your not being able to trust yourself, I can't trust you, either. So instead of giving you a package of pills to take and come back and see me every week or month, I am going to give you pills every Monday, and I am going to give you two pills every Thursday, and you are going to come in and see me to get these pills, and you are going to sit down there for at least ten minutes to make sure they stay down when you take them."

So we see them every Monday and every Thursday, and they sit there for their ten minute minimum.

We have it vary from one fellow sits down in one corner, watches his watch, gets up and goes. He, incidentally, got into no trouble. He went

through the program I think 18 months and went out on parole after quite a long history of violence. To the others who come in and sit down, they will sit there for the entire hour and a-half or two-hour period of time just talking. We had one who came in, he would get up to the blackboard and spend a good bit of time drawing on the board, then stand there kidding with the others. When they closed up shop, I had trouble pushing him out.

DR. RUSSELL: If they don't show up?

DR. GROUPE: Then the agent goes out and finds out why. And if they don't have a damn good reason, they had better come the next time. If they don't, they are going to be in jail the third time.

MR. NISSEN: Doctor, you are obviously using negative reinforcement.

DR. GROUPE: No, sir; positive reinforcement.

SHERIFF PREADMORE: Negative force.

MR. NISSEN: Thank you, Sheriff.

DR. GROUPE: I can't say sitting there a couple of hours or a couple of times a week is negative reinforcement.

MR. NISSEN: No. "If you won't do this, you will be put in the cell," that's negative reinforcement.

That is exactly the kind of parole agent I was for about 18 years, and I was really working under an assumption that I was very effective. I think I was highly ineffective.

DR. GROUPE: Again, you are making an assumption. I said that that is the contract and that is what we tell them. I didn't say we do it.

I have not yet had to send a man back to prison. We had one man the parole agent felt got too far out of hand. He sent him back for three weeks, then I released him. But that is the only one. The only others that have gone in were those picked up drunk and put in jail long enough to sober up. We have not used it. We have used it as a threat, but have not used it.

MR. BERLINER: Behavior is in response to the threat.

DR. GROUPE: Like a parent saying: if you will do this I will spank you; if you don't, I won't spank you.

He may not spank when it happens.

There is a good deal of testing. I think we have reached a point when we can tell if it is testing or not.

DR. PAVLOFF: Our schedule calls for a break

at this point. Can we take 15 minutes and then come back?

(Whereupon, a short recess was taken.)

MR. MOONEY: Could we begin this session?

During this second session, we have a number of papers to be presented.

We have a statement to be presented, summarized, and discussed. Just briefly, Mrs. Gay, Dr. McAlister, and Mr. Wells have papers they will summarize; Sheriff Preadmore has a statement which he will summarize, and Justice Christian will give us a presentation. I would like to begin with Mrs. Gay, who is Director of Alcohol Services in Polk County.

MRS. GAY: Thank you, Mr. Mooney.

First of all, my paper is very, very long. I didn't intend it to be so long, but I got started and couldn't get stopped.

Just briefly, my background is I came from the criminal justice system, I came from the Polk County Department of Correction Services, which I think some of you are familiar with.

MR. MOONEY: One of LEAA's exemplary projects.

MRS. GAY: Right. And am now strictly in the alcoholism business.

I feel after what I have heard this morning that I must be on the opposite side from most of the gentlemen here. I am not in favor of institutions, as you gentlemen speak of them. I am in favor of a release program, such as we are doing on an experimental basis in Des Moines at this time, where you start preparing for probations within hours after you have been charged with a misdemeanor or felony. So during the time you are waiting for trial, during your pretrial period, a pretrial supervisor, a trained alcoholism counselor takes the very negative things in your life and works with those negative things. And doing these things we now have five, what we call facilities. There's an Iowa law that allows our County Board of Supervisors to name any facility as a jail, so we have half-way houses, we have a hospital that is considered a minimum security jail where we house alcoholics for a period of sentence, rather than in a regular jail facility.

I don't know how much more to expand on the program. I have a staff of better than a dozen at this time. We have a variety of people. I agree with the paraprofessional theory. My Assistant Director is an attorney, former Assistant Attorney General. I have a court counselor. I have three people working with courts every day, both

Municipal and District Court. One of our court counselors has 400 arrests himself and is one of my most efficient employees.

We do not have a paraprofessional training program as Mr. Nissen has in California, which I would be very interested in. We do have alcoholism counseling programs within the State of Iowa, but we don't have anything on that scope.

I personally feel that time in institutions is dead time. I think the valuable time is before the man goes to trial, the three, four, five months that can be spent in an alcohol treatment program, both as an inpatient for a number of days and as an outpatient—I don't think you can measure that against the time that is spent in an institution after he goes to trial.

MR. MOONEY: I have a question concerning the program components which you allude to in the paper. Is there specialized treatment for the alcoholic offender within those program components?

MRS. GAY: Well, briefly, everyone is interviewed every morning in jail with the exception of Federal prisoners. We do not interview anyone that is on a hold from another State. So the ones who do not have a problem with alcoholism are taken out, either under the pretrial release program, under the point system or under the community corrections program, which is release under supervision. Those people who do have a problem with alcohol then are brought to what we call our service center, which is the program that I direct. And then we direct them into the proper facility, whether it be an inpatient hospital program, an outpatient program, county jail if necessary, the county hospital, the VA Hospital, a minimum security facility which we call Pleasant View where you can serve a sentence up to a year or also be there on a voluntary basis.

So they are taken out, brought to a central point, and then sent to the proper place within the county.

MR. RECTOR: Why do you exclude Federal prisoners?

MRS. GAY: I presume we wouldn't have any jurisdiction.

They are all taken out on their own recognizance. We ourselves, our own office, we deal with Federal probationers.

But we don't take them out. We do put them back in.

(Laughter)

On occasion.

JUSTICE CHRISTIAN: Mrs. Gay, your paper has described a very ambitious and to me quite impressive local program. It is one that I think you would have no trouble selling to workers in the field in most areas of the country. But a lot of trouble selling to local funding authorities.

You started off saying the program is funded by a foundation in the beginning, and now there is some county money in it.

I wonder if you would give us some idea of the order of magnitude? How do you get all this county money?

MRS. GAY: I am a county employee, for one thing.

JUSTICE CHRISTIAN: How big is your budget, roughly?

MRS. GAY: Our county spends half a million dollars a year on alcoholism. We have a population of 300,000, with about 10,000 alcoholics. However, we have a good many alcoholics coming not only from outside our county, but—

JUSTICE CHRISTIAN: Is this truly county money, or is there heavy infusion of Federal grants?

MRS. GAY: I have \$13,000 of Federal money and that is all. We have a limited amount of State money. The rest is all county money.

MR. MOONEY: The Des Moines Community Corrections Program per se does have LEAA dollars.

MRS. GAY: Right.

MR. MOONEY: But alcoholic components with which you are associated do not.

MRS. GAY: It is an entirely separate division from Community Corrections, which has LEAA and HEW funds.

DR. GROUPE: Mrs. Gay, your program is dependent on existence of certain State laws. Were those laws in existence before your program started, or were they a result of the program?

I don't mean the funding; I mean the legal mechanism. You said that you could designate any facility as a jail for purposes of the program.

MRS. GAY: That particular law was passed for the community corrections facility, which we have now used for alcoholism. We used the same one. That is not passed for alcoholism. It was passed for community corrections in 1971.

It has now been expanded to the entire State of Iowa. It was originally for the Fifth Judicial District.

DR. PAVLOFF: Two questions, Mary. Would you elaborate on the screening method to deter-

mine the type and extent of the alcoholic problem of the prospective defendant?

Secondly, I would like to ask, in regard to confidentiality, if there are limits to what is reported back to the court; if there are limits, are they clearly articulated to the Corrections Department?

MRS. GAY: We do not as yet have perfected a screening method for the alcoholic, as the program has not officially come in. We considered using the one devised by the University of Michigan.

We are basically using the negative aspects in the defendant's background as a determination. We are also pulling a criminal history sheet.

And we are a small enough community, we do three reference checks.

DR. PAVLOFF: You are referring to the Michigan Alcoholism Screening Test?

MRS. GAY: Right.

DR. PAVLOFF: About 25 minutes to administer it.

MRS. GAY: Not feasible to give it, because, as we have to stand at the door of the jail, through the bars, looking into—

MR. NISSEN: Real "support."

MRS. GAY:—the drunk tank in the city jail.

DR. PAVLOFF: Would you consider the MAST a good tool, if you had the proper setting?

MRS. GAY: Right, if we had the proper setting.

We will have a new judicial system the first of July and hopefully we can have a proper setting.

DR. PAVLOFF: Can you mention the negative elements that go into this screening?

MRS. GAY: All right. Lack of education. Lack of housing. Lack of employment. Lack of family ties. Those things we use as criteria to take them out, rather than not to take them out, as it would be in the Vera-Manhattan method.

DR. PAVLOFF: These are criteria for pretrial release rather than entry into alcoholism program?

MRS. GAY: Right, but the pretrial release is an entry into the alcoholism program. They come directly to the program; they are taken out by the correction people and brought directly to the alcoholism program.

DR. GRODER: How do the correction people make the determination? Diagnose problem drinking?

MRS. GAY: We can't get the correctional people to write that down.

MR. RECTOR: No, but they have certain questions regarding drinking habits, and so on.

DR. RUSSELL: With the exception of the services provided by your staff, are you primarily parole agency or do you have funds to contract with outside public agencies?

MRS. GAY: Both.

DR. RUSSELL: You have funds?

MRS. GAY: We oversee all public funds within the county, number one.

We refer to private agencies and we have money. We are in the process now of signing a contract with the biggest hospital in the State of Iowa, biggest private hospital, to take not only private county patients, but alcoholics from the jail. This is something that we haven't done before, the contract assignment.

We also, within our agency, provide services the other alcoholism agencies don't provide. We have an attorney on our staff that deals with their problems. We have a full-time job specialist. We have a full-time welfare worker. One of the reasons I was anxious to come to Washington is we need a full-time VA contact; 61 percent of the men coming through our program are veterans. A large number of them have dishonorable discharges, for alcoholism, received during the Second World War that we feel could be overturned. And, consequently, they could be eligible for other benefits. So we have tried to make the agency sort of a supermarket. We have a psychologist who, shall we say, specializes in marital counseling. We have someone who works with the younger people. We took the agencies that were there and we took the resources that were available in the community. And the ones that were not available, the individual job slots that were not being offered by the particular agencies, we put into our own agency. This is a newly created agency, created in 1972. So we oversee the money, we refer to an existing agency that does have the service and if it doesn't have the service, then we provide it ourselves.

DR. FRANK: You say it is proposed to make application for funds. Who is the funding source there?

MRS. GAY: NIAAA.

DR. FRANK: This has not yet been granted?

MRS. GAY: No.

DR. FRANK: This is the one where you have the research and the randomly assigned groups?

MRS. GAY: We are doing it experimentally

now, so if and when—it is my understanding our application has been approved—

DR. FRANK: You are doing a pilot now?

MRS. GAY: Right, that we are paying for locally.

DR. RUSSELL: How far are you from these prisons?

MRS. GAY: About 175 miles.

DR. RUSSELL: Are you developing some kind of program with them, or are you separate from them?

MRS. GAY: Well, no, we are working with fellows during the presentence investigations so not as many are going to prison.

DR. RUSSELL: What about parolees, any contacts?

MRS. GAY: This is part of the new community-based law that was just passed in the last legislature. It is not ironed out yet. But as I say, our only contact right now is in working on presentence investigating.

DR. McALISTER: I would like to go into a couple of things not in the paper, just by way of perspective, background.

In Vermont we are either radical or naive; our correctional philosophy is quite different and the nature of our correctional population, correspondingly, is quite different than is the case in the country as a whole. And so many of the other States—California—have been discussed this morning.

Several years ago, about five years ago, legislation was passed to enable us to move totally to a community correction system. We have closed all the county jails and local lockups with the exception of one. We will close that one St. Albans, when the Sheriff retires.

We have done away with more than one jurisdiction handling any offenders. Everybody is under the jurisdiction of the Department of corrections, considered to be one of the more progressive of the correction institutions of the 50 states.

Only 1/6 of our correction population is behind bars of institutions.

Our costs are relatively high per man year, comparing figures Dr. Pavloff has in his paper, running from \$7,000 to \$12,000 per man per year. This for a correctional population of 2,400 people. Only 400 are institutionalized, of whom only 100 people have more than a two-year sentence. A man with less than a two-year sentence would go to our community correction center, up to two

years. Anything more than two years would go to the one State prison, and in Vermont you can count your lifers on the fingers of two hands—seven.

Our alcohol problem in the correctional population does stand out in particularly sharp relief compared with the Federal picture as a whole, or with other States. We are a very small State, only Wyoming and Alaska are smaller in population. We are not much larger than Mrs. Gay's one county, 480,000 people.

Our correctional population, 2,400, then, is one-half of 1 percent, rather than 1 percent, the national average.

We are a very small state. We are a rural state. Our largest metropolitan area is Chittenden County, with all of 80,000 people in it, and that is one-sixth of the State's population right there.

We are 99 percent Anglo-Saxon. We have no significant minority group. The only thing that approaches a minority group is French-Canadian; they are overrepresented in the correctional population in terms of numbers in the State. It may be a quarter of Vermont are of French-Canadian extraction, but over half of our correctional population are of French-Canadian extraction. They are not really a true minority group; they are also Anglo-Saxon, but they are our most economically marginal group.

The other reason our alcohol problem stands out is that being a rural state with no real large urban ghettos, no minority groups, we don't have the hard drug problem, either overt or covert, that you have in the larger States.

Getting back to my paper, I am Director of Alcohol and Drug Treatment Programs for the Department of Corrections. I am also Director of the Residential Treatment Center.

What we have tried to do, particularly because of the confidentiality, the awkward incompatible role of being both guard and counselor, we have started earlier this year to treat the alcohol-involved offender in a more specialized fashion. If he is in the Community Correctional Center, we use community resources. It is the philosophy of the State to use community resources wherever possible.

We started a program at what had been the State prison farm. We took it out of that division and put it in my division, Division of Residential Treatment Centers. These are men taken out of primarily State prisons, but also out of the other correction centers, so that they can be put into a

program that is not only clinically and therapeutically geared to their needs, but also gets rid of the prison atmosphere.

We actually decommissioned that place and let it sit idle for a year to help erase "prison" stigma before spending \$80,000 of Federal money to renovate the farm.

Even though those are sentenced men, many of them felons, it is run as an open institution. It is closed only in the sense that it is geographically inaccessible, which means it is 7 miles from Interstate, but that makes it geographically inaccessible.

The only correctional officer, only guards are two men for night coverage, on from midnight to eight in the morning, for coverage. Because under Vermont law, a walk-away from an open institution, if he is a sentenced man, is technically an escape.

At the Community Correctional Center programs, most of these men are furloughed out either to ambulatory day care community operated—not corrections operated—facilities available in each community, or if they are deemed needful of residential treatment, they are furloughed on what we call indefinite furloughs, which is a concept that is possible to use in Vermont.

A man, even a sentenced man, even a sentenced felon, can be put back on the street or in a private facility for the length of time that program takes, as long as he does not have to have the counter-therapeutic experience of going back into a jail-like atmosphere afterwards. The reason this is possible is that legislation two years ago makes all commitments in Vermont to the Commissioner of Corrections. No judge can determine where a man serves his sentence. A judge can establish sentence, but not prescribe treatment.

It is the Department of Corrections, which considers itself in the treatment and rehabilitation business, not only of alcohol-involved offenders, but of all offenders. Through classification committees and our professional staff, we have tried—and successfully, I think—to break the court-jail, court-to-prison cycle.

So whenever possible, throughout the whole State, a man who is sentenced to the custody of the Commissioner, sometimes to the alarm of local law enforcement people, may be seen on the street a week later, because he is on the outpatient program of that community, or enters one of the other nonestablished operations.

I go into great detail in my paper on our so-called Lakeside model, a small residential treatment center set up for alcohol and drug offenders. As a State farm prison, Lakeside was phased out primarily because we are going to spend more money on purchases of services for all offenders consistent with the Department's and Governor's philosophy of using the lowest level of institutionalization necessary for any offender. However, that new Lakeside model is deliberately low key, a therapeutic community, but less corrosive than a behavior mod model. That is the model that has been implemented at the former State farm prison.

We have a training unit task force which is composed primarily of former Lakeside staff, and I originally came to Vermont as Superintendent of that facility, Lakeside Center. That was an open center originally for probations only. And this training staff works with every correctional facility we have, all six of them, and with the several probation/parole officers, to increase or enhance their expertise in work with the alcohol-related offender and illegal drug offender.

In Vermont we also do not make distinction treatmentwise between alcohol and illegal drugs. Actually we don't have that many exclusively illegal drug abuses and most of our younger alcohol-involved offenders are also drug-involved as well.

