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Drug Abuse Counseling in a  
Prison Setting

Abstract

This paper presents a brief discussion of a recent attempt to introduce a group-individual therapeutic approach into one of Ohio's correctional institutions, London Correctional Institution. It is an effort to help convicted felons with drug abuse/addiction problems that they had prior to admission. The program called Druadd attempts to provide therapeutic counseling to incarcerated offenders shortly before their release on parole. Its major objective is to reinforce their reported desires to remain drug free when placed back into the community.

This paper also describes briefly a history of Druadd; relates some of its research efforts in defining the drug abuser's psychological characteristics; indicates some of the therapeutic approaches taken; and discusses some of its efforts to assess its efficacy. It is concluded that the incarcerated drug abuser/addict does differ from general incarcerated offenders and that inducing behavioral change in a penal setting is at best precarious.

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Drug Abuse Counseling  
in a Prison Setting <sup>1</sup>

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Several years ago London Correctional Institution's administration decided to introduce into its treatment activities a drug abuser/addict counseling program for its incarcerated offenders. There was some reluctance in beginning this program because such programming had not been attempted previously. Several factors stimulated this new decision. First, there was considerable preoccupation in the civilian sector with drug abuse problems. Secondly, the Ohio Adult Parole Authority seemed to feel a need for such programming and was recommending it vigorously to incarcerated offenders with drug histories. And thirdly, various incarcerated offenders continued to request treatment for drug problems which they had encountered as civilians.

However, introduction of a drug counseling program into institutional activities presented numerous problems. Some opponents actively resisted the creation of a drug counseling program. They felt that the typical drug abuser/addict did not markedly differ from the typical incarcerated offender. Hence, it was argued that a special

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drug counseling program was not only unnecessary but also would duplicate the efforts of other treatment activities. Proponents of the creation of a special drug counseling program were divided between those who wanted to provide the same type of treatment to all of the incarcerated drug users and those who wanted to provide different kinds of treatment to different types of drug users.

An attempt to compromise these viewpoints resulted in the creation of Druadd at London Correctional Institution. Staff members agreed that any drug counseling program should attempt to reinforce the incarcerated drug users' stated desires to abstain from drug abuse when released on parole, but they often could not agree on how to implement this treatment goal. Consequently, a treatment decision was made to attempt a test of several psychotherapeutic approaches as to their efficacy to produce personality change. It had been observed that the drug abuser seemed to be more generally maladjusted than the typical civilian (Baekeland and Lindwall, 1975), and therefore any treatment approach, if effective, should produce improvements in the incarcerated drug abuser's general adjustment.

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In the first two phases of Druadd, an effort was made to compare the efficacy of three group therapeutic approaches: (1) transactional analysis, (2) existential encounter, and (3) gestalt therapy. Using a randomized group design with pre and post measures on several psychological instruments, a sample of N = 71 incarcerated drug abusers was treated along the lines dictated by each of the above stated treatment approaches over a period of four to five months and prior to their release on parole. The results of this treatment research were reported in an unpublished Ohio Department of Rehabilitation and Corrections report (Rahn, Pinti, and Kiger, 1974).

Several conclusions emerged from research with these treatment comparisons with incarcerated drug abusers. First, although each of the treatment approaches produced greater positive change on the Institute of Clinical Analysis's Multiphasic Index than a control group, none of the treatment approaches produced statistically significant greater positive change than a control group of incarcerated drug abusers.<sup>2</sup> Such a finding was upsetting in view of the amount of treatment effort expended but is not unheard of in such treatment research as reported in the clinical literature (Luborsky, et. al., 1971). However, some drug a-

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busers did show massive improvement, but some also showed no change or even deteriorated in their general adjustment.

Secondly, these drug abusers appeared to possess a disproportionately large number of clients with character or conduct difficulties. This observation seemed true even though they overtly appeared highly motivated for treatment.<sup>3</sup> But in fact they as a group changed little positively in general adjustment. The fact that most of these drug abusers were found to be describable on four main scales of the Minnesota Multiphasic Personality Inventory scales 4, 6, 8, and 9, suggested that they generally may not have been highly amenable to traditional counseling techniques in the first place. They may have been going through the program, perhaps in part to manipulate their release on parole by gaining a certificate of program completion.

This Druadd research, then, suggested as previous research results has that a sizable number of drug abusers may possess psychological characteristics that not only predispose them to initial drug abuse as civilians but also interfere with change induction procedures via traditional

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group therapeutic techniques (Lorion, 1974; Baekeland and Lindwall, 1975). This is not to suggest that all incarcerated drug abusers clearly were untreatable. Some clearly showed positive increases in general adjustment. However, it appeared from initial programming that treatment approach and drug abuser type should be matched better for more effective results. It seemed that the same treatment approach would not work for all drug abusers, a strategy employed frequently with many civilian drug treatment programs.

