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TREATMENT OF THE MENTALLY ILL OFFENDER: SOME CONCEPTUAL AND PROGRAMMATIC NEEDS FOR THE FUTURE

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Who is the "Mentally Ill Offender"?

As a starting point we might briefly consider the ways in which mentally ill persons are distinguished from the larger population of offenders. While there may be general agreement that persons found incompetent to stand trial, acquitted by reason of insanity, those who suffer psychiatric breaks in prison, and possibly certain sex offenders, are generally encompassed by the term "mentally ill offenders", it appears that precise and clear distinctions are most difficult to make.

There have been various estimates concerning the proportion of mentally ill or disordered persons among those who violate criminal laws. For example, some psychiatrists have estimated that between 15 to 20 percent of incarcerated offenders have significant degrees of abnormality such that they may psychiatrically be diagnosed and need treatment. Of course, a question obviously arises concerning the reliability of psychiatric diagnoses and the degree of agreement among various mental health professionals in making the aforementioned estimates. There are some who would assert that all serious, i.e., chronic or recidivist, criminals are mentally disturbed. One wonders what such persons would have to say about those chronic law-violators who manage to elude the attention of the law.

Social Deviance and Societal Definitions

Problems associated with making clear distinctions among various types of social deviants encompass concerns much broader than those pertaining to mentally ill offenders. A brief discussion of this issue seems desirable in order to place our present topic in better perspective.

Various problems of definition arise in assessing social deviance. In part this is because all behavior occurs within specific group contexts, and the frames of reference of those evaluating the deviant behavior are not always comparable. Furthermore, since these evaluators may be located at different points of interaction with the person, the behavior they see and the manner in which they react to it may differ significantly. In short, how a particular form of deviant behavior is to be evaluated - in fact, whether the behavior is even to be viewed as

deviant - depends in large measure on the frame of reference of those evaluating the particular behavior. Indeed, the evaluation may vary considerably for the very same behavior depending upon who the person happens to be in reference, for example, to his social class and societal standing. Depending upon the frame of reference used by various social groups and persons, the very same deviant behavior may be viewed as delinquent or criminal, perverted, sinful, mentally ill, or reflective of bad manners, corruption, immorality, or even the creative but undisciplined expressions of a genius.

Discussions of social deviance often appear to be based upon the assumption that the behavior in question reflects something inherently different about the individual, or reflects some special characteristic (e.g., mental illness) of the deviant individual. However, since it has been noted above that different groups tend to judge different things as deviant, the determination of deviance very much involves the person or group making the judgment, the particular process by which the judgment is reached, the norms, values and criteria used by those evaluating the behavior, as well as the situation or context in which such judgments are made. It could safely be asserted that to ignore this complex and variable aspect of the process whereby deviant behavior is defined and labelled would tend logically to limit both the theories developed and the understanding obtained about deviant behavior.

In light of the foregoing comments, it should be evident that deviancy is not simply reflective of some special characteristic or quality residing within the deviant individual. While there may indeed be such individual peculiarities of behavior, we would need also to consider the social processes whereby the behavior comes to be viewed, defined and labelled as deviant.

The Concept of "Mental Illness" and its Over-Use

It has been stated earlier that differing definitions and labels may often be applied to the very same behavior. Thus, behavior which some may view and define as delinquent, criminal or immoral, may be viewed and labelled by others as reflecting mental illness. However, as it is generally used, the concept of mental illness suggests that the deviant behavior is largely a function of some problem or psychopathology in the individual.

There has been in recent decades a tendency to psychologize a variety of social problems, i.e., to assign psychological causes and explanations for such phenomena. As a result, concepts derived from notions regarding individual psychopathology have been extended - even over-extended - to a variety of social problems. Hence, civil disorders, student protests, political movements, and even wars, have been among the phenomena which have been discussed and explained in terms of concepts derived

from study of individual psychodynamics, or by analogy to or extensions of such concepts.

What may well tend in many instances to be overlooked is that the use of mental health concepts and explanations may well reflect the value system of these professionals and not objective, empirical, or scientific statements. Moreover, resort is often made to use of metaphorical language to provide more vivid or dramatic statements of concern about current problems. Thus, comments such as "sick societies," "castrated people," and "What this country needs is a good psychiatrist!", appear primarily to reflect serious concerns about current social problems - but not too much more. For example, given the limited effectiveness of therapeutic interventions even with particular individuals, viz., offenders, one might well wonder about the specific skills, sources of knowledge, diagnostic procedures and therapeutic interventions that mental health professionals would utilize to treat our "sick society".