I don't recall whether it is stated in the paper, but we use very explicit criteria to establish what we are talking about when we talk about an alcohol-involved offender. We have had mandatory presentence investigations for several years and that type of case history data plus a man's arrest record, if he is a chronic offender, generally can define whether a person is a chronic alcohol user; whether he is an abuser or not is another matter. We have set up the farm program primarily to handle those whose overriding problem is alcoholic dependency, while using community resources and my own training team in the correction center to work with offenders who have more incidental or less serious alcohol problems.

DR. RUSSELL: You were describing the Department of Corrections. Do you have parole authority?

DR. McALISTER: Probation/parole is a division of the Department of Corrections, not separate.

DR. RUSSELL: So you move a man who just got into the institution or just sentenced, for ex-

ample, he can go on immediate probation or parole?

DR. McALISTER: Minimums are illegal now.

DR. RUSSELL: Is it like a reception center?

DR. McALISTER: Again, we are a small State. Our whole corrections budget is \$6.5 million. We are still spending \$7,000 to \$12,000 per man, per offender, with that size budget, you see.

DR. RUSSELL: Do you find very many people going straight from commitment in court to parole?

DR. McALISTER: Onto probation?

DR. RUSSELL: No, parole. Probation is the prerogative of the court; parole is the prerogative—

DR. McALISTER: He would go to Corrections Department. It would be done locally.

JUSTICE CHRISTIAN: What is the distinction between probation and parole?

DR. McALISTER: Court would determine probation.

JUSTICE CHRISTIAN: Probation supervision would still be—

DR. McALISTER: Within the Department of Corrections.

SHERIFF PREAMORE: Local jurisdiction.

DR. McALISTER: It is all State.

MR. POINTER: What about parole decision-making?

DR. McALISTER: We have the Parole Board.

MR. POINTER: Are they in, but not under? How are they integrated?

DR. McALISTER: In the case of a man who is sentenced by the court, but not put on probation, he would get to parole, if our classification team feels he should be in a treatment center or on the street rather than incarcerated. He would go immediately from court to the Community Correctional Center. He would be classified within a week. And he would not go on to immediate parole, no. He would have to go before the Parole Board. But he could be put immediately by the Classification Committee on indefinite furlough.

And then the classifications team would determine what treatment program he belongs in.

DR. RUSSELL: Does that happen very often?

DR. McALISTER: More often than not.

DR. RUSSELL: He would be on the street within a week?

DR. McALISTER: With the alcohol and drug offender, it happens more often.

MR. NISSEN: On page 5, in regard to your Lakeside model, you state: "The therapeutic ori-

entation of the Lakeside model is that of an intensive, group-process, encountering environment"; then several lines on down, "and with deliberate avoidance of those humiliating or degrading techniques associated with some therapeutic communities conducted on a 'behavior modification' model."

Are you talking about syndrome? Shaving heads?

DR. McALISTER: Yes.

MR. NISSEN: You avoid negative completely and you are dealing with tender loving care, in effect?

DR. McALISTER: As I say later in the paper, it is not quite that palliative.

It is very confronting.

MR. NISSEN: I picked that up.

DR. McALISTER: But it seems irrelevant and distracting actually to sanction such behavior; deal with it.

DR. GROUPE: Did you say your Parole Board is part of Corrections?

DR. McALISTER: Parole Board is independent.

MR. CHRISTIANSEN: How do you interface with the State Alcohol Division?

DR. McALISTER: We work very closely with them. I mention them very briefly on the second page of the paper. They have an alcohol counselor and drug counselor in every community that has a community mental health center, which in a state geographically small, gives total coverage for the whole state. They work very closely with local probation-parole officers in that area.

Also being informal, they go to our staff meetings and we go to theirs, so they know what we are doing.

DR. RUSSELL: On your farm, you say you only have two guards at night; it is open. You have no guards in the daytime?

DR. McALISTER: There are no guards, no locks, no fences. Lakeside is the same thing.

DR. RUSSELL: Have you experienced much problem, you know, in terms of runaways?

DR. McALISTER: We have more problems with our Residential Treatment Centers, both Lakeside and Burlington, with people coming in.

DR. RUSSELL: People coming in rather than people going out?

DR. McALISTER: Yes. One of the superintendents of the Community Corrections said he was going to build a fence around his place to keep people out.

MR. NISSEN: You wrote: "While our training efforts have attempted to deal with these disconcerting feelings by emphasizing the importance of total candor between counselor and offender with respect to what can and cannot be kept confidential, the fact that work requirements demand that both roles be performed, continues in many instances to generate mistrust and the anticipation of mistrust." You say "This is unfortunate, because the development of mutual trust is crucial to effective counseling. Therefore, this writer is looking forward to the several inputs from this seminar which can help with the resolution of this problem in the development of meaningful, man-to-man, counseling relationships with the alcohol-involved offender."

This is sort of what I was talking about.

DR. McALISTER: These are problems I am just coming to deal with now, in those institutions other than my two residential treatment facilities where we are trying to train correction counselors whose counseling role heretofore has been getting the guy ready for transfer committee and the like, to extend to him more specialized expertise in working with alcoholic dependents.

But this is a problem that you mention very dramatically of a guard wearing two hats, generally, although we are beginning to meet with some success in this area, generally by peer pressure from the other offenders themselves.

MR. NISSEN: In other words, they are doing it themselves without counselors?

DR. McALISTER: They have to do it themselves without counselors.

This is particularly true with our attempts to make paraprofessionals of people with long sentences. See, we take a guy out of Windsor, out of State Prison, who was sentenced before the minimums were done away with, who still has five to twenty year sentence for armed robbery. He completes the Windsor program in eight months, the farm program, alcohol rehabilitation program in eight months. But he still has three years or twenty-seven more months before he is eligible for parole. It would be countertherapeutic to let him finish that and go back. He will stay there as trustee and operate the washing machine, or he will hopefully, if he has the capability for it, become part of the on-going training of the staff.

All of our training programs are continuous programs.

MR. MOONEY: Are there any other questions

or comments with regard to Dr. McAlister's presentation?

We will move on to Mr. Wells.

MR. WELLS: I really enjoy laying back, reading the papers, because I find, more likely than not, I am the subject of these papers, being a five-time ex-offender and a Black, and by some people's classification, an alcoholic. But I would like to destroy a myth so general in courts, prison systems, and alcoholic rehabilitation programs that I have seen, that Blacks or minorities do not become alcoholics, that we don't have the problem like whites do. Because of this theory in courts, in the prison systems, nobody pays a lot of attention to it.

I am in the strange business of being an untrained paraprofessional who runs an ex-convict program in Texas that has been very successful for about 3½ years. We deal with the total man. Alcoholic abuse by minority, when it constitutes a problem, is related to crime. I heard somebody here say, I think Mr. Nissen, he has to ride herd on his people Sunday afternoon. I find myself riding herd on the Black minorities from Friday night through Sunday.

Every Black I get works on construction or some related field. He gets paid on Friday night. He patronizes the local tavern Friday through Sunday afternoon, and Monday morning he is broke. And usually what happens is the hangover starts or he gets to bed too late Sunday night and is not able to go to work on Monday morning, and he returns back to crime.

What we have been able to do in our program has been to sit down and talk to the Blacks and get them to recognize what the problem is.

When I was a juvenile, some juvenile judge told me when I was 15, "I think you have got a drinking problem."

I thought that was really something to be proud of, I had a drinking problem. I went through criminal justice the next 30 years, through courts, juvenile services, and finally through the big institution, and when I was in prison for the fifth time, some young guy with long hair in the Sociology Department looked at my record and said, "You know, I think you have a drinking problem." He told me things I could do about it.

Again, you talk about people in prison wanting to get out, that is true. I think the first two or three times I served, that is all I thought about. No problems; problem is how do I get out of here.

But, boy, after the third hitch, I began to be afraid to get out, because I didn't know what the problem was.

Alcoholics Anonymous is probably the most effective alcoholic treatment program in my part of the country, and they kept that segregated for years. Weren't particular about a Black going to it.

Somehow I got into it, stayed into it. It took me some time to apply it on the free world level, because out there again you were faced with the barriers of being Black and you could attend, but you could not participate. And we just in recent years in that part of the country have been able to become a participant.

So what we did in our community was to open these houses at the expense of the government, and they are run like a loose AA group in some places, and like a tighter AA group in other places. I have 14 people on my staff, all ex-offenders. They are the counselors, supervisors of these houses. And in the three-year period, most of the people we get are multi-recidivist like myself, people Parole Board is ready to turn out, but doesn't have anybody to turn them to. Our program has been the only one in Texas that has been endorsed by the parole authorities, by the prison authorities. They are referred to us, and lately they are beginning to say he is this guy's personal property. Somehow they will ring out a drug problem or alcoholic problem, or plain old living problem, so we know what we are dealing with. But we deal with him on the level—we cuss him out if it is needed, castigate him, do what is necessary.

We have in three years something like 3.8% return rate to prison. Surprisingly this has been done at a very low cost to the government.

In three years we served something like 580 people. It has cost something in the neighborhood of \$50,000 in three years. It has cost our community about the same. Community in which we live. And here is where the job is done.

We found we had to go to the community. We had a three-year education plan for Rotary Clubs, Lions Clubs.

We got to these judges and district attorneys and sheriffs, conferences, conventions, and we were able to point out some of the problems that we never looked at before, and now we get some pretrial people. By going to these judges and pointing out what the problem was—now sometimes we go into pre-sentence investigation, find

out what the problem is, whether it is alcohol-related crime, can this guy be helped in a community-related program or should he go to prison.

It works very well. The only hangup I have is that the programs inside prison do not reach the people that need it most. The majority of the people, offenders, in prison populations, are minorities and the personal problem is sort of overlooked. Judges, prison administrators don't have time for it.

In Texas, the population is so huge we have something like 17,000 people in 18 units. We have got one alcoholic counselor in a unit with 500 or 600 people, handling a range of programs and therapy sessions at night. There is not enough time for one-to-one counseling to get into the personal problems.

What we are able to do in Texas now, they permit us, I know one unit in particular where they have taken 15, it is an experiment, 15 of the people who made trouble in prison all the time and they took them over to us, we get a room; it is not bugged, no guards present. And we sit down and we rap with these people. Some of them have Muslim leanings, others have H. Rap Brown leanings, others just mixed-up people, criminals. I would say, "I have a problem with alcohol." He would say, "Hey, what do you mean, you have a problem with alcohol?" I would say, "I would go in a joint on Friday night and wouldn't come out until Sunday." He said, "I do the same thing."

And Alcoholics Anonymous hadn't been able to get this message over to him. The word "Alcoholism" doesn't get through.

He is like I was. He thought alcoholism was a daily thing.

DR. FRANK: You talk about AA and you say "it can do a better job if courts, prison officials, and others would make it mandatory for those persons in prison with alcoholic histories, rather than a choice." You say "This would be coercion, but necessary."

This is an issue that sometimes prison people skirt around, the idea that you are forcing somebody into treatment and therefore it can't possibly be treatment, because he has to come willingly on his own. It is an interesting position that you come to.

MR. WELLS: In Texas the legislature passed a law that made it mandatory a person with limited education attend school until he is in third grade.

If you can see alcohol in crime, what is the dif-

ference in making him attend an alcohol education program and make him attend a literate school?

MR. GOTCHER: I think the person who goes to a penitentiary has a problem that will keep him from going back into society as a successful citizen. It should be compulsory that something be done about it. If he is illiterate, he should be made to go to school.

If he has an alcohol or drug problem, he should take some kind of treatment for it.

I think that is being proven, that that can be effective now. I know the old AA idea, you have to hit certain bottoms. But you can bring the bottom up to the man.

(Laughter)

MR. WELLS: You talk about bottom. AA talks about alcoholic bottom.

Minorities don't recognize alcoholic bottom. They recognize a bottom. That is where we have been. We don't know if we can get up or not.

MR. GOTCHER: But in your industrial programs, you tell a man he can take treatment or lose his job. If he gets picked up for drunk driving, he is given a "choice" all right. He pays \$200 and loses his license for a year, and if he is caught driving without a license, it is just good-bye forever. Or he goes to school for alcoholic education. That is not much choice.

Now, I feel like you do, that we are not going to reach the man in prison who really needs the treatment unless it is mandatory.

MR. WELLS: Most of the people in Texas go to prison from your urban cities, you know, Dallas, Houston, San Antonio.

Prison system has a 95 percent agricultural program. They don't like it, but they are forced into it, so why not be forced into something that is going to do some good?

MR. GOTCHER: They don't have a choice which camp or prison they go to.

DR. RUSSELL: I rather doubt if anybody goes to treatment voluntarily. There is always some pressure, wife, family, or something.

MR. GOTCHER: Was for me when I went.

MR. WELLS: Many an alcoholic, when he first comes in, may not respond to it. In my own case I heard it, but it took some time, some learning, and butting my head against the wall before I thought maybe the answer is over there. At least I knew what my problem was, because of this orientation through AA.

It was up to me when I decided I wanted to do something about it.

When I finally decided, it all just came back to me. I had it, you know, from years back.

DR. PAVLOFF: Mr. Wells, does not AA reject membership under coercion?

MR. WELLS: Yes. This is again, in the free world AA, they say you have got to want it. But I am not talking about AA; I am talking about alcoholic education in prison. AA-oriented if you want to, but if prisons are going to become treatment centers instead of punishment centers, I think it should be part of the program.

When you come in, you learn something about yourself. And if you don't want to, we are going to tell you anyway.

DR. McALISTER: Pursuant to that, in our farm program, the alcoholic offender comes there from a locked institution. When he goes before the transfer committee in order to get to the farm, he has to agree that as a condition of going to that program, he will participate or try to participate in the program. Nobody would be allowed to go into that or any of the outpatient or community resources without a verbal commitment, contract to participate in the program.

MR. NISSEN: Mr. Wells, the paraprofessionals I have got in training, they all read your paper and really appreciate it.

MR. WELLS: We have such a training program at the University of Houston. I am on the advisory council. We instituted a program for the training of counselors in alcohol and drug related problems, and I insisted all of my people take this course. Even if we can't get the tuition funded, we pay it ourselves. But through this training, the Department of Labor, which has the manpower program and some half-way houses around the country, has seen the need to use ex-offenders. So we are getting calls from all over the country to provide them with people who can function in this capacity.

MR. MOONEY: Mr. Wells, in your statement you point out in conclusion: "We would advocate a special and exclusive alcoholism treatment program for probationers and parolees."

I think I have two questions, the first of which is under whose authority would the program be administered? And the second question is what types of treatment techniques or modalities would you recommend?

MR. WELLS: I come under the Texas Commis-

sion on Alcoholism, and get the funds from NIAAA here.

There is a convict subculture, 26 percent of the people who come to our program are admitted alcoholics. Another 22 percent were alcoholics who never knew they were alcoholics until they came to us. One of the rules we have in our facility is nobody drinks. You endure our program for the time necessary until you get out, no drinking. Drinking can mean expulsion. Drinking can mean report to the parole officer, because this is what you agreed to do.

I would like to have in all of the facilities, sponsored by the Texas Commission on Alcoholics, for the alcoholic and the alcohol abuser, really an alcoholic education program, particularly for the minorities who come in, who get out of prison with 5.0 average, and just haven't been able to grasp the alcoholic program that they provide in prison.

It takes some sitting down, man-to-man counseling, man-to-man planning, as to what is tripping you up. Prisons just don't have the time or the facility or the people to do it.

MR. MOONEY: Are there any other questions?

The next statement, which will be summarized, is Sheriff Kenneth Preadmore's statement. He is the Sheriff of Ingham County, Michigan.

SHERIFF PREADMORE: Basically my philosophy is very simply that we can do something at our county level of confinement. Warehouse and State level are going to continue to be failures as they have been in the past.

Very simply, it amounts to this. We have in our program four major questions to take a look at: Number one is the facility. Second was the salary structure, in order to hire the personnel, to operate the institution.

The third was the utilization of the institution to treat the patient, not the crime he has committed, that he was there for.

Fourth was to provide the courts an alternative to what they have normally done. If no other alternative, to provide a new sentencing concept.

If we are going to help our people, then we have got to start at kindergarten level of corrections. It is in this level where we make criminals of these people. It is not the police that make criminals; it is the local jailer, the housing, the treatment of them.

When we have completely destroyed them, the court then has no other alternative than to send

them down to the large warehouse, where you continue to help that problem along.

Based on this, I attempted in 1961, in the role of sheriff, to make changes within the system. What I was attempting to do was take a look at the pattern we have in our jail system. If we can assist them at this level, give them alternatives to a life of crime, life of alcoholism, life of drug abuse, find out what are the root problems, causes of the problem, attack it at the local level, provide alternatives—we may be able to reduce at State level the need for institutions.

Based upon this, I prepared an application to National Institute of Mental Health, back in 1964, but it was turned down.