If it is true that differential drug treatment must be provided for incarcerated drug abusers, then there should be a psychological system for differentially classifying incarcerated drug abusers. Drug treatment could then be applied which would be compatible with the different psychological systems of the incarcerated drug abusers. The second two phases of Druadd have been working toward that objective of classification and treatment.

Last year, Druadd staff factor analyzed a large but representative sample (N = 402) of general incarcerated offenders' responses on the Edwards Personal Preference Schedule, and the Minnesota Multiphasic Personality Inventory, in an attempt to ascertain the motivational and cognitive

functioning of these offenders (Rahn, 1975). The results of this research produced five Edwards Personal Preference Schedule manifest need and three Minnesota Multiphasic Personality Inventory cognitive bipolar dimensions along which incarcerated offenders could vary. With the existence of these factorial dimensions, it is now possible to classify incarcerated drug abusers either motivationally or cognitively or both so that they can be counseled in a treatment procedure which is typologically based.

The second two phases of Druadd currently is endeavoring to classify incarcerated drug abusers according to their motivational and cognitive functioning. Treatment to some extent is then provided which logically follows. It is felt that to be effective drug abuse counseling procedures should be compatible with the incarcerated drug abuser's psychological functioning. Whether this treatment strategy will prove efficacious remains to be demonstrated by Druadd. Thus far, some interesting observations can be made about Druadd clients. Druadd has now examined some of its clients in view of the above mentioned classification systems.

Table 1 presents a comparison of typical Druadd drug abuse clients and general incarcerated offenders on the manifest need factorial dimensions of the Edwards Personal Preference Schedule. Careful inspection will reveal that general incarcerated offenders appear to fall along those bipolar need dimensions suggestive of anti-conformity or general acting-out, i.e., rebellion, interpersonal exploitation, competition, and independence. But as this table suggests typical Druadd drug abuse clients as a group (N = 123) show trends toward even greater non-conformity or general acting-out. The problem that arises is how does one treat effectively in a penal setting those incarcerated drug abuse offenders who manifest an anti-conformity motivational pattern.

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Insert Table 1 about here

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Theoretically consistent to the above and even more interesting results have been obtained with Druadd clients on the Minnesota Multiphasic Personality Inventory. A comparison of representative Druadd clients (N = 123) and general incarcerated offenders (N = 2515) recently on the cognitive bipolar dimensions arrived at by factor analysis is

TABLE 1

A Sample Comparision of Typical Druadd  
Clients with General Incarcerated  
Offenders

EPPS Factorial Need Dimensions:	EPPS Scales:	Bipolar Dimensional Names:	% Incarcerated Offenders (N = 402):	% Drug Abusers/ Addicts (N = 123):
II	Chg+Aut Aba+Def	Rebellion Cooperation	57 <sup>a</sup> 43	72 <sup>a</sup> 28
IV	Het+Suc Def+Ord+End	Exploitation Conscientiousness	61 <sup>a</sup> 39	76 <sup>a</sup> 24
V	Het+Ach+Dom Aba+Nur	Ascendance Submission	64 <sup>a</sup> 36	62 <sup>a</sup> 38
VII	Int Suc	Independence Dependence	62 <sup>a</sup> 38	69 <sup>a</sup> 31
VIII	Aut+Agg Aff+Nur	Aggression Affection	47 53	56 44

<sup>a</sup>  
p < .01

shown in Table 2. Careful inspection of this table will reveal that Druadd drug abusers as a group tend to contain likewise more individuals with non-conforming and general acting-out Minnesota Multiphasic Personality Inventory characteristics, i.e., extroversion, undercontrol, and unconventional thinking, as when compared with general incarcerated offenders.

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Insert Table 2 about here

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Indeed, the more frequent Druadd client recently was found in a survey to be extroverted-undercontrolled-unconventional as a basic cognitive type. This is shown in Table 3 which give the percentages for the eight cognitive types for general incarcerated offenders and a sample of Druadd clients. Ironically but interestingly, these typical Druadd clients appeared describable on similar Minnesota Multiphasic Personality Inventory scales as found in the first two phases of Druadd but with different research methods, namely, F, 6, 7, 8, and 9.<sup>4</sup>

The second problem that arises is how does one treat effectively in a penal setting those incarcerated drug abuse offenders who show reduced behavioral controls.

TABLE 2

A Sample Comparison of Typical Druadd  
Clients with General Incarcerated  
Offenders

MMPI Factorial Cognitive Dimensions:	MMPI Scales:	Bipolar Dimensional Names:	% Incarcerated Offenders (N = 2515):	% Drug Abusers/ Addicts (N = 123):
Factor I Mode of Thinking:	K F+6+7+8	Conventional Unconventional	66 <sup>a</sup> 34	54 46
Factor II Level of Control:	7+8+9 L+K+3	Undercontrolled Overcontrolled	48 52	65 <sup>b</sup> 35
Factor III Mode of Orientation	8+9 2+0	Extroverted Introverted	54 <sup>a</sup> 46	76 <sup>b</sup> 24

<sup>a</sup>  
p < .05

<sup>b</sup>  
p < .01

It would appear then that the incarcerated drug abuse offenders likely to be referred to Druadd or likely to become its clients consist of a variety of motivational and cognitive types. But these drug abusers also consist of a sizeable number of individuals with motivational and cognitive predispositions toward anti-conforming or acting-out behavior. Clinically, they can be described as having mild or moderate pathological personality patterns and consists of such personality patterns as passive-aggressive, antisocial, and schizoid.

