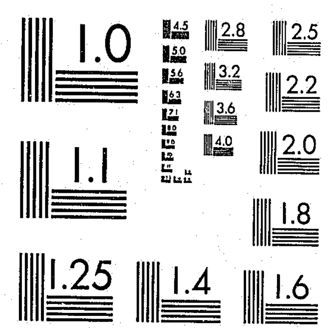

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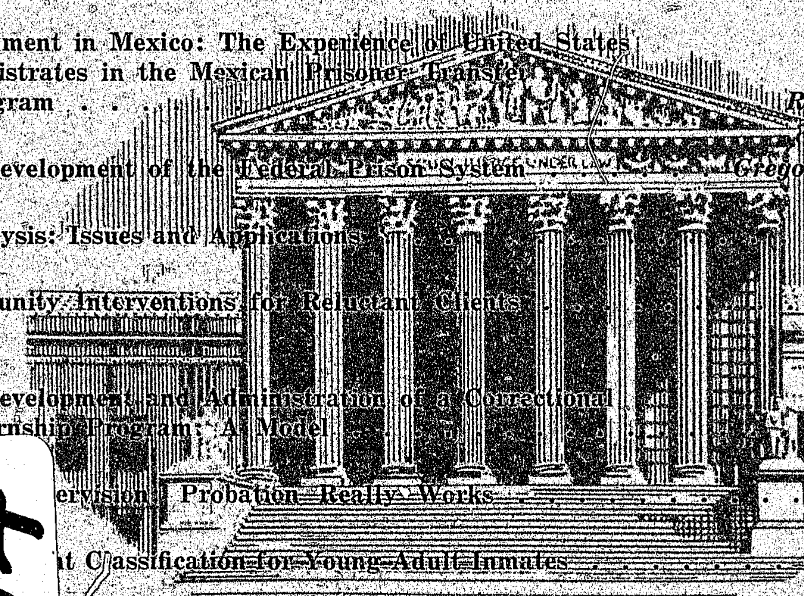
Federal Probation



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All phases of preventive and correctional activities in delinquency and crime come within the fields of interest of FEDERAL PROBATION. The Quarterly wishes to share with its readers all constructively worthwhile points of view and welcomes the contributions of those engaged in the study of juvenile and adult offenders. Federal, state, and local organizations, institutions, and agencies—both public and private—are invited to submit any significant experience and findings related to the prevention and control of delinquency and crime.

Manuscripts (in duplicate), editorial matters, books, and communications should be addressed to FEDERAL PROBATION, Administrative Office of the United States Courts, Washington, D.C. 20544.

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This Issue in Brief

The War on Crime: A Thrice-Told Tale.—Parole as part of public policy is currently receiving mixed reviews—some bad and some terrible, asserts Nathaniel W. Perdue, vice chairman of the Virginia Parole Board. It has reached the slightly enviable position of being denounced by both liberals and conservatives; prosecutors and defenders; police officers and prisoners; professionals, nonprofessionals, and unprofessionals, he adds. Why all the fuss? This fable suggests the state of things past, things to come, and things to come again—as we continue our war on crime.

Assignment in Mexico: The Experience of United States Magistrates in the Mexican Prisoner Transfer Program.—In December 1977 a number of United States magistrates were named verifying officials to conduct hearings in Mexico at which qualified Americans serving Mexican jail sentences had the opportunity to consent to return to the United States to complete those sentences. This article by Richard W. Peterson, describes the treaty between the United States and Mexico by which this prisoner transfer was authorized and the implementation of the treaty. The roles of the Department of Justice attorneys, Federal Public Defenders, personnel from the Bureau of Prisons and Probation Division to the transfer program are explained. The article concludes with the history making elements of the prisoner transfer program and its importance as a precedent for future treaties with other nations.

The Development of the Federal Prison System.—This article by Gregory L. Hershberger presents a historical overview of the Federal Government response to those incarcerated for violating Federal law. Events discussed include the establishment of the first Federal prison facilities in the late 19th century; the formation in 1930 of the Bureau of Prisons within the Department of Justice; the early attempts at programming and the subsequent development of those efforts; and facility acquisitions, institution closings, and mission changes of various institutions up to the present day.