Then I tried with the Office of Economic Opportunity and all the other organizations. Finally I went to the local Board of Education and interested them in providing a person half time in the institution, half salary time, number one, to study exactly what problems we have in the jail.

Out of this came indications that there were areas where we could help.

Then the LEAA came along and I was able to get them to hire a program administrator to work with the committee and myself to bring together the talent in our community, which is in every community in the U.S.A. People who would be interested in the person, who would attack the problem the person may have.

Out of this program we were able to advance to where we are providing the courts an alternative. Now, my jail is run by a clinical psychologist. Every person coming into our institution undergoes a series of tests to detect his particular needs, and then he refers them to the particular area of the program.

We found our client is poor, because only poor people go to jail. If you have money, you don't go to jail, unless it is a case of murder. Therefore, we tried to find how to assist these people.

Out of this, we found the level of education is approximately 9½ years in the institution. They compete on the open market with a person who has a high school education; 25 percent of them in the system were from broken homes, which meant a problem there of guidance from maybe the strong person in the family, father image.

Thirdly, we found approximately 42 percent of them had been involved in alcoholism of some nature. Again, I want to reaffirm that the clients in our institutions are all either alcoholics or very

likely will be if their mode of life doesn't change, because of frustrations they are going through.

We found also that approximately 38 percent were raised on welfare, which meant a continuation again of the cycle of poverty or ghetto existence.

So what we want to do, then, is, number one, try to give them alternatives. Michigan State University being in my county, we are also blessed with many types of resources. We have a tremendous amount of white collar workers there. We have a very extensive industrial family.

We also have the academic setting, 40,000 students affiliated with Michigan State University. Then we also have the farm element.

So we have the cross-section.

We established a school system in our jail and this is funded as a regular night school by the Board of Education. We have nine teachers assigned to the institution. We have real education, also equivalency. We issue diplomas, and do college preparatory and educational training.

Also we took those who could not work within the school and would teach them trades. We have automobile mechanics, floor maintenance, many other things—farm work and everything else.

Our staff then found that 62 percent of our population was in the drug abuse area, either alcoholism, or illegal substance. And so I went to Health, Education and Welfare. We asked for a program and received a grant. We have two doctors, psychologists, on the staff who head the program. We have clinical workers, therapeutic workers, job placement personnel. Out of this we also established clinics, in the tri-county area.

So we went to the courts and said instead of leaving them in jail, here is an alternative of action. So our criminal system, instead of sending a person to a State institution, because of lack of any help locally, is now sending people to the program on probationary basis where they must attend the classes to receive their high school diploma and must attend drug abuse. Upon recommendation of the clinical workers and staff, they can be released to the community. Also we instituted a program whereby the union and industry will place our drug-oriented people or alcoholic into the manufacturing or into industry, business. They will have to run weekly urine tests. In return, the industry is also signing contracts and sending people in.

County jails are not short term. You have a person waiting trial, awaiting sentencing. It is not

unusual to have a person in jail a year and then their sentence may have them for another year.

We are now doing the work of testing the individual, finding out his needs and providing to the court a full background. Because first offenders very seldom had a presentence workup, probation many times returning him back to conditions that brought him there in the first place.

I have 52 people on staff with Master's Degrees and above.

Another situation is guards, low pay, lack of training—sorry, time?

DR. PAVLOFF: I don't want to just cut you off. But I think if we are going to break on time for lunch, we should sum up.

SHERIFF PREAMORE: Yes. Now we have a training program for jailers. We are offering bonuses for graduate people. I have four police officers going to school, paid for by the government.

We are working now on this mandatory training board for correction personnel.

I feel very strongly that the place to rehabilitate or to assist is the local community. It is too late at the State level.

MR. MOONEY: Are there any questions?

MR. RECTOR: Why don't you use volunteers?

SHERIFF PREAMORE: We do, but they are under the control of the professionals on the staff.

We have volunteers from universities, students assigned, receiving teaching credits. We can break our student populations down to four students to be teachers of our classes, no bigger than twelve. We have a citizens advisory committee. We have 40 people who meet monthly, librarians, religious people, people from the industry who are going to hire my people.

If the judges can participate, they can do about anything they want. They can make a man work and bring his paycheck before him. The answer is to bring the courts together into the correctional system. They can do anything.

DR. PAVLOFF: You all look like you are ready to break.

(Whereupon, at 12:25 o'clock, p.m., the seminar was recessed, to reconvene at 1:30 o'clock, p.m., the same day.)

Afternoon Session

DR. FRANK: On this first afternoon session, we are going to take up some of the issues involved with institution programs, incare treatment of one sort or another. I know that this

does raise the hackles of some of the people who are concerned with the idea of diversion and community corrections.

First let me say that in the Bureau of Prisons, we are interested in diversion. We are interested in community corrections. We have an increasing number of people who will be given probation and given services under the Bureau of Prisons auspices. But at the moment we are going to address the question of those other people whom the courts have compelling reasons to commit to the care of the Attorney General.

We are going to have to hold some of our disputes about locking people up in suspension.

I am, first of all, calling our attention to my paper and just mention the fact that it is full of questions. I think it is full of questions because it reflects the state of knowledge with regard to alcoholism programs.

I think that we are terribly aware of the problems of inadequate detection and diversion, and also critically aware of the problems of no officially sanctioned after-care except what can be provided on an ad hoc basis by the probation officers, many of whom have giant caseloads and may not be able to give the individual attention that the alcoholic offender needs.

I would like to stop making any comments about my paper, and entertain any questions or comments from the rest of the group.

DR. GROUPE: When you asked the question, what is alcohol abuse, was this thrown out actually as a question or do you have an answer?

DR. FRANK: I currently don't have an answer. We have two operational definitions because we have two alcoholism programs, at the moment, and the Bureau of Prisons doesn't have a bureau-wide alcoholism treatment policy. We are developing it. And I will have to really turn to Mr. Phillips and Mr. Berliner for their solutions. We are just beginning to get into the business of alcohol treatment per se. We have had Alcoholics Anonymous programs for many years with various degrees of intensity and success.

There is another issue here which I haven't addressed in my paper, but it is a common theme here today, which is perhaps it is better not to have a separate alcoholism strategy but to have a substance abuse strategy.

DR. GROUPE: I don't think that is practical. We are dealing with two different problems. The

problem is not in the addiction, but in the social reaction to the addiction.

Since alcohol is socially acceptable and drugs are not, we have different programs for treatment. I mean, different problems of treatment and different problems of presenting to the public.

DR. FRANK: You are saying it is sufficiently different to justify specific programs for alcoholics?

DR. GROUPE: Yes, there is a social difference.

DR. McALISTER: Do you really want to get into a debate on that or not? I feel very strongly—

DR. FRANK: What do you have in mind?

DR. McALISTER: I feel very strongly in favor of the combined program.

I agree with these gentlemen that alcohol dependency and drug dependency develop in very different social settings. But I think effective counseling techniques would work with either alcoholic dependent persons or illegal drug dependent persons; they are not that dissimilar and can very economically be run together. That had been our experience.

DR. FRANK: Common administration, at least?

DR. McALISTER: Common administration, and in some cases mixed population.

SHERIFF PREAMORE: I applaud his concept very, very highly.

Alcohol and drugs, if kicks run down from one, they may go into the other.

MR. CHRISTIANSEN: We have to deal with reality. Inmates in our state facility have strong feelings to remain separate. Whether that can be bridged in actual implementation or not is separate, but they certainly have those feelings.

MR. GOTCHER: I found in our work at the penitentiary that if we combine the two—I tried it in one or two camps—when we started, even though we explained to them it is exactly the same problem and we start talking about alcohol, we lose the drug addict; and start talking about drugs, we lose the alcoholic.

I do think the same type, generally the same type of program is effective, and the same management and staff and all that can be utilized in the two programs. But I think in treating them, let's say group work that you do particularly, you need to keep separate groups. I think that has been proven out down in Atlanta, that big alcohol and drug addiction center they have down there, I forget what they call it now. They changed their name. They were trying to treat

them both together. They are doing it in the same facility and everything else, but treating them separately now, I understand.

DR. GRODER: I think my initial experience with this had to do not with alcoholics versus drug addicts, it had to do with drug addicts versus bank robbers, very similar kinds of things—bank robbers had nothing to do with drug addicts, drug addicts didn't think bank robbers were very cool. It creates tensions between the groups.

Either the program can break the individuals loose from their affiliation with whichever one of these cultures it is, or the program can't. If the program can't, it might as well be separated, because otherwise the system promotes irritating hassles between these warring groups.

So my proviso is mixed program is good if the program is prepared to use the tension, the difference between the cultural values, to make each group break loose of its way of doing things. If it is not prepared to do that, you might as well do it separately. But you can, as mentioned, use very similar methods. This has to do with preparedness of the staff. You can get to a riotous kind of situation; they really hate each other's guts, like Republicans hate Democrats, and vice versa.

DR. McALISTER: I am simply going to say in response to Martin that in our group process work, we deliberately do capitalize on that tension between these guys of different backgrounds. And deliberately seek to have as diversified a mix in the groups as possible, breaking down on age rather than on background.

DR. FRANK: I would like to follow up on that point to say also we have a practical end to serve here, to bring the alcoholic problems more into the consciousness of people in corrections. I think that perhaps artificially separating the alcoholic problems at this time may get us more money and resources faster. Perhaps in the long run we will be able to blend them.

MR. NISSEN: In an institution you do have a separate system. But on the streets, the addict when he gives up drugs—we found 100 percent will become alcoholic. As soon as they give up heroin, they immediately get on the booze, which has really complicated things. They have to work through this, too.

DR. GROUPE: I agree with Mr. Nissen, some of my failures stopped drinking, but got picked up and sent back to prison on heroin.

DR. GROUPE: Possibly the first step is to educate people as to the similarities between alcohol and drug addiction. Because the only actual difference between them is the social difference.

MR. NISSEN: I agree. It depends on which side you come from. Heroin is as common in the ghettos as using alcohol is anywhere.

DR. GROUPE: But heroin is not as damaging to the body as alcohol is.

MR. NISSEN: That's right. I have never found a sick heroin user.

DR. FRANK: One comment. I think we have all pretty much expressed ourselves about the value of community programs and I would just like to emphasize again the dearth of after-care programs, at least in the Federal level, from what I have heard on the State level.

I was wondering if before we turn our attention to some of the other papers and comments, would anybody like to say something about after-care? Specifically as it relates to programs where people have been in incare programs.

DR. GROUPE: We don't have one.

DR. FRANK: You don't have one? There is a deafening silence here.

MR. CHRISTIANSEN: Our experience has been that notwithstanding what we try to do in the institution, they can adjust to that social setting all right, and the pressures in an isolated, virtually isolated social setting.

When they get out into the community and start experiencing real life, they couldn't adjust to the pressures that brings to them. And without an after-care program, everything that we tried to do in the incare program in the institution is to no avail.

DR. FRANK: Yet it is strange that there are virtually no after-care programs.

DR. GROUPE: I don't think that is the case. I think the lack of coordination between the institution and the after-care programs is the real problem.

DR. RUSSELL: In Minnesota's Twin City area, we have over 100 half-way houses for alcohol and drug addicts. And they are utilized by the Corrections Department. As well as the major alcoholic treatment centers and hospitals.

DR. PAVLOFF: Dr. Russell, the half-way house movement is a particular interest of mine. Did you mean 100 beds or 100 half-way houses?

DR. RUSSELL: Houses. We have a man in the business whose job it is to look into and catalogue. He got up to 100 and is still going.

MR. CHRISTIANSEN: All kinds? Alcohol? Drugs?

DR. RUSSELL: Majority are alcohol.

Some run about ten people. A lot of private citizens, AA groups, start their own half-way house facility.

DR. McALISTER: I believe we have a very extensive after-care program, probably more thorough for the ex-offender than any other State client, because we continue to use the same community resources he was furloughed to in the first place. It is simply once he is off probation and parole, it is no longer mandatory for him to continue forever, but the half-way houses we use also are for the most part community operated, rather than through the State government.

The Federal Probation Officer in our area, all one of him, has most of his clients in these same after-care facilities.

DR. FRANK: I think maybe we could turn our attention to your paper, Mr. Gotcher.

MR. GOTCHER: The penitentiary program, regardless of how strong it is and how well it is put together, is of marginal value unless you have an after-care follow-up program to go with it. I think it is for—

DR. FRANK: Would you like now to comment, continue and give us a summary of your paper?

MR. GOTCHER: Most of you have read my paper, but I believe that if you tried to find an institution in which you can't put a successful program, and if all of you got together and found out the type of program should not be put together, probably I have got it.

So I start off with a couple of strikes here.

I came to the penitentiary some five years ago as a retired businessman to try to put together a program by myself. I worked for a little over two years on my own before I was able to get a little money from the OEO, \$40,000 to begin establishing a program. In the meantime, I contacted the NIAAA and they in time took over the funding of the program.

If we have success, and I hope we do, it is based on the rapport my counselors and I have with the inmates.

What we do is rather simple, nothing new about it at all, it is a matter of taking some old tried-and-true methods of alcoholism rehabilitation, and putting them together in one package, pick them up and set them in the penitentiary.

In the first place, we work at the reception

center, to find out who actually has the alcoholic problem as they come in and to interest him in this voluntary type of program.

We have 18 camps now, we have 26,000 acres of land there in one block, and these camps were put around, spaced around on this 26,000 acre area.

They were established back in the days when we had to walk from the camp to the field, walk back, same as the old tenant system. Didn't have ways of hauling around, except wagon and mules. It is a little different today. But camps are still there.

So the program had to be put together as if we were working in quite a number of penitentiaries under one administration. Whether they are half a mile away, five miles apart or fifty miles apart, it would be the same thing except the travel time to go from one to the other.

I have each counselor assigned two camps to work and we hold two group meetings a week in each camp on specified nights. The group meetings are A type, we call them, dealing with alcohol, fundamental principles of AA; how they might apply them to their life, anything to do with alcohol, using slides, presentations, pictures, outside speakers, discussions, and so on.

The B type meeting, held once a week, is when we are heavy on this basic interpersonal relationship type of group therapy. We break these larger groups down into groups of six around a big dining hall. We have done some work with encounter-type groups, but it is not working out too well. We are going to try it a little bit further. Fortunately, having these different groups, we can try one thing in one group and not try it in another group to see how it works out.

We are also very heavy on the idea of this one-to-one counseling, one-to-one rap session, I call it eyeball-to-eyeball. These counselors spend more time doing that than anything else.

We start in with this new man, sitting there rapping with him. After two or three times that creates a counseling atmosphere.

We are not associated with a penitentiary whatsoever nor the State. Those men who are associated with the penitentiary, even the chaplains, the inmates consider them as policemen, not trustworthy, and they won't give them their confidence at all. I think a lot of it is because of the class of people we have working there in custodial care. In time they learn to have confidence in us. Counselors visit regularly in these camp

groups so that they get to know this man, outside man as well as their inside counselor, so when they go out, he is the major one who contacts them. They do have confidence in them. They are constantly looking for him when he comes around.

You can hear them holler a block away, want to stop and sit and talk with him, shoot the breeze with him.

Then we believe very strongly that these men who are going outside the penitentiary should have suitable employment. By that I mean jobs that fit the man or his capabilities and in a locale that will accept him.

Now, some of these localities or some of the communities will accept John but won't accept Joe, according to his crime. Why he is there has a lot to do with it. So we have to be careful about that.

We do go out and find these men employment. We are not having difficulty finding ample employment for all of them. Sometimes we have to reemploy them. We make mistakes in wrong placement, and they don't get along there; we go out and reemploy them. If they are on parole, we call the Parole Board and let them know we have changed the man from one place to another, which they allow us to do.

We are heavy on this follow-up business. We divide our program actually into two parts, inside part of the program and outside part. Outside part of the program, part of it is follow-up. And we are providing one-to-one sponsors for these men on the outside.

I don't have enough sponsors right now. My system hasn't worked out too well. I am changing it. That is, I am upgrading it to where we will have at least one person who sponsors each man who goes out. As it is now, we are about 45 percent.

Some have been sponsored by men out a couple of years on the program, doing well out there. We don't call them "sponsors," but they are looking after them for us.

So we are treating about 300 at a time, average, about 300 on the inside program at a time, and we keep rather close check on them on the outside. And even if they go into other States, we are able to keep up with them fairly well.

I know two men who left the penitentiary who were not in our program, but I liked very much and they got—or in California they were on parole and they ran, and I was told by the inmates exactly what they were doing. Of course,

I can't give that to authorities. The first time I gave something like that away, it would lock the door. I can't do that.

So we do keep rather close check on them. We keep a rather accurate set of records, I think that is important in our business, of our activities and participation of the inmates in the program.