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Insert Table 3 about here

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If it is true that incarcerated drug abusers/addicts do tend to possess conduct disorders associated with anti-conformity or acting-out, then any type of drug treatment in a penal setting is likely to be fraught with difficulty.<sup>5</sup> Typical insight-expressive therapies if at all effective could encourage further anti-conformity or general acting-out. These humanistic treatment approaches which are designed to facilitate self actualization and

TABLE 3

A Sample Comparison of Typical Druadd  
Clients with General Incarcerated  
Offenders

MMPI Factorial Cognitive Type:	% Incarcerated Offenders a (N = 2515):	% Drug Abusers/ Addicts b (N = 123):
Introverted-Overcontrolled-Conventional:	22	12
Introverted-Overcontrolled-Unconventional:	3	4
Extroverted-Overcontrolled-Conventional:	17	18
Extroverted-Overcontrolled-Unconventional:	9	1
Introverted-Undercontrolled-Conventional:	12	3
Introverted-Undercontrolled-Unconventional:	8	4
Extroverted-Undercontrolled-Conventional:	15	21
Extroverted-Undercontrolled-Unconventional:	13	37

a  
p < .001

b  
p < .01

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behavioral expression could produce frustrating consequences for the penal setting and the client himself by reducing his existing behavioral controls.

Typical action-suppressive therapies if at all effective also could further frustrate these drug abuse clients, perhaps making them more prone to anti-conformity or general acting-out. These behaviorally oriented therapies which are designed to produce increased behavioral control and suppression would induce increased overt conforming or compliant behavior but would result in further need frustration. In the absence of the authoritarian control imposed by the penal setting when released on parole, these incarcerated drug abuse offenders could return to their abuse of chemicals as an expression of their need for anti-conformity.

Based on Druadd research, drug counseling at London Correctional Institution is confronted with various personality types, but a preponderance appears to be anti-conformists. It takes as its starting point the incarcerated drug abuser's stated desire to give up drug abuse and proceeds to assist him to become more of an autonomous

individual who simultaneously makes the final determination of what he is and does and is prepared to assume responsibility for what he becomes in the future. It does not encourage greater anti-conformity from over-conformists, nor greater conformity from anticonformists. Rather, Druadd attempts to reconcile his general dependency and his drug usage with social norms and demands without sacrificing his personality integrity (Hollander, 1976).

In implementing these objectives, Druadd may employ a variety of counseling or growth techniques and approaches. Under the framework of a phenomenological-existential perspective, an intensive group-individual format is employed for several months prior to the incarcerated drug user's release on parole. Techniques appropriate to the individual drug user such as transactional analysis, psychodrama, group encounter, gestalt games, or reality therapy may be utilized. Additionally, films, tapes, written assignments, group interaction, or any other vehicle may be used that will promote the free and open exchange of thoughts, feelings, attitudes, and values between the drug counselor and

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abusers. Through these short but intensive encounters between the drug counselor and other drug users, an attempt is made to help the drug abusers restructure their theories about themselves and the social world. When released, the incarcerated drug abuser may elect to continue with further treatment. Appropriate referrals are then made to civilian treatment programs.

Whether such a counseling effort has any significant measurable effect on the incarcerated drug abuser's subsequent general adjustment to civilian living is currently being investigated.

Footnotes

1

This paper was presented at the Ohio Drug Studies Institute, Otterbein College, on June 24, 1976.

2

The Multiphasic Index is a global measure of the level of one's mental health or sickness and is calculated on the Minnesota Multiphasic Personality Inventory by the Institute of Clinical Analysis, 1000 East Broadway, Glendale, California, 91205.

3

To become a Druadd client, incarcerated offenders had to (1) be a volunteer, (2) have a desire to avoid future drug abuse, (3) have a verified history of drug abuse/addiction, and (4) perceive a need for special aid prior to release. This program does not discriminate between drug abusers and addicts.

4

Typically, depending on the level and combination of these scales, a classification of a mild or moderate pathological personality pattern emerges.

5

Recent research suggest that reduced socialization and anti-conformity is predictive of initial drug abuse (Gorsuch and Butler, 1976). The results of Druadd research with in-

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carcerated drug abusers is confirmatory and suggestive of a pervasive personality dimension associated with drug abuse, i.e., anti-conformity.

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