Obviously, the aforementioned examples of statements implying the relevance and value of mental health approaches to addressing almost "all that ails mankind" have rarely been used in any literal sense. The point to be emphasized, however, is that many persons may take such statements more seriously and develop expectancies based upon these extravagant assertions. Mental health professionals are already burdened by intended or unintended over-selling of our wares in the past; more cautious, modest, and empirically-oriented assertions of skills and contributions seem very much in order.

Conceptualization of Behavior

In some contrast to "intrapsychic" notions which view behavior as largely a function of the individual's inner life, I wish to indicate my preference for a behavioral conceptualization. In the latter conceptualization, behavior is viewed as involving an interaction between an individual and a particular environment. Behavior is neither fixed nor absolute, and rarely does it involve only the individual. For example, one does not behave on the job as one does at church, the New Year's party, the poker game, or in the privacy of one's home. Similarly, behavioral characteristics or traits will be expected to vary depending upon particular environmental factors which may facilitate, inhibit or otherwise differentially influence expressions of specific behaviors. Thus, a person described as very flexible or tolerant in his manner would not be expected to behave in a flexible or tolerant fashion in all situations. While compared to others he may well show a greater proportion of flexible modes of approaching situations, the degree of flexibility would be expected to vary in particular situations as a function of other factors.

It is not surprising therefore, that certain delinquents and offenders described as highly impulsive, explosive, and dangerous in many community situations, may well be described as

"model inmates" within correctional institutions.

The above conceptualization has several important implications for assessing and predicting behavior. For example, an individual's behavior is inadequate or deficient in reference to some specific task or situation. Inadequacy of behavior relates both to the available skills (repertoires) possessed by the person, and also to the complexity of the situation (environment) in which he has to function. A person able to function quite adequately as a farm-hand in a rural setting may well find himself unable to cope with the occupational, social and other expectations in a demanding urban setting. The young man described as lazy, impulsive, and lacking very much frustration tolerance in school, job and other situations, may well display remarkable patience, persistence, interest and ingenuity when working on his "hot-rod," training as a boxer, or planning a heist.

Similarly, when attempting to predict behavior one would need to know more about the person's past performance and functioning in regard to particular behavioral characteristics, e.g., assaultiveness. It would also be necessary to know of the situations, environmental and social settings in which such behavior will tend to be elicited, provoked, stimulated or, on the other hand, suppressed and inhibited.

Assessment of Behavior

In the following discussion the term assessment (rather than diagnosis) will be used because it is broader, can readily be used in reference to a variety of tasks and interventions, and does not primarily connote an illness or mental health model.

In reference to mentally ill offenders, or the broader range of persons with maladaptive patterns of behavior, it is essential that the assessment or diagnostic efforts more directly and specifically be related to relevant and appropriate treatment requirements. It would appear that one of the weaknesses of traditional diagnostic efforts (viz., those concerned primarily with locating intrapsychic psychopathology) is that they tend to describe the problems (psychopathologies) in rather global, vague, and non-treatment-related terms. For example, the diagnosis "personality disorder, passive-aggressive personality" does not offer any clear or specific guidelines for appropriate therapeutic interventions.

Furthermore, in many instances of working with delinquents and offenders the problems to be addressed will tend not to relate simply, nor even largely, to psychological or psychiatric pathology. Rather, the problems may involve glaring deficiencies in educational, vocational, occupational, social and interpersonal skills necessary to adapt satisfactorily in the usual societal situations. In such instances, the treatment concerns will need to address the deficiencies, insufficiencies, or gaps in essential behavioral repertoires - rather than the presence of serious psychopathology.

Then, too, it would appear that the diagnostic and assessment labels and categories generally utilized have a direct bearing on the professional, disciplinary and related expertise of the persons making the assessment. Indeed, the problems tend to be viewed within the perspectives and constraints of the evaluators' expertise and frame of reference. For example, mental health professionals tend to use general psychiatric-psychological notions of problems and related explanatory and therapeutic concepts. Stated differently, we tend to view, define and conceptualize problems from the perspectives of our own disciplines and fields of expertise. As a result, we find ourselves inclined to formulate our questions or problems in terms which relate to the kinds of answers and solutions we have to offer.

The above discussion has some important implications. We need to be alert to the possibilities that our diagnostic and assessment procedures may so constrain the concepts and models we use, that we may fail to see the larger social needs and issues involved in addressing problems of social deviance - be they defined as delinquency, crime, or mental illness.

A Behaviorally-Oriented Approach to Assessment

Previous remarks have suggested that a major shortcoming of traditional mental health diagnostic approaches is that they lack explicitness and precision in regard to specific therapeutic needs and requirements. An assessment approach is needed which attempts to identify classes of behavior which require modification, which allows inferences about the particular factors and influences which control such behavior, and which provides the possibility for empirically verifying the utility of specific therapeutic interventions. While such an approach to assessment and prognosis is very complex and remains somewhat crude at the present time, some promising beginnings have nonetheless been made.