We don't consider the man an outside client, a member we might say for certain services, unless he has been in the inside program six months, has been a regular participant in the program for six consecutive months prior to the time he goes out. The reasons for that are two: one, we don't think we can do anything for the man in less than six months, sometimes I doubt that is long enough; but we do put that criterion on that.

And then some get in for the \$100 and clothes we provide at release, and not for what we want.

I have had a chance to talk to three or four dozen inmates who have gone out and made successes in life and they are the people who should sit down and talk to you.

I haven't found one yet who got into the program for what it was for, but if they are there long enough, it begins to wipe off. They find it is something they need and want.

If this man is a regular participant in the program for no less than six months, he can't miss three meetings in a row, otherwise you take him off the rolls and the only way to get back on the roll is to come back in, but then he starts his six months over again.

So if they are there that long and even just sit there and twiddle thumbs, they are going to get something out of this, and sometimes a lot more than we think.

If they are there six months, I claim them, good or bad. I might think he will be back in three days, still I have to get him a job and all those kinds of things.

So some of them I knew had no chance in the world of making it, but have been out a couple of years, doing fine; others you know are going to make it—and get in trouble right away. So I can't outguess them.

Now, the first three years I was there, I kept some records on our work. Then October 1st, two years ago, we set up a very accurate system of statistical work and records, and our return rate—now, we think of our successes, the poorest way in the world to do it, is percentage of people who stay out.

Now, we take those who are not only parole revocation, but those who come back for new crimes, we combine those; they are our clients and they are back in again in that penitentiary or another one.

So today, our percentage of returnees is running 4.6, all types of return, which is about 1/10 of the general prison rate.

Now, we don't have any accurate information as to number of all returns to prison for new crimes. They have got it, but I can't get it for some reason or another. But I would think that it would run at least 45 percent total, both of them put together.

We know our revocation rate from parole is running about 28 to 30 percent, without new crimes.

SHERIFF PREAMORE: I have a question of the gentleman.

Is this open to all inmates of the penitentiary or do you select whom you want? What are the criteria given?

MR. GOTCHER: We are not really close enough on our selection. Alcohol is not the biggest problem of all our clients. For some it's narcotics. Some would continue to commit crime even if they got a life-time shot of Antabuse.

DR. McALISTER: How do you maintain and keep maintaining the idea you and your staff are not part of the prison staff? How do you keep up the credibility of that image that you are there regularly, all the time, and not just coming in for institutional—

MR. GOTCHER: They know we are not funded by the penitentiary. They know the penitentiary is not in position to tell what we can do.

DR. McALISTER: How do they know that?

MR. GOTCHER: They know it. They know it. I am sure they understand it. I make sure of that.

DR. McALISTER: I mean, you tell them?

MR. GOTCHER: Oh, yes. Yes, sir.

DR. FRANK: Any comments or questions before we turn our attention to some of the other incare treatment models?

DR. PAVLOFF: Mr. Gotcher, I presume you tell the inmates very clearly what it is you will and will not report to the corrections system?

MR. GOTCHER: We wouldn't report anything to them at all. Nor can they give me information they want—

DR. PAVLOFF: Including—let's include the Parole Board.

MR. GOTCHER: That's right. We don't tell them anything.

DR. FRANK: Anything good?

MR. GOTCHER: With inmates? With his permission.

They give information they think ought to go up to the front about conditions or something that will happen, they don't want to use their name, I take it to the front. But the front won't ask me how I got that information.

Same thing with the Parole Board. We often give our evaluation of these men we see fit, to the Parole Board. But if we are going to give an evaluation, we are going to be honest.

DR. McALISTER: Do they know what you are saying?

MR. GOTCHER: Inmate gets a copy. Like we write their families, trying to get them back together, we never do that unless we furnish a copy to the man.

DR. FRANK: Okay, I would like to turn our attention now to Mr. Phillips.

If you could summarize your statement. You have actually the newer of the two programs in the Bureau of Prisons.

MR. PHILLIPS: I will try to be brief, because we have only been in operation three months. I will preface my remarks by saying the Bureau of Prisons is increasingly committing its institutional resources to small relatively self-contained, what we term functional units, staff, and interdisciplinary pattern with a maximum population, two models, 50 or 100, which is really just a multiple of the 50 model. Typically staffed by a manager, psychologist, either a teacher or a case manager, two correctional counselors, and correction support.

The penitentiary at Leavenworth is a large, close custody institution with approximately 2,200 men, some State prisoners, a very few military prisoners, with primarily Federal offenders.

We have all struggled with the problem of selection criteria, in our programs, and I think we did that with difficulty because the estimated 50 percent of our population have some alcohol abuse problem, not necessarily connected with the actual Federal criminal act that put them in the penitentiary, but somewhere in their background.

We developed three basic criteria for our unit based on the physical setting, staffing pattern, type of people we were dealing with. We asked that they be within 12 to 24 months of a release

eligibility, parole, mandatory release. And we find that better than 50 percent of our men have no prospect of parole, they are in our program, on mandatory time. So that they are not in the program in our view, they are not in the program to enhance their parole prospects. They have no parole.

We ask they have some bonafide history of alcohol abuse and we will verify that as best we can through investigations, prior classification studies from State systems, and Federal system, FBI rap sheets, and generally we can find some alcohol abuse pattern in those documents.

We are fortunate we do get a fairly complete background information on most of our men.

Third criterion, due to the low security elements of our physical plant, is that at this point we can't accept any serious management or security risks. We are in the basement of one of the small cell houses in our penitentiary and it is considered a minimum security setting within that wall. Even though all these men are either close or medium custody.

The program itself we anticipate will take no less than a year to deal with the type of problems, the severity of the personality difficulties that our men have. We think the alcohol histories that most of our men have require a significant period of time.

We do provide reports to the Parole Board. We have input into the Institutional Adjustment Committee by direct representation. We have the option of taking a man out of our segregation unit, if he is segregated for some institutional infraction, and bringing him back, so he doesn't miss his therapy group, although he must return to the segregation unit after that.

I was asked to discuss some of the problems we ran into. Organizationally it has been very difficult to get staff accustomed to thinking of a decentralized treatment unit; with a very high staff-inmate ratio within a centralized institution. I am taking the teacher of this man, taking a case-work position from here, taking two counselors from the chief correction supervisor—these are people that could be used elsewhere. In the beginning stages of the program when we started with just nine inmates, it looked pretty bad to have 4.2 correctional positions and 6 "professional" type supervising 9 inmates. This was hard for a lot of people to accept. As we built the population toward a maximum of 50 in this physical

setting, we are half way there. We have 24 and we are going through a period of evaluation.

The program itself consists of several different applications of group therapy, some of it on the encounter quasi-Synanon model, with individual counselors available in selective cases.

We have a teacher on the unit. He provides educational testing, counseling, and resource development for both inmates and staff.

We have nobody on the street yet.

MR. RECTOR: What are your criteria for success in your assessment work?

MR. PHILLIPS: We look for a level. First, some modicum level of institutional adjustment that reflects an increased level of responsibility. We would look to the hospital, sick call, you know, pill line appearances, misconduct reports, quarters officers and job officers evaluation; second level, of course, would be performance on the street. And by all normal criteria our people are miserable risks. Many of them have zero family ties, most have some marketable skill they could apply if they had other strengths to buttress themselves on the outside.

Educational level is low. Age will range from 35 to 62. Not too many severe health problems.

So in terms of parole prospects, on paper they look very bad. But we will be looking to increased period of time on the streets as some indicator of success in the program.

MR. RECTOR: So do you have an opportunity for furlough periodically to test out the street?

MR. PHILLIPS: The Bureau is reconsidering its furlough policy. At the present time their general approach is that men confined to a penitentiary setting are not ordinarily suitable for community programs.

DR. FRANK: Let me just make a comment here. In the Bureau of Prisons we have furloughs available to us in some other settings. Legislation is in passage now about loosening up our policy. But we have security problems; mostly the correctional force gets upset about people going out and coming back.

Ted.

MR. NISSEN: There is a book written by Elliott Studdt, who is a social worker, at UC, Berkeley. I think it is UCLA now, called "C Unit." She wrote a book on what she tried to do at Tracy with a group of U wards, and I see some things in your report spelling out the same problems she had.

One, on page 2, correction officers continue to be assigned by the CCS.

MR. PHILLIPS: Chief Correctional Supervisor.

MR. NISSEN: They have control over your staffing pattern?

MR. PHILLIPS: That is correct. That really hasn't been a problem. We felt that to be a positive factor, because the public relations problem I alluded to with the total staff was one of our prime thrusts, and by being willing to take any one they assign to us and find a way to work with him, bring him to accommodation of our program, I think we have a positive result. We haven't found repression.

We have for our day watch officer, first quarter of our operation, one of the most rigid militaristic type fellows on the staff. He works in beautifully. He was just what we needed to get the ball rolling. He brought himself around with the staff exposure to just about where we wanted. I would have kept him another quarter if I had the chance.

MR. NISSEN: On page 3, you say: "Our foremost training goal has been in the area of staff cohesiveness."

I wish I had done that. I thought I had cohesive staff. That is something that, if anything, broke down in the penitentiary, as I found out. I had people who joined me, but they really didn't; a very subtle feet dragging.

Elliott talks about this in her book, too. That is the only thing that will keep your project going.

MR. PHILLIPS: We have a highly motivated staff. Talk about harnessing personal energy, I think we had some different directions we had to kind of smooth out, but—

SHERIFF PREAMORE: Could I ask a dual question? You say in regard to staff, you had no choice?

MR. NISSEN: I had complete choice. I did not accept staff.

SHERIFF PREAMORE: Did you have to accept what superiors assigned to you?

MR. NISSEN: No, I had no correctional officers in my program.

I told them I didn't want anybody. I wanted a complete independent system, inside the institution, and I selected the staff. I really selected it on sort of a feeling level instead of having some outside person help me, which I should have done. I tended to select friends. Boy, did they screw me.

MR. PHILLIPS: We brought psychologists from Texarkana.

MR. NISSEN: Read your report. I said "Halle-leujah," somebody is doing it right.

SHERIFF PREAMORE: My question, the correctional personnel should not supervise the program. They were merely assigned to the people running the program. They could come and go.

I certainly wouldn't want to assign any of my people to say—it would fail.

MR. PHILLIPS: I wouldn't represent to you correctional people are involved as I would like them to be. We have allowed them quite a bit of latitude.

SHERIFF PREAMORE: You have the privilege of turning away the correctional officer if he doesn't fit in?

MR. PHILLIPS: No.

DR. FRANK: Well, there is a distinction I think we should make. There are correctional counselors, paraprofessionals that have at least a two-year assignment. Then there are other custodial officers who come in, for instance the night-watchman, and they are the ones who—

SHERIFF PREAMORE: That is what I was thinking. This is the problem. Unless you can actually control that type of person, I think they can destroy you.

MR. PHILLIPS: They can, yes. I sense in your paper that is a lot of what happened.

MR. NISSEN: I made all the mistakes myself. I didn't understand the dilemma I was facing in starting up a new system inside the institution.

See, I wasn't trained in an institution. I have been on the streets too long.

You are undoubtedly institutionally oriented. You know how the system works.

I just brought in a new system.

MR. PHILLIPS: It is terribly sensitive to bring a decentralized organization into a large, traditional bound—

MR. NISSEN: You are to be congratulated.

MR. PHILLIPS: Obviously we are not even part way there. We are just beginning to crawl.

DR. FRANK: Then are there any other questions or comments?

JUSTICE CHRISTIAN: What offenses are characteristically committed by those that are brought to you, your customers?

MR. PHILLIPS: One homicide, two bank robbers, any number of interstate auto theft, interstate transportation, checks and securities, two escapees, couple of parole violators.

MR. GOTCHER: I have a question on these

programs. The one we have now is continuous, 12 months a year, over and over.

Some of our men, a lot of them are there for life, for ten years, parole after ten years. They have a lot of five years, six years, people in there.

Now, do you think it better to have a program that is put together for a year and then they are out, or one that continues?

MR. PHILLIPS: We styled a continuous program. We have had to tailor some of our programs to the different types of parole eligibility in the Federal system.

As I say, we have men, quite a number, who will do flat time. No possibility of parole. Others are going to see the board next Monday, only going to be in the program three months.

MR. GOTCHER: We have some on the program five years.

MR. PHILLIPS: I think in our situation, a man would stagnate if he were in the program that long. That is why we put a two-year ceiling.

We intend to program every man out through a Federal contract facility or CTC with specifications in his parole release, requirements that he participate in some form of after-care, if there is any way possible it can be arranged.

DR. FRANK: In the interest of time, I would like to turn it over to Mr. Berliner, who operates a program in a very different setting.

MR. BERLINER: Well, in the interest of time, you are all spared a polemic, which I had been getting ready in response to some of the discussion that occurred this morning, the putdowns of institutions. But I will spare you that. Except to say—

(Laughter)

—Ted mentioned a book, this is non-polemic— Ted mentioned a book, and I want to call your attention to another one. A very important one it seems to me. It was by Nicholas Kittrick, the attorney, and called "The Right to Be Different." Kittrick makes important observations about diverting people from the criminal justice system, building therapeutic models as against repressive criminal justice models. We are encountering the same problems of civil liberties, same problems of cohesive management of people that have been cited as objectionable in the case of criminal justice.

Okay. I am working at the Federal Correctional Institution, Fort Worth, Texas. It is one of the newer establishments of the Federal Bureau of Prisons. And it goes along with the function unit

concept. I guess in two ways we are innovative in the field of adult corrections. One of these having to do with the fact that in place of traditional models in the Federal Bureau of Prisons of large concrete institutions in which inmates are served by a centrally housed and operated staff, all of the residents in our institution are assigned to one or another of five functional units. And the staff is assigned to work entirely with that group of approximately one hundred residents, so that there is a tie-in which makes it much more possible to know and interact with a specific group of people whom we call residents.

The other respect in which we are innovative is that we are co-educational, I believe the first adult co-educational institution in the United States.

Although the subject is still under study, the gains I think are fairly substantial. We have an institution in which predatory homosexuality does not exist.

We have an institution in which violence is virtually absent.

We have an institution in which the atmosphere is cool and relaxed. In contrast with the air of tension that hangs over very many institutions.

So in these ways at least, the presence of both men and women offenders seems to, on balance, represent a plus.

DR. GRODER: May I mention one thing which I think is important? Having been to Fort Worth a couple of times, which is also there is an age spread, which may turn out to be as crucial or just as important as the co-educational aspect.

MR. BERLINER: Right.

The unit with which I am involved is called the STAR unit. We decided the term "alcoholic" was loaded with too many connotations. We looked for a different kind of term.

Actually we ran a contest, encouraging the residents to identify another name for themselves. We came up with the STAR, which is for Steps Toward Alcoholism Rehabilitation.

The name caught on with surprising rapidity.

The approach we take is that alcoholism is not a manifestation of sickness, the people in custody because of alcohol-related problems have behaved stupidly and irresponsibly, and that our job is to help them become responsible, effective adults. That they are not sick; they are irresponsible. And our entire program is predicated on the notion that adults who get themselves locked up are irresponsible, but can become responsible

again, and that our job is to help them achieve this.

We have a level system, four levels, and as a person demonstrates responsible behavior, he moves up the level system. And that means, of course, that his privileges are greater.

We try very hard to discipline our own interaction with the resident so that when the man moves up the level system or moves down the level system, this occurs in response to his behavior.

This is not a reward by the staff given to an agreeable resident, but response to the person's demonstrated ability to function in an autonomous way. For example, people who come in STAR dormitory, they have a curfew, they are limited with the amount of money they can earn.

Until recently they wore institutional clothing.

As they moved up the level system, they began wearing civilian clothing, earn more money, didn't have to observe curfew—they could stay up all night if they wished. Of course, they would be held accountable if they couldn't do their job properly.

They lived in private rooms, with keys which they owned, while they occupied the room. And they had certain privileges with regard to going into the community.

We tell the people that these are a recognition of the fact they are capable of autonomy. I am trying to say to them that they are capable of more independence of action because they are functioning more responsibly. They are not simply "rewards" of the staff, pat them on the back and tell them what nice guys they are.

An important feature of our program is the weekly community meeting which is a command performance. Every resident on the unit and every member of the staff must attend the community meeting. This is a big group rap session when issues having to do with life on the unit are thrashed out.

If you had the time to read my paper, I made some mention of several of these issues as examples of what goes on. For instance, when we opened the unit, the first four arrivals, one of their concerns was management of the programming of the television set. They wanted to dump this in our laps.

It is a trivial example, but it illustrates the direction in which we are trying to move.

They told us we ought to be handling this for them, because as one of the guys said, "When

I was at Leavenworth, a big cell block captain assigned which programs we would watch."

Our response was, "Well, it is your set. We watch television at home, so you guys have to decide what programs you want to watch."

We handled issues of contraband, issues of home brew, glue-sniffing, what have you, as a community situation.