Urinalysis: Issues and Applications.—Despite the wealth of material written about the various aspects of urinalysis, U.S. Probation Officer Philip

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J. Bigger asserts that there is a need to compile the pertinent highlights of that material into one general essay in order to provide the layman with a working knowledge of the subject. Hence, the purposes of urinalysis and the background issues are discussed, followed by a descriptive review of the types of analysis applied by toxicologists to specimens. Finally, the author provides a guide to the interpretation of test results for use in the field.

Community Interventions for Reluctant Clients.—The people with the greatest need for services are often reluctant to participate in community programs, write James D. Kloss and Joan Karan. Within corrections, a number of intensive probation programs have been developed to meet this need, but these have not demonstrated their effectiveness. The Complex Offender Project developed procedures to obtain and maintain the participation of persons with long histories of legal and psychological difficulty. The combined use of outreach, rapport building techniques, negotiated treatment contracts, and financial incentives proved effective in maintaining the involvement of this very difficult client group, and these procedures may be useful in other community programs working with reluctant clients.

The Development and Administration of a Correctional Internship Program: A Model.—Over the last decade and a half there has been a dramatic increase in the number of colleges and universities offering corrections-related programs, according to Dr. Jeffrey L. Schrink. Such curricula have focused student attention of corrections at an unprecedented level and consequently large numbers of students are now interested in serving internships in some type of correctional setting. Unfortunately, there is a dearth of publications in the professional literature aimed at providing detailed guidelines or blueprints to assist the correctional administrator in the establishment and administration of a correctional internship program. This article attempts to fill this void by proposing a model internship program which can be modified to reflect the unique circumstances of most correctional settings.

Home Supervision: Probation Really Works.—San Diego County has the most acutely overcrowded Juvenile Hall in California, reports County Supervising Probation Officer William G. Swank. In 1977 a new concept of Home Supervision became law and San Diego discovered that minors can successfully be detained under "house arrest" without committing further crimes. The key is intensive surveillance. Minors are personally seen 7 days a week: mornings, afternoons, nights (unannounced). If they are not where they are suppose to be, they are arrested. The County probation officers are also involved in crisis counseling and the program has proven to be highly therapeutic, rehabilitative—and it has reduced overcrowding.

Management Classification for Young Adult Inmates.—Since May 1977, the Federal Correctional Institution at Tallahassee, Florida, has used a system which assigns young adult males to one of three general categories of potential violence and is based primarily on the Minnesota Multiphasic Personality Inventory (MMPI). Results comparing periods before and after introduction of the system showed a decrease in serious incidents and assaults, reports Dr. Martin J. Bohn, Jr., chief of the Psychology Department. This management classification system has the advantages of being economical of staff personnel and time, and it has categories related to extensive psychological research. The results from the Tallahassee study suggest that the system has contributed to making the institution safer and has facilitated management decisions.

Interviewing Techniques in Probation and Parole: The Initial Interview (Part 2).—In the final article of this reprinted series on interviewing techniques, Dr. Henry L. Hartman continues a discussion of the initial interview. Methods of converting a directive to a nondirective technique are discussed. In a recapitulation of the entire series of four articles, Dr. Hartman reviews those techniques which are of particular use to the probation and parole officer in his counseling relationships with the probationer and the parolee. He updates the article at the end with current comments.

Community Interventions for Reluctant Clients*

By James D. Kloss, Ph.D., and Joan Karan**

Providing effective services to hard-to-reach clients is one of the critical issues facing community-based programs today. The deinstitutionalization movement and the widespread acceptance of probation and various diversionary alternatives to incarceration virtually assures that very few offenders face imprisonment without exposure to less restrictive programs. Yet there has always been a sizeable group of people for whom community-based programs have seemed ineffective or inappropriate. One response to these people has been the development of incapacitation as a criminological rationale for institutionalization, but there has also been a recognition that special, intensive community programs need to be developed. Banks, Silver, and Rardin (1977) reviewed special, intensive, adult probation programs dating back to 1960, and concluded that most varied the size of an agent's official caseload but not the amount of actual involvement in rehabilitative programs. The problem of obtaining and maintaining the participation of reluctant, resistive clients was not directly addressed.