F.H. Kanfer and G. Saslow, in "Behavioral Analyses: an Alternative to Diagnostic Classification" (*Archives of General Psychiatry*, 1969, 12, 529-538), suggest that the task of assessment and prognosis can be reduced to efforts which attempt to answer the following three questions:

(1) Which specific behavior patterns require change? The particular changes required may be in reference to the frequency, intensity or the duration of the behavior; or, the change may be in reference to the particular conditions or situational contexts in which the behavior occurs. Occasional pushing and shoving on the school playground is common, may be expected, and is not usually a problem. However, if a particular youngster shows very high frequency of such pushing or shoving of other children, or if the force and intensity of such behavior is quite marked, then such aggressive behavior may well become a source of concern, lead to official complaints and related referrals for

remediation and intervention. Similarly, disrobing behavior is not in and of itself problematic; indeed, it is generally a requirement in order to retire for a comfortable night's sleep. However, disrobing in most public situations is socially undesirable, will tend to elicit formal complaints, and could lead to criminal charges of indecent exposure.

(2) What are the best practical means for producing the desired changes? Once the precise nature of the problem behavior has been defined in reference to factors such as frequency, intensity, duration, and social context, it becomes necessary to specify intervention approaches and procedures for bringing about the desired changes. Such intervention procedures may be subsumed under the broad categories of manipulating the environment, manipulation of the individual's behavior directly, or attempts to so change the attitudes of the individual that related behavioral changes can be achieved. In reference to the last mode of therapeutic intervention, it is important to consider cognitive and attitudinal changes if and when they can clearly be related to behavioral changes. Such an emphasis upon behavior is particularly important in working with offenders, since the societal concern is not primarily with the beliefs, attitudes or prejudices of the individual, but with behavioral manifestations. For example, if therapy results in no more than the development of good cognitive insight in an exhibitionist, it might serve a very limited societal interest. We might then have a more insightful exhibitionist! While this may indeed constitute some measure of improvement, all things considered, it certainly would not be the desired therapeutic goal since the community would still find the exhibitionism offensive and the individual would continue to place himself in jeopardy with such behavior.

(3) Under what conditions was the problem behavior acquired and what factors are currently maintaining the behavior? To a behaviorally oriented therapist the detailed early childhood and remote history of the individual is of relatively little importance. Thus, psychiatric or social histories which may even detail the erotic interests of the client's grandparents, would be of little value. The major concern would be to ascertain how the present problem behavior might initially have been acquired (learned) in order to get some ideas as to how the behavior may now be changed. Of even more importance, would be information about how the problem behavior is currently being maintained. Given such knowledge, the therapist could more directly and specifically begin to seek ways of modifying and influencing those current variables which influence and determine the deviant behavior of concern.

It is by no means being suggested that the above approach to assessment and prognosis is the only effective or useful one. Rather, it is being asserted that lacking specific relationships between assessment and therapeutic functions, the assessment

procedures would be of only limited value since they would not offer clear, explicit and empirically testable indications for treatment.

Treatment Approaches and Considerations

It has often been stated that delinquents and offenders are rather difficult to treat using traditional psychotherapeutic and related techniques. Certainly, treatment approaches which rely to a large extent on the anxiety, interest, and motivation of the individual to overcome his problems, often find that many offenders do not bring such motivation to the treatment situation. And, since such treatment efforts may well be experienced by the therapists as difficult and unrewarding (in terms of the degree of success obtained), it is not surprising that the problems presented by the offenders' lack of motivation for treatment is often compounded by the fact that many therapists are equally lacking in motivation to work with such persons.

Despite the very real difficulties often encountered in attempting to modify the behavior of offenders, it is rather important that more emphasis be given to the development of more relevant, effective and efficient treatment technologies. The lack of therapeutic success should not be blamed simply on the poor interest, motivation or resources of the client. The therapist who finds it difficult to treat certain individuals, or the teacher who cannot teach certain youngsters in the public classroom, needs to look for more relevant, appropriate and effective treatment or teaching approaches. It may well be, however, that particular individuals and institutional and societal complexities may jointly thwart the effectiveness of available intervention techniques. It would be reasonable to expect that with more appropriate and powerful therapeutic and/or teaching techniques, and with more adequate institutional and community support, treatment effectiveness could well improve despite the continuing low motivation of certain clients.