Anybody who brings booze onto a unit loaded with people with behavior responsibility with regard to drinking is a menace to the unit. So instead of engaging in the traditional cops and robbers game, we identify this as a community issue. Everybody has to be concerned with it. We achieved a situation now where members of the unit, residents, are willing to identify people who are in trouble in this way, willing to confront them publicly and willing to broach them in an effort to make the unit clean again.

One recent development was creation of a role in which people living on unit enter a quasi-partnership with staff, and they are people elected by their peers who provide input to the staff concerning the readiness of other residents to go out on their own, readiness of other residents to participate in work programs, go out on AA meetings in the community, and so on.

There was a furious struggle inside the unit concerning the adoption of this because some of the old timers, who had done time in other institutions, said this is just a big snitch operation and no self-respecting convict would ever find himself in position of telling another convict or telling staff—we are now firmly settled into that pattern.

The entire institution makes very extensive use of community programs. We have about 17 people that work on studies, go to a school in the community, hold jobs in the community.

As you reach upper levels, it is possible for you to attend AA meetings in town, attend church services in town, to engage in furloughs, and so on.

We have very important and very supportive contacts with members of the local units. They have really been magnificent in accepting the institution and participating with us on a voluntary basis. In many, many different programs.

We have a sizable quota of problems. Again, I refer you to the paper where I try to identify some of the very serious problems that confront us.

My own conviction is that the more we focus on

alcohol as the issue, the more possible it is to divert mutual attention of the resident and of the staff member from the fact the resident is almost invariably exercising choices and that his own behavior is the source of his difficulties, not the drug or alcohol.

I came into this program with some years of experience working with narcotic addicts and I came to the same conclusion there. The more you talk about narcotics, the more you divert the resident from recognizing that he is a responsible agent of his own difficulties. This is what we have to focus on, helping people to achieve responsible behavior, rather than zeroing in on his use of drugs.

I guess this applies to my very rough notion about what alcohol abuse is. I don't think it is a quantitative issue, I don't think it is a question of how much the man drinks or whether he drinks or not, so much as whether he drinks responsibly.

Any drinking he does which inhibits his adult performance makes it impossible for him to maintain competence in whatever he is supposed to be doing.

JUSTICE CHRISTIAN: Other than that your population is co-ed, how does it differ?

MR. BERLINER: Intermediate term institution. We don't have people serving very long sentences like in Leavenworth, but we have a very wide gamut of people there. Among my residents we have bank robbers, airplane hijacker, a number of people in trouble with Security and Exchange Commission, forgers of Treasury checks, Dyer Act violators, interstate transportation of stolen vehicles. Most of the people we have, though, are not the very toughest people.

SHERIFF PREADMORE: You are not the first co-education institution. Every jail in the country is co-ed.

We have classes there.

(Laughter)

One of the important things is again that the court can be selective in allowing people to go into the community to work, have furloughs, and so on. So I hope the court is listening.

MR. BERLINER: We have a fairly high escape—

MR. NISSEN: How high is it?

MR. BERLINER: I am told by the people who know that we are well up there, with the other Federal institutions.

Alcoholics run away in distressingly large

numbers, in spite of the wonderful program we have for them.

(Laughter)

MR. PHILLIPS: We had zero escapes last year. Nine foot walls.

DR. FRANKS: Interestingly enough, that is the reason why many alcoholic prisoners are not allowed in half-way houses; they are excluded by definition.

MR. BERLINER: We have had people leave by the front door, leave on furlough—we lost our first two guys from AA trips.

DR. GROUPE: We have those who get off our wonderful program in the institution and on the way to the bus, stop at a bar and they are right back within an hour.

DR. FRANK: I would like to have you, Dr. Russell, have a chance to summarize your paper.

It sounds like you have a similar kind of unit.

DR. RUSSELL: Many of the same problems Mr. Berliner was discussing, we have gone through and are continuing to go through. Our chemical program, as my paper indicates, is one part of our therapeutic community. Fortunately we don't have an escape problem since we are right in the heart of the institution, separated by bars, et cetera.

I would like to make a little mention about staff. Staff is hired through the Federal fund program. We primarily hire minorities. We have three women who work within the institution. We have both alcoholic ex-cons and drug addict ex-cons. We have an Indian case worker, and a Black. So we have a real gamut of our staff.

And our staff training is one of our more important things we really stressed. We meet once a week for two hours, the whole staff, for a group meeting, just to air grievances. It is like an encounter group; we gave it up for awhile and really had to go back to it because it was the only way we could keep our staff together in terms of "doing."

In addition, we have 12-14 inmate counselors who are also part of our staff, and we have been training them to be counselors within the institution. Our program often goes into the communities, so we have been able to place our inmate counselors in outside counseling agencies very successfully.

I won't talk about inhouse program itself. It is the kind of thing one would expect in a therapeutic program.

As I indicated, we are programming into the

community, we are saying this institution is only a temporary stopping point; we are going to program you out. We have over a hundred half-way houses available to us, to place these people.

One of the problems with a lot of our people is that when they get out there, they seem to feel that they have one last drunk coming to them—and most half-way houses can't, aren't set up to handle that kind of thing. If they end up getting drunk, they get thrown out of the half-way house, get frustrated, leave the State—

MR. GOTCHER: Just one?

DR. RUSSELL: One drunk. See, what happens is they do get drunk; then they say, "I cannot go back to the half-way house," so they don't go back.

DR. GRODER: Maybe you should give one free one.

DR. RUSSELL: We thought of that. There are problems in doing that.

DR. GRODER: I understand.

DR. RUSSELL: So our staff spends at least one day a week or at least half a day a week in the community, so we can take our people from the program when they are ready to be released, take them off into the half-way house facilities or whatever facilities are available, and then keep that kind of a transition contact with them. If they run off someplace, our people will go out and find them. And hopefully we can find some kind of holding facility until they sober up and then maybe get them back into the half-way house.

This seems to be one of the biggest problems, a lack of continuity in terms of our treatment program.

You develop a relationship with a person in our program and then they have to go out and develop another relationship with another professional person somewhere else. And a lot of our people have so much difficulty establishing the first one, it is almost impossible for them to do the second one.

We feel if we can follow them along and stay with them, we have a better chance of success.

So this is really the second phase of our program which we are right now in the process of getting involved in.

DR. McALISTER: Eighty guys at a time?

DR. RUSSELL: We have a total of 40 people. As soon as we get drug money, we will get 80 people.

Just alcoholic program, we have 30 people in intensive treatment, psychiatric.

MR. PHILLIPS: The second page, you say

"The Chemical Dependency Program at the prison allows for treatment followup to the community with the same helping person for those who need this service."

Your people actually travel around the State?

DR. RUSSELL: Fortunately they all go to the Twin City area.

MR. PHILLIPS: So it is very convenient?

DR. RUSSELL: Very convenient. That is where the prison is.

DR. FRANK: You have this suggestion, all treatment in institutions be contracted to, paid for and performed by the community.

You mean you have no institution-based treatment staff?

DR. RUSSELL: I would think all of our treatment staff ought not to be attached to the institution, but private, contracted to the institution.

I think, frankly, the prison would save money. A lot of our mental health agencies are doing this on a contract basis, hiring people for four hours at a time, and getting four hours of service.

Also I think the most important part is if you are in the community working and you are contracting with the prison, you know what is available in the community, and that transition for the inmate from the prison back in the community ought to be much easier.

DR. PAVLOFF: Can you expand on the nature of your screening techniques?

DR. RUSSELL: First of all, in our whole program, anyone who wants to come into the program—it is strictly voluntary—has to apply and has to develop a treatment contract with our staff in terms of what it is he wants to accomplish while he is in our program. And we agree to provide whatever services we have available.

The screening is done by the inmate counselors, group inmate counselors, and our staff and correctional officers. We look into various things as far as his history is concerned. Does he have a background of alcoholism? And is he in the prison now because of alcoholism?

Another part is how much does he really want to deal with this problem? How much is he willing to risk, how much is he willing to work at it?

We don't work too much in the area of motivation or we would spend most of our time doing that.

DR. PAVLOFF: It is a matter of interview and records rather than testing?

DR. RUSSELL: Right.

MR. NISSEN: Your concept would be, ideally speaking, you would have a custodial force run the prison; all the treatment people would basically come in, is that right? That is neat.

SHERIFF PREAMORE: One thing, those long-haired people work on drugs—my correction officers went right up through the air.

Three or four years we have been involved in it, we utilize completely the community concept because these people are professionals. The only problem we ever had with any drug coming in the place has been my custodial staff.

DR. RUSSELL: If the prison contracts with the community for special services, they ought to be in a better position to accept the services they are paying for.

SHERIFF PREAMORE: They have legal liability. If they goof up, I can sue.

MR. NISSEN: You are using the same concept as hospitals. A hospital has a doctor come in and do something and leave, instead of staying in the hospital.

I think it is neat.

MR. CHRISTIANSEN: If something isn't done to bring those custodial officers to the point of treatment and rehabilitation, away from the lock-step-custody kind of thing, the program's chances of success are still limited. They have to be brought along through training.

DR. RUSSELL: But you have to do that as part of the training?

SHERIFF PREAMORE: Part of the training.

DR. FRANK: Are there any other comments about the issues?

MR. GOTCHER: I would like to make a few statements on my presentation, things I left out which are important.

We are using entirely paraprofessional staff. The cost of a professional staff is not available to us.

And then as these programs get scattered all over the country, not only prisons but other outside programs, there are not going to be enough professionals to go around. And we don't have paid professionals on the staff of the penitentiary to use.

Minority group has been brought up here. You know, in Mississippi the minority group is white; the Blacks are the majority group there.

Of course, in the penitentiary, the majority are Blacks, and we call them minority group. But 70 percent of our penal population is black and 30

percent is white, roughly. And our program would run around 60-40.

MR. CHRISTIANSEN: What is the State population?

MR. GOTCHER: I don't remember. I think Blacks are a little bit over 50 percent.

MR. RECTOR: What percentage of the prison staff is minority?

MR. GOTCHER: Up until a year ago, none. Now they have quite a few. We have one black counselor on our staff right now. We will put another one on.

The best I have is a Black. And he does much better working with the whites.

He is an ex-professional football player. He is excellent.

MR. POINTER: I assume there will be an evaluation program?

MR. BERLINER: It is in process. We have some guys who are doing a study right now.

MR. POINTER: Same with yours, Harry?

DR. RUSSELL: We have found money to hire a research analyst who has been with our program since the beginning and is developing statistics.

MR. POINTER: I was saying the progressive system is an old system starting out with Sir Walter Crofton and coming on up through the Patuxent Institution experience, and I was just wondering how your experiences would differ from some of the other experiences over the years with this kind of system?

MR. BERLINER: Each of the units has its own—what I said, really, applies to the STAR units, but not the other units that have a different approach. And the administration encourages autonomy, flexibility, innovation.

DR. FRANK: What we are trying to do in overall policy in Bureau of Prisons is to have at least some common pieces of information in all of the programs, so we can compare and contrast the different types of treatment. What works with whom.

SHERIFF PREAMORE: Is there any relationship between the co-educational and non-homosexuality.

MR. BERLINER: We think so. Women occupy a separate living area, but they interact with the men in programs and social education.

SHERIFF PREAMORE: Another question, this new institution, is this cell life or dormitory life?

MR. BERLINER: It varies. He starts out living in a dormitory.

SHERIFF PREAMORE: How many?

MR. BERLINER: A hundred.

SHERIFF PREAMORE: Individual sleeping quarters or mass sleeping quarters?

MR. BERLINER: Well, there is a dormitory arrangement on the level one. Level two—

SHERIFF PREAMORE: They have separate sleeping rooms?

MR. BERLINER: Yes. Move into levels three and four, you move into semi-private and ultimately private.

There is probably homosexual behavior. Also we have a few pregnancies. We came to the conclusion that pregnancies are better than riots.

MR. POINTER: Your program is tied in with parole authority?

You have a contract with people coming into your program? Renegotiable?

Time is important, an important factor, at least in the minds of the clients. The ultimate goal of most of the people in there to get out; to what extent is your program tied in with parole decision making?

DR. RUSSELL: We can make guestimates, 9 percent accuracy, on when a guy is going to get out, without negotiating with the Parole Board.

We don't negotiate with the Parole Board, although our staff will go into the Parole Board with the inmate, which is the only commitment that we make about that. We will go in. We will present what has happened as far as our program is concerned.

MR. POINTER: Not part of the contract?

DR. RUSSELL: No.

MR. POINTER: You don't feel you have a real problem?

DR. RUSSELL: No. They are referring people to our program, the Parole Board is. So the relationship is good. But there is no contract.

MR. POINTER: How about Fort Worth?

MR. BERLINER: We are not batting anywhere near that figure. We work with the resident toward his parole appearance. We let him know whether we recommend he get parole.

Most of the time the board tends to verify the recommendation made by the staff. But it is not by any means a sure thing.

SHERIFF PREAMORE: May I ask another question? Are you the recipient in this Federal system?

MR. BERLINER: We get people by transfers

from any other institution. We get people sent directly from the U.S. Courts. As we get better known, courts are making direct use of us.

We try to involve the man in admissions process so he isn't simply a body transferred from one place to another passively. He completes a questionnaire, writes an autobiographical statement, responds to questions concerning what he thinks he can do for himself, what he thinks he can do for the unit itself if he comes in. And he also signs a contract, conditions under which—

SHERIFF PREAMORE: He has to ask to come in?

MR. BERLINER: Has to be involved in the process.

MR. RECTOR: How does your follow-up relate to the Federal Parole system?

MR. BERLINER: You mean do we have organized follow-up arrangement?

MR. RECTOR: Yes.

MR. BERLINER: Not at the present time. This is one of the important deficits.

MR. RECTOR: Is there any kind of program of this type going on in the Federal Probation Service?

I mean dealing with alcoholic offenders who are on probation. They are more on probation than in institutions.

DR. FRANK: We have done a lot of thinking and we hopefully will be able to provide the same kind of contract services that we now provide for the drug abuse population. In other words, be able to contract for services in the various State and local programs. And we very much would like to get that started.

MR. RECTOR: Yes, but I think it would be a shame if the idea went abroad that this kind of program had to have an institution base.

But the kind of thinking here, working with a man's own family and own home is just something that is missing in the American correction system.

MR. BERLINER: I agree. One of the things not realized, to respond further to your point, in the Fort Worth experiment, is the hope we would serve a regional population, precisely for the reasons you mentioned, we would be able to work actively with families.

This just has not materialized. We are taking people from all over the U.S.A. instead of Texas-Oklahoma area, and that inhibits this kind of planning.

MR. POINTER: I know the Federal system,

some better State parole systems are going to caseload classification system, that is developing specialized caseloads.

But I think probably some kind of tie-in between this kind of program and the institutions and that kind of community based followup is needed.

Maryland has developed rudiments for caseload for alcoholic offenders.

We see that as a top priority. One and the same with the after-care service is the fact there are some people who need not or should not be committed to an institution.

MR. BERLINER: What has just been said points up an important need to my knowledge; namely, disseminating knowledge about some of the innovative work being done throughout the country, people presently engaged in alcohol treatment programs.

If there could be some central clearinghouse that would put out advisories about what is going on, that is new and different and promising.

MR. RECTOR: Judges more and more are looking to the quality of the probation service in the man's neighborhood before using an institution.

We have obligation to put more and more resources at that level or else we are going to develop institutional programs for people who could make it without institutional programs if services—

DR. GRODER: We will get started here, part four, on interface of mental health and criminal justice.

I have been requested to end about 20 minutes early so that certain general issues that we have carefully and scrupulously ignored can be monitored by our front table.

Justice Christian has not had his opportunity to make a statement. I thought we would start there, and then pick up the two papers we have and get into discussion on them, so fire away.

JUSTICE CHRISTIAN: I would like to focus for a few minutes on one event: the sentencing judge and the decision that he must make as regards a sentence of confinement in an institution as opposed to probation under certain terms where he sees from the presentence report or from other information that there is apparently a significant involvement of alcohol in the circumstances that brought the defendant before him.

As we discussed this morning, there is a strong statistical relationship between alcohol and the

incidence of offenses. There is also a strong statistical relationship between alcohol, alcoholism, and poor results in the usual kind of community program available to the usual sentencing judge when he makes his probation decision.

An offender who has in his history a significant involvement with alcohol is also liable to instability of employment. He is liable to fail to conform to the usual requirements of probation or parole. The situation is one of puzzlement really to the sentencing judge when he is presented with a case of this kind.

Here I want to say some not very optimistic things about the quality of decision-making that goes on at the time of sentencing. I want to set the context by saying something that you all know, that the judges as a group are reasonably intelligent, reasonably well motivated, reasonably senior people who come to the bench without any training whatsoever that qualifies them to make decisions of this kind.

In most States it is still true that there is no scheme or system either to train a sentencing judge, so as to broaden his background or extend the scope of inquiry that he may make in making this decision.

There is also no system—I think this is true throughout the United States—for systematically informing a sentencing judge of the results of the decisions that he makes.

So that with some exceptions, it is still fair to say that the American pattern is that this crucially important sentencing decision is made by a generalist in this field, with no particular training in this area; he acts under no particular standards other than the sentencing options that are specified by statute. He has no program of in-service training to acquaint him better with the options that are available to him and the consequences of the decisions that he makes. And he acts, as I say, again, with no feedback, so that he can correct errors in decisions that he makes. So he may continue year after year to make sentencing decisions that reflect little other than maybe makeup of his own personality or the perceptions he may happen to get on an unstructured basis as to what is going on in his particular corrections system.

Most sentencing judges do not visit the institutions to which they send people who come before them. They sentence people regularly to facilities that they have not seen and to programs that they perceive more in terms of folklore than of

any real understanding of what staffing capability may be or what the success rates may be in the institutions and even in the community programs which make use of them.

On a more hopeful side, there are some signs in some jurisdictions of moving into a little more sophisticated perception of what is involved in the sentencing process.

In some States there is now a scheme of judicial training that is regarded as a function of management within the court system, rather than as something a well motivated person may volunteer to go to. In California every judge of a superior court or municipal court who has sentencing jurisdiction is required to attend an annual institute sponsored by the Judicial Council of the State, and a function of this Institute is to bring information before these judges as to just what is in the programs they are making use of.

There is also a very interesting development there of putting on hypothetical cases in which the judges are confronted with material equivalent to what they would receive in a presentence report. The judges are then asked privately to mark the decision that they would make, and then in a panel, about the size of this group, they will go around and critique each other's decisions. And each judge attempts to defend or learn something about decision that he has made as a result of practical insights he would get from others.

This kind of thing needs to be extended across the country and I want to put in a plug and offer assistance to anyone here who feels a lack of this kind of program in his own State.

The National Center for State Courts, which I recently left, has a training division with a chief of training, Willard Blickman. I can put you in touch with him at their headquarters in Denver.

One of the responsibilities of the center is to develop and present to State systems a model training plan. This is a source of activating the judiciary in your own State if there is need for it, and establishing some sort of training mechanism which no State is very well advanced in yet.

This sentencing decision, even where the judge is trying to do well and has reasonable sources of information available to him, is not a very satisfactory one. Here I would like to cite you to a recently published work, John Hogarth, "Sentencing as a Human Process," published by the University of Toronto Press. And this is the study based on statistical evaluation of sets of cohorts

going through the system in the Province of Ontario.

Now, the perfectly devastating conclusion that Professor Hogarth comes up with is that in a routine sentencing situation, the sentencing judge can't handle more than about three or four pieces of information.

If you give him more than three or four pieces of pertinent information, that you really want him to deal with, the system goes "tilt"; he goes back to reaction.

Of course, the moral out of that is to try to get the judges to recognize this and deal with it and try to get them feedback as to consequence of what they do. That is the big lack at present, they simply don't know the results of their decisions that they make.

Now, the special puzzlement of the sentencing judge dealing with the alcohol-related offender is this: what are the dominant circumstances about the offender that he should try to evaluate and deal with? Is it a matter of alcohol abuse or the matter of the particular offense? Or some perception that he may have of the needs and deficiencies of the person in relation to the options that may be available?

One of the principal concerns of the court will be to try, in addition to assisting the offender, to do something with his life, if that is possible, to give some protection to the community against hazards of recidivism.

Predictions of future criminality can be statistically related very highly to alcoholism. It can also be related statistically very closely with such other factors as lack of high school education, intellectual deficiency, and indeed race, and other sociological factors. A rather gloomy tentative conclusion that comes out of this in my own mind is that we really don't, as yet, know very much to tell the judges as to what they should do when confronted with cases of this kind. It is administrative principle to try to group like problems together for handling.

Are we doing right when we group people with alcoholism problems together for treatment? Or have you try to group by age, by educational or intellectual deficiency, sociological status, or other factors that are also statistically related to social failure and to crime.

How much do we really know about alcoholism and alcohol abuse that we can, as a practical matter, ask these judges to use strategically in the sentencing or probation decision? How much do

we really know about what we can do, aiming specifically at alcohol misuse which may be regarded, as someone said today, as a symptom or part of a syndrome of personal and social failure that really gives evidence of something more seriously at fault?

I have done nothing but ask questions on those scores. I would like to go on now to say a little bit that won't be specially new to you about some activities in the probation area that I am acquainted with in my own State having to do with the problems that we have been discussing today.

My first professional contact in this area was perhaps some 15 years ago. As a young prosecutor in a county I happened to come into a primitive but very well functioning criminal justice system. It was peopled by a very wise judge, very active and imaginative probation officer, some church people, an AA group, in this little logging town. The result was really a picture of American community life of a kind that is almost extinct nowadays.

In a criminal case there might often be a desperate fight at trial. And if the defendant was found guilty, the prosecutor, defense counsel, judge, probation officer, and some community people would begin to plan, to find a way to avoid long-term custody for this person. County jail time commonly, but very rarely State prison sentences in this little town.

The resources that were available there that bear on the problems we have been discussing were a local AA chapter. That was very commonly used in the handling of probationers. There was also an Assembly of God Church, and I enjoyed speaking with the gentleman from Mississippi who says the prospects of using church resources with this particular group is not very good—we found to the contrary, in that situation. Maybe it was because of the particular qualities of this pastor who was a man not of great booklearning, but of great human wisdom who had himself been an alcoholic of many years standing before he made the change that he did. But this Church and its members were a very important resource in dealing with this population.

As you shift from a really small county like that on a nongovernmental basis, to an urban setting like San Francisco right now, people can still function as neighbors reasonably well. We have at present a situation really of disaster, a county jail system that has been—not a system, it is county jail that has been neglected for gen-

erations. And a total unwillingness on the part of the local Board of Supervisors to fund the kind of small caseloads that are needed if you are going to have any real probation system in the community.

We reached the point where the budgetary issues—I must say the Superior Court there has given little support to proper budgetary support for its probation system. It has reached the point that the professional organization of probation officers is bargaining, with the strike weapon as a method, for proper budgetary support for their probation office, a very threatening situation.

Some years ago we obtained in California the probation subsidy legislation which I think is known to all of you, and there have been some very substantial improvements in communities, community services in probation and some rather innovative experiments in the area of alcoholism in several counties, as sponsored under that statute.

The theory of the statute was that the jurisdiction, local government, which are in California quite strong, would, in effect, be subsidized to keep at home prisoners who would otherwise—keep at home under intensive supervision with other local support, prisoners or defenders who would otherwise go into State institutions. It has been a marked success over the years in decreasing prison population and improving the quality of the caseload services, probation services in the counties.

DR. GRODER: Could I ask you to wrap it up? We have two other speakers.

JUSTICE CHRISTIAN: One of the best programs is in San Mateo, where the county government has a unified program of supervision involving not only probation, but welfare, public health, and mental health services, out of a centralized office.

I think that wraps it up.

DR. GROUPE: I have an answer to one of the questions.

The State of California has what is known as a Z system, or the Superior Court judge can send the patient before sentencing to Vacaville for diagnostic workup and recommendation. I don't know if you utilize it or not.

Unfortunately it is not used very much. We get about anywhere from five to twenty a month. I prefer not to have this, because I have an over-taxed staff. But as far as helping the judge, I think it is—

JUSTICE CHRISTIAN: I think it is used less now than it was twenty years ago.

DR. GRODER: Any other comments?

I would like to just share one before we get over to Mr. Christiansen's paper.

Some recent studies I saw, I met the man who did them, reviewed the community mental health programs that have existed in San Mateo for a very long time which were so successful, at least as to temporarily closing the local State hospital. And they did a very good followup study which took a look at all the long term, almost invariably "schizophrenic" people who had been in Agnew Hospital before this push started, mid-1950's. Basically what occurred was no alleviation of disorder. There was a redistribution of population with about 5 percent benefitting from the redistribution, about 5 percent having benefited were those who would presumably not be independent in living; 5 percent detrimental would have been working full time in the institution but were unemployed otherwise in the community; and as we talked a great deal about community corrections, you know, different population compared to this mental health area, I would just caution everybody to keep looking at the community mental health experience, which is 20 years old, and I think about how we are replicating many of the same kinds of errors, in going from a pesthouse situation to a fast shuffle.

SHERIFF PREAMORE: Running from State warehouse back to local units, you are saying this is 20 years old.

DR. GRODER: With the severe cases—no, it was not done by what might have been outpatients. But the severe cases, the methods have not been developed or have not been implemented in the community to make any difference of the sort. All the difference is difference of placement.

JUSTICE CHRISTIAN: You spoke of schizophrenics in the population.

DR. GRODER: Right. There's a hard core—schizophrenics, whatever you want to call them—who may not in fact be amenable to anything we have to offer. And it is yet undetermined how big that is.

I have a real concern about how much of a load of this type the community would bear when we do ill-considered things. Because unlike the schizophrenics, who were merely offensive and being weird in general, criminals are offensive in other ways.

There were a lot of errors made by taking just a grand concept, which is that somehow things would be better out there, and implementing it over 20 years. Without really changing much of anything. In fact, most of the people that were sitting somewhere in the middle of a large hospital complex are now sitting somewhere in the middle of a small place that has less services.

MR. POINTER: To what extent does the long-term institution create that kind of debilitation to the point where shifting the people out into the community really doesn't make much difference in terms of their functioning after they have been exposed to that kind of—

DR. GRODER: A new type of long-term affiliation with institutions has been created in community mental health which is the long-term revolving affiliation with the agency. In other words, the people who were there in 1954 and who were "cultured" to just sitting in 1973 are still just sitting. The people that we are culturing now in mental health, long-term affiliations with institutions, are getting affiliated to a system that won't tolerate keeping them too long, because it is "not nice." And so this kind of revolving door phenomenon has occurred so the patients have gotten cultured to being only tolerated for short periods of time. And you will find people just track around, depending on the number of options and alternatives available, they will track around from one to the other.

DR. GROUPE: I can add one thing. On relocation, a number of them are landing up as criminals now and we are treating them as psychiatric criminals because the court has no other alternative, but to put them in prison for their protection and for the protection of society.

DR. GRODER: The once more aggressive—

DR. GROUPE: Right. Where normally they could have survived quite well in a mental hospital setting.

SHERIFF PREAMORE: Local or State.

DR. GROUPE: They are local or State. There aren't adequate local facilities, so since the judge can't send them to a State hospital, he has to find them guilty of a criminal act. I mean they have committed it. And send them to prison.

MR. BERLINER: If you identify the change agents as mental health types, you increase the incidence of mental disturbance. If you identify the change agents as correctional type, you create the incidence of criminal in the community.

I am not sure what the net gain is, whether

you sentence a person to a mental hospital or to a penitentiary.

DR. GROUPE: When a person goes to State hospital, the county has to pay for his maintenance at the State hospital.

But in prison, State pays for it. Counties don't have the money.

MR. BERLINER: In terms of unit cost, I am not aware of the benefits.

DR. GROUPE: The benefit lies toward keeping him in a mental institution, rather than a prison.

MR. BERLINER: I am not aware of the benefit of that arrangement.

DR. GROUPE: Come visit my prison.

MR. RECTOR: The thing the judge has said, though, is there is not even the pretense of the kind of professional thinking and decision making, as to who goes to prison and who does not go to prison, in the judicial criminal justice field, that there has been in the mental health field.

The other interesting analogy is while California is struggling for its way back from over-use of institutions, Wisconsin has gradually identified more and more clearly what they call a dangerous group, and you have the other 90 percent of the felons in Wisconsin on the street, about 85 percent of them as probationers. California is getting cautious unnecessarily when they aren't even at that level and now a controversial commission report in Wisconsin even questions whether 15 percent of their present prison residents require security custodial care. So we still have a long way to go in terms of community.

It is really the tolerance level that we haven't been dealing with, political science, public policy basis.

MR. BERLINER: I think that states my point really, swapping out mental hospitals for prisons isn't a heck of a lot of net gain unless you recognize the concept institutions should be used selectively; people cannot be helped in community based programs.

DR. WOLFE: I am sorry, may I interrupt?

I think that is a valid point the judge raised about the interface between criminal justice and health care system. It also has to do with the thing you raised about mental health failures, successes.

The important thing you touched on to me is how do you know where to refer somebody that is going to be an appropriate place for him?

The mental health field and alcoholism field have that kind of problem. One of the things that

is coming out, can help you, help anybody else, is that there are criteria that can determine where a person belongs, different kinds of alcoholic people, their stages of alcoholism, their race, cultural background, social-economic background, that will determine for large part how successful treatment is.

When you start reading studies that say a third are getting better, a third get worse, a third stay the same—those are studies lumped across all kinds of treatment modalities, all kinds of treatment.

Some people are having 80-90 percent success with alcoholic people. What you need to know is which ones do and which don't. And so do prisons and health care people. But that is a very crucial step before making diagnosis.

If he is sent to a wrong program, it is not the fact the program is bad, but you made a wrong determination.

SHERIFF PREAMORE: Who is going to tell him what determinations to make?

DR. WOLFE: Psychiatrists and psychologists I don't trust either.

That is why you have to start developing mechanisms to work together with health care systems.

SHERIFF PREAMORE: You feel like I feel, resource community has to be expanded for the benefit of the court. In other words, we have to give more assistance to the judges so we can—

DR. GRODER: Not only do the judges have responsibility to become nonignorant about types of sentencing, types of referrals, but as a concomitant, they have a very powerful input capacity which is quality control. If they in fact were interested, if they in fact knew the consequences of what they were doing, some of these kinds of issues Dr. Wolfe just raised would become very, very crucial.

At this point it is a dart-throwing contest—we don't even know where the dart board is, whether the board will hold a dart or not.

I am sure that if you look at the dart board and see what happens, some things would occur, and this is a very important thrust.

We have to move on and I would like to turn to Mr. Christiansen.

MR. CHRISTIANSEN: Issues I have raised in this paper deal just exactly with this point. In terms of who has responsibility for evaluation and monitoring alcoholism programs and seeing that in fact they are providing the kinds of

services they say they are providing, I come from outside the law enforcement system, criminal justice system, from the mental health field, not mental health per se, but the designated alcohol and drug division in our State.

I chose to deal with the issue of agency suitability for administration of alcoholism treatment programs in the criminal justice system, from three points of reference. The first is the Federal position. The second is the level of administration. And the third is what we have learned to date about alcoholism programs within the criminal justice system.

The reasons I thought and still think it is important to know what the Federal position is are two primarily, and there are probably others. First is financial; it is rather pragmatic.

The second one is in terms of what precedents have already been set in our country by virtue of having public laws that have been passed by our Congress.

So what I tried to do was in order to deal with the second issue, the precedence that has been set, is to talk about what Public Law 91-616 has done in most States. Essentially the idea was to create on the State level, as I see it at least, a State agency with broad coordinating powers, which has licensing, accreditation, evaluation responsibility, research responsibility in the area of alcohol treatment, rehabilitation, education, prevention.

Now, in creating such a State organization—and they suggested this come about by legislative mandate or by executive order. In most of the States I am familiar with are now by legislative order. In creating such an agency, a single State authority it is called, they gave all the States a little bit of rewards through formula grant funds. I talked about the planning process that each State needs to go through in order to obtain those formula grant funds and further suggested that no State plan was comprehensive without attention to the criminal justice system, what happens to the alcoholic in the criminal justice system. They have on the State level a State agency responsible for alcohol treatment, rehabilitation, prevention.

The second issue I think is important for us to understand in terms of the Federal stance is their deemphasis of larger institutions and their emphasis on community-based programs. Both of those are reality. Might change in a year or two, but they are what we face right now.

So I see several instances with the Federal government of their emphasis about community health programs; we surely can't get our local LEAA program or LEPA in our State to go with any kind of institutional treatment program. They will go for the community-based programs, but they won't go for anything that is institutional. And I expect that comes somewhere from the Federal point of reference, LEAA point of reference.

I mentioned the new agency, ADAMHA—Alcohol, Drug Abuse, and Mental Health Administration. I will make this prediction at this point with little to go on, that alcohol funding will come, but it will probably come in the same way that LEAA has, with their highest priority being block grant funding. It seems to me Congressmen buy into that a lot more than some other funding alternatives.

That means that there is block grant funding from Federal government for alcoholic treatment rehabilitation programs, that funding will most likely go to the single State authority created by function of Public Law 91-616. So you will see where a great deal of power will go as far as alcohol programs are concerned in each State.

I further suggest it is ridiculous to think that the criminal justice system could sponsor an alcoholism treatment program for just their clients and their system. I just don't see it as feasible at all.

In terms of the second issue which I raise, which was distinguishing the level of administration (and I brought out three points, State level administration, local level of public programs and local level of private programs), on the State level I think that each State needs to look at what powers have been given to their corrections agency and what powers have been given to their State alcohol authority. That varies from State to State.