Some brief comments might be made in reference to those offenders (whether or not classified as mentally ill) who are presently institutionalized for a variety of reasons. Given the high costs of institutionalization and the numerous negative and counter-therapeutic consequences of such experience, and given also recent advances in telemetry and electronic tracking and communications systems, it may well be that a number of confined persons could in the very near future quite safely be treated and supervised in the community. For example, a remote radio communication system using belt transceivers is presently undergoing prototype testing. Systems of this type can monitor geographical location and psychophysiological variables, and also permit two-way coded communication with persons in their natural social environment. Subject populations who may well be helped through such developments would include persons

susceptible to emergency medical conditions which may occasionally preclude calling for help (e.g., epilepsy, diabetes, myocardial infarctions), geriatric or psychiatric out-patients, and parolees. Thus, in the near future an electronic parole system and telemetered therapeutic interventions may well provide potentially feasible alternatives to incarceration for many individuals.

Societal Values and Social Policy Considerations

Implicit in the foregoing discussion have been a number of issues which relate very broadly to the manner in which a society chooses to view, conceptualize and address problems relating generally to poor socialization of large numbers of its members. In view of the tremendous importance of bearing in mind considerations of societal values and social policies, a number of these issues need explicitly to be noted.

Earlier in this discussion it was indicated that social deviance may be viewed and conceptualized in a manner which suggests that the problems reflect something inherently different or pathological about the deviant individual. Whether the deviance is defined as "crime" or as "mental illness", there might in both instances be an assumption that remedial and therapeutic efforts have largely to be directed at the individuals so labelled.

Such a view and conceptualization may well ignore or overlook the broader societal contexts within which deviance develops, is manifested and handled. If attention is focused only or even largely at the individual deviants, we will not readily perceive problems associated with societal institutions and agencies which rather glaringly fail to provide services designed to socialize members of a society, viz., to incorporate fundamental societal values and develop the skills necessary for effective membership in that society.

For example, if the "causes" of a prison riot are to be attributed to the dozen or more "psychopaths" who are believed to have triggered the disruption, a likely "solution" may well be to remove these and other potential "riot-causing psychopaths" and place them in a new maximum security hospital. While the so-called psychopaths may well have been important factors in the riot, the aforementioned formulations pertaining to the cause of the riot do not explain why the psychopaths triggered the riot at that particular time and not a month, six months or even two years earlier. Nor does it explain why the "psychopaths" presumably to be found in almost any prison did not cause riots in other such institutions.

Obviously, the "causes" of any complex social phenomena are multidetermined and not easily or neatly ascribed to one or two factors. However, if "psychopaths" and their peculiar psychopathology are viewed as the cause, one might well ignore - even wish explicitly to avoid - the possibility that one of the

major contributing causes of the riot may well relate to the fact that the prison was poorly administered, miserably financed, inadequately staffed, and generally bereft of "correctional" and "rehabilitative" resources. However, to view the problem in these broader terms might often lead to politically and otherwise embarrassing and discomfiting conclusions and offer little by way of ready and easy solutions. We would, then, have to address the deeply vexing problems presented by the glaring inadequacies of our various institutions.

Consistent with earlier discussion the ineffectiveness of rehabilitative and treatment programs reflects not only on the problems presented by the individual, but also upon the adequacy and effectiveness of the treatment facilities and programs available. Therefore, to say that a delinquent youngster is not likely to be rehabilitated within a certain period of time in a training school, does not reflect simply on the "hardened" qualities of the individual. It reflects also on the adequacy or inadequacy of treatment and rehabilitative resources at the training school. The more inadequate the provisions for treatment and remediation, the larger the number of individuals who will not receive effective rehabilitation.

In this regard, it seems unfortunate - even though understandable - that the staff of correctional and treatment institutions tends to become identified with the systems within which they operate, and thus are likely to become defensive toward criticisms of such institutions. The very necessary and indeed accurate criticisms pertaining to the general ineffectiveness of "rehabilitative" and "treatment" facilities for offenders are, however, directed broadly at our society and our collective hypocrisies. These criticisms are not necessarily aimed at individuals, generally attempting to do the best they can given the resources in these institutions.

In conclusion, it seems essential to consider the problem of social deviance, the definition and handling of criminals, and related treatment and rehabilitative objectives, within the context of the values and priorities of the social system. Mental health professionals need increasingly to examine the social systems which are involved in the definition, labelling, and handling of social deviance - and not simply at the individuals funnelled into these systems. Overuse of the juvenile and criminal justice systems, low tolerance for annoying but non-dysfunctional deviance, inadequate development of community-based treatment and rehabilitation programs, too ready and frequent resort to incarceration, and glaring discrepancies between idealistically stated societal objectives and the resources actually provided to achieve the objectives - all of these are some of the larger issues which need very much to be considered by mental health and other professionals as they address the rehabilitative and treatment needs of mentally ill offenders.

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