If in fact the State alcohol authority has conformed with the Federal recommendations, you will find an agency with broad coordinating powers, a great deal of power in the area of alcohol programs. That is the case in the State of Utah. We have licensing accreditation authority, we have evaluation authority, we have funding authority, we have everything that you can think of. We have that by virtue of the State law, which was passed for creation of our division, which came about before NIAAA ever got into action.

I mentioned the two State agencies we need to

be concerned with, the State agency which has alcohol authority and the State agency which has drug authority.

On the alcohol level, I tried to give some argument in my paper for community involvement with problems of alcoholism, any mental health problem, the problems of our criminal justice system.

I am not convinced that we are going to deal with these issues until local people who aren't necessarily involved in the speciality begin to understand the nature of the problem. And as they understand it, they stop ignoring these problems as they exist in families and marriage relationships, et cetera.

So I suggest we place the responsibility for treatment of alcoholics in the criminal justice system with local communities. That is where the responsibility lies.

In so doing, the primary people who have that responsibility are, of course, our elected officials at the local level.

The public programs or the private treatment programs on the local level, there is just no question about that, they should be administered by program directors, hired to direct that particular program. And it makes a great deal of sense when we start talking about the State authority, licensing and accreditation and evaluation powers for all alcoholism programs in the State, whether they are privately funded or whether they are publicly funded, to determine whether or not they are providing the kinds of services that they ought to be; that feedback naturally flows into the criminal justice system and judges know which programs are viable, have some data to go on.

As far as I have been able to determine, the paradox between the role of the correction system and the role of the treatment and rehabilitation organization is just too broad to bridge. I think it is unrealistic to believe that we are going to do it until maybe two or three generations are past.

I have defined the role of corrections in my paper as that of protecting the public from and discouraging the commission of crimes. That usually takes the form of custody. And custody, I see in most correction systems, is just not consistent with treatment and rehabilitation.

I tried to provide as many variables as I possibly could, yet you will obviously see my biases in the paper. Biggest bias I think I have is the correction system has no business in treatment

and rehabilitation of alcoholics in the institution. That it should be provided by an outside agency. And it seems to me the most viable agency in the State if they have any power at all by virtue of their legislative or executive orders, is the single State alcohol authority. And that is what we have attempted to do in our State.

JUSTICE CHRISTIAN: In the State authority do you have staff persons who go into the prison to provide that?

MR. CHRISTIANSEN: That is correct. It provides for a couple of things. It provides for the issue seen as primary by the inmates, that of confidentiality and trust. I have done therapy there in the last two years, so I can believe that when they are talking about the kinds of trust they have for you, it is the kind of trust they have for an outside agency, as they learn they can be trusted.

It satisfies that particular issue.

MR. POINTER: What about your local jail, local facilities, jail facilities, to what extent do they reach into those, providing any kind of service?

MR. CHRISTIANSEN: We started by virtue of a request from the prison inmates saying, "Help us. We need some help. It is not being provided for us by the criminal justice system." In terms of local jail inmates, with the community organization model that we use in the Division of Alcoholism and Drugs we send an individual employed by the Division of Alcoholism and Drugs to communities, planning districts throughout the State, to help them to assess their own needs, to determine what resources they have going for them already and to determine what gaps there are between existing resources, and what they need to meet the gaps in the system.

Another issue here that I tried to bring out, I buy into it wholeheartedly, is that it doesn't make much sense to set up separate alcoholism programs and separate drug programs, but a unified integrated delivery system, social service delivery system. This makes the only sense that I can see at this point, given our society, and that is what we are attempting to do in the State of Utah, and that is easy.

I get reinforcements for this all the time. I see a mystique, for instance, growing up around alcoholism programs, another mystique around drug programs, when in fact they are doing the same kind of treatment they are doing in most mental health programs.

Or family service programs, or you name it. And we are duplicating services all over the place by not having a unified, coordinated delivery system of social services.

MR. RECTOR: My principal concern is one you have pointed out, hoping the judge will get the person to the right program.

We can't start with the assumption on the institutional level that the decision has been made, expertise is needed back at the key intake decision level.

MR. CHRISTIANSEN: I tried to point up in fact we haven't done it by going into the jail, setting up the program in the jail, but we have gone one step lower than that; we have gone to the community and said, "Okay, here it is."

We involve judges, probation officers, parole officers, law enforcement officers, advisory councils to local forms of government in this planning process in determining needs and assessing gaps. Then they are involved themselves, and they see in the decision-making process what needs to be done in their communities and they are supportive of it.

I think another key issue in all of this is you get the financial support from the local level also.

SHERIFF PREADMORE: Under the new system, they are combining mental health and health throughout the United States. We are down into tri-county concepts. You separate the treatment program from correction. It is a health responsibility by statute to provide help to the corrections.

We don't want to duplicate.

I agree with you, in corrections I just want to control the house. I want everybody else to do the other work for me.

MR. CHRISTIANSEN: I quoted our Director of Corrections in here. He said there is probably not an administrator in criminal justice system that doesn't feel this.

We are in the treatment of alcoholics and drug addicts by default. We have them by default. Most of them created crimes against property. That is why they are here. They are not here for their problem, their real problem.

I want to briefly mention the concept of whether or not a single State authority ought to be administering themselves alcoholism programs throughout the State. So many States are doing this and I suggested that that is inappropriate, that once again that perpetuates the dependency upon big daddy. And it takes away from the com-

munity their rightful responsibility to deal with the problem.

I am saying I think the State agency ought to be involved in acting as catalyst in helping communities develop their own programs and administer their own programs, and to help them find funding for those programs and to provide technical assistance for those programs, to evaluate them and on and on.

SHERIFF PREADMORE: Block concept. I assume you are going to help finance those programs.

MR. CHRISTIANSEN: We are doing it without the block funding. We think it makes sense, notwithstanding which way the Federal government goes, whether they go special revenue insurance, social services, social health services, whatever it is, revenue sharing. We have local support for alcoholism programs and they are going to support things they have been involved in developing.

MR. NISSEN: Do you think Utah is peculiar because of the religion in Utah and some of their philosophies? You talk about community involvement and I really hear it, and it is unique. You breathe community involvement.

I look at California, real problems, no unifying force. Do you think this has any bearing on your particular philosophy?

MR. CHRISTIANSEN: Perhaps in a negative way, not positively.

You see, Mormon people are very involved in their own thing, their own church thing. Notwithstanding their desire to bring people back into the fold, the people who usually have the problems are those who are uncomfortable in that social setting and so they go do their thing and in most communities, the only center is around the church, especially the smaller rural communities. And there is no place for these people who are not comfortable in the system.

DR. PAVLOFF: I am a little confused at this point about your position regarding the role of the State alcoholism authority and direct treatment.

From my understanding the function of the State alcoholism authority is coordinating, monitoring, evaluating, financing to some extent, things of this nature, and that the movement of the Utah State Alcoholism Authority to accept direct responsibility for an alcoholism program in the State penitentiary was an extreme exception on the whole national scene. The State alcoholism

authorities do not want to and are not in fact involved in the provision of direct administration, provision of staff and so forth for treatment. And that your office itself was reluctant to undertake that kind of direct responsibility, moved into the penitentiary only because the inmates came to you directly and asked for these services.

MR. CHRISTIANSEN: It is the only area of direct services we are involved in in our State agency, and the only one that I can see justified at this point, because the penitentiary is a State institution.

I am all for doing away with that State institution, by the way. I reported how we tried to get the females out of there and into the community and what kind of reaction we got from that. That is one of the negative aspects of a homogeneous society.

DR. PAVLOFF: What is the role of the State Alcoholism Authority that you are recommending they should have?

MR. CHRISTIANSEN: I feel that they ought to be responsible for the treatment of alcoholics in criminal justice system who are inmates in institutions. In cases of pretrial releaseses, probationers and parolees, they only ought to be responsible to the point they are providing technical assistance to local programs, financial assistance to local programs, evaluation to local programs.

DR. PAVLOFF: I see.

MR. GOTCHER: One question. Mississippi has one penitentiary. The cost of a program there is beyond anything that the State Alcoholic Administration is capable of sustaining.

MR. CHRISTIANSEN: I agree with you. Just with our one little institution that has 550 inmates, our State legislature has increased by \$10,000 for the last three years our funding for alcoholism and drug programs at the prison. That is not nearly enough to get a comprehensive treatment rehabilitation program in the system. Even using community resources and everything that is available there. And first, the assumption was, we are going to have this institution in our State for some time.

Secondly, there will always be individuals who will not respond to treatment, but who will need incarceration before they respond to treatment. Whether it is incarceration in the city jail or state institution, they need the incarceration. So under those two assumptions, we decided to develop a viable program there.

But we don't know what is effective in that kind

of a program. We can't find—other than I am hearing the best information I have heard for three years in group now—we can't go to our legislature and say, "Look, we need \$150,000, \$500,000, for a treatment and rehabilitation program for people who have alcohol-related problems in our prison." They just wouldn't buy it, because we don't have anything to support it. That is what we wanted to do with the NIAAA demonstration project, was to provide the data over a three-year period, and then go to our legislature and say: Federal government, we don't want your help in our State penitentiary any longer; we got from you what we wanted, some data. Now it is our responsibility. And I think our State legislature will buy that.

MR. GOTCHER: You are thinking of that being a State legislature problem?

MR. CHRISTIANSEN: You bet.

MR. GOTCHER: I will buy that one.

DR. GRODER: Okay, I am going to move along and speak very briefly, just want to mention three things really. Most of the points I made in my paper here have come out in various ways in the course of this discussion, and I just reemphasize the need for constant evaluation of what we are doing as we implement any or all of the spectrum of the different things we have talked about. Because the predictable thing is they are not working in all kinds of unpredictable ways. And some things will work and they may be just the things you thought won't. I include somewhere in this paper the price of liberty is eternal vigilance, and if we are dissatisfied with the current system, we may be just as dissatisfied with the one we have twenty years from now, if we just blindly troop off to follow fashionable mythical directions that tend to arise from time to time.

One other thing I would like to mention, the thrust of most of the discussion here has been pointing towards the concept of institutions being so negative, claiming that if you want to have anything good happening, you have to bring in "good people" from the outside to carefully clean them off, decontaminate them.

The experiment we are making at the Federal Center for Correctional Research, one way of understanding it, is to see if it is possible to take a new institution and have the entire staff provide simultaneously a highly secure situation in which treatment occurs. This is a presumably impossible task, given these and other discussions I have heard.

I don't think it is impossible. I think most of the impossibilities occur from ingrained myths people believe as if they were realities and through social structures that are self-maintaining in institutions, have become somewhat sacrosanct, tend to produce the predictable results.

The thing I would emphasize, we are in an area where we are just starting down the road, to promote diversity and to promote responsible experimentation and evaluation of what we do. And to at least as far as possible try to avoid fads of various kinds, and see what can be done.

Any comments or questions?

SHERIFF PREAMORE: Your concept is of interest, because at least you sound hopeful.

I think the corrections system has been so dormant we have to experiment in order to come out of it. I think that is where the breath of fresh air comes in. I spent twenty-three years in jail, from the outside looking in.

DR. GRODER: I think the thing I am saying is there has been such an identification of people working in institutions as bad guys, out in front. So the minute somebody else stays there for 40 hours a week, they are contaminated.

This kind of conception is going to take a very large event to disprove.

JUSTICE CHRISTIAN: Do you dispute the proposition secure custody in a large institution is apparently counter-productive?

DR. GRODER: I have to go into the concept, my experience says *the program* can provide the security. If everybody that is in an institution is actively involved in a productive program for them—not all the same program, whatever it is—if there are no loose drifting people, staff or inmates, and certain other technical measures are taken which are relatively unobtrusive, then security is maintained. And that the reason for the kinds of bizarre and gothic security situations that we have is that you have a situation of a warring stalemate where there has been an accretion through generations of all kinds of measures between the warring parties to get some kind of modicum out of it. And what you see, at least what I see when I go, you know, to Leavenworth, and so on, is the history of a long war that is slowly plastered up on the walls and, you know, in the guts of the people there. That I would count as a nonsystem. It is a product rather than a process.

MR. BERLINER: It depends, as I see it, on security—for what? If the security is in terms of

maintaining an equilibrium, accommodation between inmates and staff so nobody makes waves, people do their time quietly, and then leave—essentially unchanged, I think it is constructive.

If it is punitive security on the theory the reason people are sent to prison is a penalty, I think it is not productive.

MR. POINTER: What about the Patuxent experiment, essentially governed by the same idea, relationship, custody, unobtrusive security measures, extremely high ratio of treatment staff to inmates. And then all of a sudden the double cyclone fences and gun towers. I mean, what is to stop your center from going in that direction?

DR. GRODER: Failure would produce that.

One of the things, though, has to do with some of the experiences including Patuxent experience. We already have a double fence, you know.

MR. POINTER: So you are starting out—

DR. GRODER: Yes. There is a mistake that you can just take somebody who ten seconds ago was in an absolute lousy position and take him to a new place, drive him down and dump him in there and say, "Hi, now you are expected to be responsible." There is a decompression process. Again, getting into a lot of detail. There is a whole process you have to go through in order to take somebody from being institutionalized to being someone who can handle graduated responsibilities.

These are the kinds of people we work with.

Of course, there are a lot of other people for whom just being in institutions is a pain in the neck. The minute you let them out, they respond.

As has been mentioned, it has been an inappropriate referral in the first place.

The kind of people I am concerned about are the people committed to live in the institutions; whether they started off that way or not, they are that way now. They are institutionalized, if you want to call it that, and do not have the resources, some very often not even the interest, in getting with it.

MR. NISSEN: This is the only thing I disagree with, "Staff and inmates must work together to avoid stale and alienated roles in order to function as a close and integrated team in achieving mutually productive goals."

Now, if the inmates want to get out, the staff by law has its responsibility to keep them in. How can they have this mutually productive goal, other than short-range goals, day-to-day, week-to-week,

which in my mind are completely washed out by the fact the man wants to get on the streets?

DR. GRODER: Well, again, just to shorten up the process very clearly, one of the things we will be doing is in line with some of the things we heard about. The people we will be taking in the research units will be within 18 months or 2½ years of parole eligibility, and/or release, which means some will have four or five years sentences, some will be at the end of a life sentence, thirteenth year. Ages will vary. A lot of things will vary.

Basically the joint goal is to get him out into the community-based program, with follow-up, aftercare to what has happened.

It is going to be the obligation of staff in each one of these programs to get the guy into the position to be having minimum custody within the first 12 months, so he is out on furloughs, community-based projects, one thing or another, even if he started maximum security when he arrived.

And then to build in that first and second year a sufficient history of exposure, involvement in the community, his home community, whatever that is, may be ten miles, or 500 miles away; so that when he presents himself to the Parole Board, he has not only whatever staff recommends, but he in fact has demonstrated here I am and I have been there.

The question of escape, if that is what—

MR. NISSEN: That's right.

DR. GRODER: If that is the question you are raising, my experience with that is that if a guy is actively and productively involved in a program, has major responsibility in that program, that he no more wants escape than I want to quit when I am actively, productively involved in something. And that takes time. And for the first few months, we may have nobody that does anything but stare at those double fences all they want, barbed wire on top and in between and every which way.

The issue is that productively involved people don't run away from their situation, whatever it is. And to be productively involved, both staff and inmates have to be involved together. Because otherwise they are playing games with each other and fool around.

Then to explain how you do that, I have to go into the program models which we don't have time for now. But there are a number of ways.

DR. PAVLOFF: We will wind up very soon here now.

Two things I want to cover first.

About tomorrow, we are going to meet at nine o'clock and immediately break into three groups. These groups in a two-hour session will have two questions before them. Number one, what is the consensus, if there is any, about the issues in your area? The three areas being, as you see from the schedule, community programs; group 2 institutional programs; and across-the-board issues for group 3, by which I mean health and corrections interface, screening, voluntarism, confidentiality and the like.

We will reassemble in a plenary session at eleven o'clock and each group will make a report about the consensus or lack of consensus. And the second question before each group is what are your policy and action recommendations to the three Federal Agencies that are represented here.

So we will receive a report from each of the three groups tomorrow at 11 o'clock.

One other thing before we break up. The three of us at the head table here have been attempting to keep track in general the discussion here to see that all of the issues at least we had in mind were covered. Two of us have questions we would like to put very briefly on the table to elicit if possible a few more comments about.

My question has to do with voluntarism and coercion.

Little was said in the papers about this. What has been said during the discussion today seems to be divided opinion. I have heard Mr. Wells and Mr. Gotcher come down firmly on the side of mandatory participation in treatment programs for those under the jurisdiction of the criminal justice system, once they are diagnosed as having this problem. I have heard others speak in favor of voluntary programs.

I believe Mr. Berliner's expression of his philosophy went even beyond voluntarism. Those who get into his program will have to take an *active* initiative to get in.

MR. BERLINER: I didn't sufficiently point out, or present my point of view in that case. I also firmly believe in the notion you can't knock it until you try it, with regard, for example, to AA in my program. People who enter the program are required for the first month of their stay to attend AA meetings. At the end of that time they have an option of continuing or discontinuing.

I happen to believe that if people are committed to a program, then you have the obligation of requiring that they be exposed to certain treatment opportunities. They can always exercise choices, as indeed the man does in my program, because if he wishes to exercise the option of not participating, he remains in level one. But it is his choice. Even when he is locked up, he has choices. But he has to be exposed to the program.

DR. FRANK: I believe that in most therapeutic enterprises, that there is either a covert or overt contract which involves some kind of limit setting. I think that we mental health professionals for one group feel comfortable setting limits outside of the correctional settings; but very often when we go into a correctional setting, all of a sudden we become very upset about coercion in treatment.

I think that when you are dealing especially with character disordered people, there is some element of limit setting, either by contract, in advance, or as it comes up. The limit setting in the therapeutic enterprise has to be somehow internalized by the client. And for some reason this limit setting is confused when the mental health enterprise goes inside the prison.

I don't fully understand why there is this cross-current, but it is there.

MR. CHRISTIANSEN: I think it is important to consider what takes place in terms of the rational diagnostic process that goes on before an individual is forced to do anything. If they are involved in that rational process with that individual who takes a personal interest in them, and they have the information which comes by diagnoses as scientific as we can possibly get, and then they are involved in that contract which may be coercion, when a board pardons or when the judge or whoever it is says, "This is my contract with you, you will do these things," great, I want to do those things because—he has been involved in the negotiation process.

The then chances of success are much more meaningful than they are with somebody unilaterally setting those—

MR. BERLINER: How can a person make an informed choice, for example, about the possible value of AA unless he tries it? And he may not under his own initiative choose to try it.

I think the people who are staffing the institution or the treatment program have the obligation of making available this program. This may in-

clude insisting the person expose him to this opportunity.

DR. PAVLOFF: Any other comments?

MR. RECTOR: More rational than either is approaching it on the basis of right to treatment or right to reject treatment.

I think it is somewhat implicit in your statement, Art, I think having seen and participated, he should also have the right to reject it.

And not be penalized within the setting that the court has assigned to him for confinement for the fact he has seen and he has rejected because he didn't believe it.

In the correctional field, you have the centuries of reason for disbelief, maybe you don't have in the mental health field.

DR. McALISTER: In Vermont we sort of straddle this voluntarism-coercion thinking. Because, as I said, no one has to go into the alcohol or any other treatment program against his own wishes, but if he agrees to go, he must make a commitment that he will participate or try to participate in the program.

Most will elect to go into the program, figuring anything is better than staying in prison, since most of the people on the alcohol program come out of the prison.

However, he does have the option, if he gets into it and finds he doesn't like it, he has the option to leave it without prejudice, without being legally or socially prejudiced precisely, because—this is particularly true with Appalachians, with the hillbilly alcoholic, the program, particularly the group process work is too—he might find it too stressful for him. He might rather go back and sit in prison, do his time, and have people leave him alone, rather than try to cope with other people and their feelings.

SHERIFF PREAMORE: I think it is very important to motivate. Like an appendectomy or vasectomy, one is life and death, the other is by choice.

You have to motivate the individual, to entice those willing to get into the program, buy what you have to offer. The second is have the courts mandate the program if they don't want to volunteer.

MR. NISSEN: Inmates don't like a silent beef. Too many programs, when they don't make it, they know the board hears it and the board says, "You didn't make the program"; in effect, they do more time. It is called a hummer, silent beef, what have you.

This is the real fear they have of a program.

I would strongly express if they go into one of these programs and want to leave, they should have the choice, and that is it.

MR. BERLINER: You involve the inmate with objectives in the program.

We have people we hope will participate in the program, in terms of defining goals, defining objectives, reshaping the program over time in concert with the staff. You don't impose the program on any person; you make him a participant.

DR. GRODER: The way I have handled this, I think it may answer some of your questions, is somebody getting into a voluntary program or being sent to it, I have done it both ways, generally it is voluntary but occasionally somebody will say, "You are sentenced to group therapy"—here he comes.

He says, "I need two years of group therapy. I hear you do it."

(Laughter)

It works out real well.

We always laughed about it. Anyhow, the approach I have taken on this is to say, "If you come into the program, we are not going to write any reports about you for the first year in any event, because we probably won't really know what is going on, so you won't get any positive reports or negative reports, nothing. If during the course of that time then you decide to leave"—our experience is the people who leave will leave within the first 90 days or so, zero situation. "If you stay in for more than a year and we begin to feel, rightly or wrongly, that you warrant saying good things about you, we will do that. We will never start saying bad things. Because if you are that much of an idiot, I am sure other people have a happy time saying bad things about you. We don't have to do that. We are here to do something for yourself."

This kind of approach very much takes care of this initial issue that is a very important one, one of the constructive ones in the California approach. So the man can benefit if he does the thing, otherwise he just spends more time—

DR. PAVLOFF: Can we pass on to Bill's question.

MR. MOONEY: It is a comment predicated on something Dr. Russell said earlier. He referenced the fact in the Twin City area there were 100 half-way houses for alcoholics returning to the community, which I feel is a really rather extensive network of community resources. I

don't believe in the whole Washington metropolitan area there are 20 half-way houses for the whole criminal justice population returning to the jurisdiction.

The question I have is to what extent is the availability of the half-way houses a factor in the success of your program that is structured both institutionally with follow-up care in the communities?

DR. RUSSELL: Well, our community coordinator has looked into all of these places. That is why we know the ones that are available, will have a bed for us.

A lot of these are available to us, but they cost money which we don't have. Private resources or whatever else.

For the majority of our inmates on the dependent program on the street, about 30 percent of them go into a half-way facility; the other ones seem to function reasonably well on the street without a half-way facility.

I think this is extremely important in terms of these people, selective group of people to have a place like that available in addition to being able to introduce them to that facility.

I think that is very important for us to have these facilities available, very important for our people.

MR. CHRISTIANSEN: I would like to make one comment in terms of this issue of 100 half-way houses.

I emphasize the importance of comprehensive programs in a community, in having those available by way of after-care or care before sentencing, or whatever the case may be.

So often in our State we have lots of programs, but when you begin looking at a comprehensive program in communities, you know, it is not there. Where is the detox after-care program, modality approaches, residential programs? Even in after-care programs we have portions of them but we don't have comprehensiveness. I think that is the key issue we need to address ourselves to.

DR. RUSSELL: We have one organization whose only reason for being is to coordinate half-way houses, coordinate all of these things. They have been able to select about 20 of the available half-way houses in terms of coordination; Department of Corrections is getting a little more into this, to some of these cases, coordinating.

DR. PAVLOFF: Well, thank you all very much. Hope to see you all at nine o'clock tomorrow.

(Whereupon, at 5:10 o'clock, p.m., the seminar was concluded.)

Summary of the Seminar Conclusions

I. Treatment-Corrections Interface

An alcoholism treatment program cannot function effectively in the traditional penal institutional setting where inmates—correctional staff—treatment staff are generally in a three-way overt or covert conflict due to their distinctly differing functions, values, and primary goals. An effective alcoholism program can be created within a penal institution provided that:

- (a) it is located in a special therapeutic unit,
- (b) the unit is largely autonomous and under the immediate direction of the chief therapist,
- (c) correctional authorities understand and genuinely support this unit,
- (d) unit staff, both treatment and correctional, are thoroughly prepared and trained as a cohesive team around the unit program philosophy, techniques and goals,
- (e) staff and clients, by training, program design and unit regulations spelled out in contract form, commit themselves jointly to a team or partnership effort in which personal and individual responsibility for the unit, its program and its members is delineated and genuinely shared,
- (f) graduated opportunity for furloughs into the community (for purposes of treatment, training or education, work, recreation, and pre-release) is maximized,
- (g) follow-up care in the form of continued alcoholism treatment and other supportive social services is continued without interruption for one year after parole or outright release.

Alcoholism treatment and rehabilitation services for pretrial releasees, probationers, and parolees in the community may be contracted from existing providers, or in some cases may be provided by programs established exclusively for this population. The size and strength of a subculture and the desire for and feasibility of a peer-group program are partial criteria for this choice.

II. Confidentiality and Privileged Communications

Confidentiality is a primary concern of offenders entering any treatment and rehabilitation program. If it is not carefully delineated and observed as delineated, a program easily descends into game playing. The limits and terms of confidentiality must first be jointly delineated as part of an agreement between the specialized treatment unit or program and the authorities or the courts, correctional or penal offices and institutions. Next, the limits and terms of confidentiality must be clearly articulated as part of a treatment contract offered to any unit or program client. Regarding the unit reports to a Parole Board, it is suggested that unit-client contracts specify that no such report will be made for a given period of time and that no subsequent report will be made without the client's consent.

However, willingness to participate in a community based program may appropriately be considered in determining whether an offender is fit for probation or parole.

III. Voluntarism

A minority among the Seminar participants judged that participation by those in need of alcoholism treatment and rehabilitation services should be mandatory. References were made to elements of "either—or" coercion existing in choices presented by judges to drinking drivers and by employers to problem-drinking employees.

A majority of Seminar participants judged that large numbers of unwilling participants would result in cliques and resistance to the program, and hence, opted for the offering of a program contract on a take-it-or-leave-it basis, with the option of leaving the program in due course (defined by the contract) without prejudice of any kind.

IV. Offender Subcultures and Codes and their implications for Alcoholism Treatment Programs

It is a fact that the great majority of offenders who are not diverted from the criminal justice system, but who are arrested, convicted, and sentenced are from among the poor and minori-

ties. Therefore, this population includes the sub-cultures and codes of the poor and minorities as they exist in the "free world."

There is also a distinct offender code embodying such values as not accepting responsibility for another ("do your own time"), not talking to or cooperating with the correctional officers or authorities ("we—they" polarization) and avoiding self-disclosure.

The implications for treatment programs are a need for:

- (a) specialized units,
- (b) fostering of client-staff partnership and shared responsibility for the program community,
- (c) program-client contracts to include the limits of privileged communication and genuine participatory responsibility for clients,
- (d) non-rewarding of mere passive-dependent compliance in place of active responsibility and participation,
- (e) use of trained ex-offender and minority staff as non-degreed professionals.

V. Continuity of Care

If an effective community treatment program for alcoholism can be found or created, it will generally be preferable to place a pre-trial releasee, probationer or parolee there rather than to create a special and exclusive program. Whenever possible, "community based treatment" should be taken to mean treatment in the client's own environment and with his family members.

Meaningful treatment opportunities can be provided in an institutional setting, providing that it is recognized that the continuum of treatment must be carried out with community involvement at all stages of the process. Community involvement will enhance the accountability of correctional programming, and institutions should, when possible, contract with community resources, both public and private to provide specialized alcohol treatment programming.

The fragmentation of the criminal justice system prompts the following suggestion for "tracking" individuals who are processed through a sequence of agencies.

The public jurisdiction responsible for a probationer or parolee must maintain each offender as part of its recorded caseload. Treatment may appropriately be provided in a public facility if necessary, or, preferable in a private, voluntary,

or other local program under contract. Parole and probation personnel, in the later situation, should maintain some responsibility for the case to see that treatment is being carried out.

Local community mental health centers, public or private social service agencies, other agencies of local government, smaller states, or localized units of state government can all well administer alcoholism treatment and rehabilitation programs. There is no necessary distinction between pre-trial releasees, probationers and parolees in this regard.

VI. Diversion of Offenders from the Criminal Justice Process

It was agreed that all suitable offenders should be diverted to treatment services or agencies at the earliest possible stage of their involvement in the criminal justice system. It was thought that pre-trial screening and diversion should be made available to adult federal prisoners through existing local programs. Finally, the Judiciary should be encouraged to employ flexible sentencing procedures which take into account the treatment needs to the offender.

VII. Screening or Diagnostic Instruments and Techniques

It should be recognized that there are different patterns of alcohol abuse and alcoholism among different sub-cultures. The behavior defined as alcohol abuse or alcoholism should not be limited to that of either the skid row inebriate or the suburban white middle-class office worker. Seminar participants mentioned the screening techniques of a search of records and interviews for social and drinking history. One instrument, the Michigan Alcoholism Screening Test (MAST) was mentioned. The NIAAA expects soon to sponsor a review of all alcoholism specific screening tests and structured interviews, their validity and reliability, length of time and level of expertise required for administering and scoring, etc.

Program managers request a manual or screening and diagnostic instruments and techniques appropriate for use within the criminal justice system.

VIII. Policy and Action Recommendations to BOP-LEAA-NIAAA

It was remarked that this Seminar had among its 19 participants, only two recovered alcoholics,

only one former offender, only one minority member and only one woman. It was asserted that the Seminar was constituted largely of whites representing institutional concerns. It was suggested that any such future seminar include more extensively, those presently under-represented.

Federal agencies should promote and support special demonstration projects. It was affirmed that state legislatures will not appropriate funds except for a proven and costed out program, and that federal seed money is necessary for this among other reasons.

Federal technical and financial support is also needed for more training of ex-offenders for placement as non-degreed professional counselors in alcoholism treatment programs.

The conferees called for further research correlating specific crimes with alcoholism. Further research was also requested on the feasibility of substantially unified treatment programs for alcoholism and the use of illegal drugs.

Standard definitions and measures should be developed throughout all jurisdictions. A comprehensive information and data collection system should be devised to enable the agencies in the field to develop an accurate profile of the alcohol abusing offender and to provide the basis for program justification and evaluation. A research component should be included in each treatment program.

The conferees expressed concern that there was insufficient sharing of information in the field and

called on the NCAE, National Clearing House for Alcohol Information and other relevant agencies to expand their efforts in this regard.

As federal funding comes into alcoholic programs, coordination should be assured with criminal justice plans being developed under the Safe Streets Act.

The recommendation was made that alcohol abuse treatment information be made a part of staff training courses like the Jailers Operations course being offered by the Bureau of Prisons as created through LEAA grants. This effort should also be made on the part of state criminal justice agencies.

Federal concern should also be focused on the outside evaluation of such programs within the criminal justice system and dissemination of the results, failures as well as successes.

It is requested that any printed proceedings of the Seminar include lists of the State alcoholism authorities and State law enforcement planning agencies as sources of information, technical assistance, planning, coordination, and Federal formula grant funds. Information should also be provided regarding the services offered by the National Clearing House for Alcohol Information and the National Criminal Justice Reference Service.

A Task Force should be established to take steps to implement the recommendations of this group, with a target date for response within one year.

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National Criminal Justice Reference Service

The National Criminal Justice Reference Service, (NCJRS) established by the Law Enforcement Assistance Administration, provides a central information source for the nation's law enforcement and criminal justice community.

NCJRS provides four basic services, the first of which is the search and retrieval operation. Divided into such areas of special concentration as police, courts, and corrections and staffed by an appropriate specialist in each field, the system is a unique and personal service to meet the particular reference needs of the criminal justice community.

SNI (selective notification of information) is the distribution of concise summaries or abstracts describing new or important literature in the fields of criminal justice and law enforcement. The SNI process is an information dissemination system that automatically sends to users only

those summaries that relate to their specific concerns in the field.

Through the dissemination of Current Awareness brochures, flyers, letters, and bulletins, users are made aware of the new publications available through NCJRS and other government and private agencies.

NCJRS also distributes periodic reports in areas associated with police, corrections, and courts. The reports, selected for their timeliness and importance, review applicable systems, methods, and procedures, and present them in a highly readable and informative manner.

For information concerning the services provided by NCJRS contact:

U.S. Department of Justice
Law Enforcement Assistance Administration
National Criminal Justice Reference Service
Washington, D.C. 20530

National Clearinghouse on Alcohol Information

As the information service of the National Institute on Alcohol Abuse and Alcoholism, the National Clearinghouse for Alcohol Information (NCALI) makes widely available the current knowledge on alcohol-related subjects.

The scope of Clearinghouse activity covers all the varied aspects of alcohol abuse, such as alcohol and highway safety, physiology of alcohol, psychological studies, and occupational alcoholism programs. The scientific and professional community, as well as the general public, have utilized NCALI resources.

Clearinghouse information services include: A monthly newsletter reporting recent developments, literature and programs; a quarterly

bulletin for those working in alcoholism prevention, treatment and research; and a variety of books, pamphlets and posters sponsored by the National Institute on Alcohol Abuse and Alcoholism. NCALI also maintains a notification service of current literature. Those registered receive abstract cards or bibliography booklets summarizing new publications in special interest areas.

The Clearinghouse responds to all individual requests, whether of a personal, technical or research nature. For more information, write:

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END