This problem is by no means restricted to correctional programs. Rosenberg and Raynes (1976) documented dropout rates as high as 50 percent from psychiatric programs, and Glasscote, et al., (1971) reported the failure to involve clients actively in treatment as a major objection to community programs for the mentally ill. At present most reluctant clients are probably successful in avoiding treatment, which may be one reason why so few social programs aimed at behavior change have been successful. Avoiding treatment

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is relatively easy to do in noninstitutional programs; all that is required is to miss three appointments, move to a different part of town or intimidate the caseworker until the agency finally gives up.

Consideration of this problem is often avoided with platitudes like "you can't help a person unless they want (or are ready) to be helped." In fact traditional outpatient and community programs are not equipped to obtain the participation of reluctant clients. While the resulting self-selection of clients undoubtedly increases the effectiveness of service programs on a case-by-case basis, it drastically limits their impact on major social problems such as crime, poverty, and child abuse by ignoring the reluctant client. Relatively few community treatment programs are mandatory, and those which are, like probation and parole, often rely on threats and coercion to obtain cooperation. Such reliance on threat of punitive action, imprisonment, loss of funds, or whatever, is unworkable for three reasons. First, actual imprisonment or deprivation is unwieldy because of due process requirements; second, clients quickly learn that the threat of punitive action is usually empty and therefore do not participate anyway, and, finally, the whole approach is counterproductive since it only gives the client more reasons to avoid having anything to do with treatment.

The high client-to-staff ratio found in many programs may also prohibit the involvement of the most reluctant clients. When caseloads and demands for service are impossibly high it is not surprising or even inappropriate for services to be provided mainly to the clients who are most interested in participating and who have the best chance for success. When such selection of clients is not allowed to occur, as in probation and parole, staff "burnout" is the likely consequence. In either case, it follows that there remains a group of clients, often those with severe treatment needs, who do not receive treatment. Reaching these clients is an expensive proposition that requires the development of positive procedures to obtain cooperation and participation.

The Complex Offender Project (COP) deliberately sought to develop such procedures because of the nature of its target population. "Complex offenders" were defined as probationers between age 18 and 30 who had prior convictions, a history of psychological/psychiatric difficulty, and who were making a markedly inadequate community adjustment as indicated by chronic unemployment, dependence on public subsidy, absence of a stable living situation, and so on.

COP admitted 60 randomly selected probationers to its treatment program over 3 years of operation. On a daily basis, the clinical staff of 10 operated as a multidisciplinary team serving 28 active clients. Clients participated in the COP program for an average of 12 months during which time they interacted with staff an average of 215 times. Client involvement ranged from less than a dozen contacts (for a few clients who withdrew their voluntary participation soon after services began) to one client who was seen 17 times per week over 9 months of treatment. Client contacts were usually face-to-face interactions in the community, but office visits, phone calls, and coordinating contact with other agencies also contributed to the high level of involvement. The average number of contacts of all kinds is shown in table 1. COP dealt with the average client 5.7

TABLE 1.—*Mean level of contact per client over entire course of treatment.*

	Number of Contacts	
Office Contacts	57.0	39.78 hrs.
Field Contacts	107.3	90.00 hrs.
Phone Contacts	50.5	4.54 hrs.
Contacts with Agencies	67.7	11.73 hrs.
Contacts with Significant Others	25.0	13.88 hrs.
TOTAL	307.5	179.93 hrs.

(mean length of treatment = 54 wks.)

times per week for 2 hours and 58 minutes. This does not include time spent in planning, record keeping, or for missed appointments. The number of office contacts and time spent in the office declined steadily over the course of treatment while field contacts and field time remained high until very near the end of treatment.

This emphasis on working with clients in their natural environment was an important part of the COP model, and certainly COP achieved its objectives of maintaining intensive involvement with its clients. COP relied on four techniques to overcome the reluctance of its clientele. Outreach was used to find and maintain contact with the clients, the obvious first step in participation. Rapport building was the second step, but unlike traditional counseling programs, rapport was not left to the verbal and empathetic skills of the counselor. The use of a contractual model to increase client commitment to therapeutic goals was the third procedure used to increase cooperation, and finally the inclusion of financial incentives in some treatment plans greatly increased the participation of some clients.

Outreach

The term "outreach" should be defined in this context since it is used in two ways in the social science literature. Outreach, defined as procedures to identify, refer, and include eligible persons in programs and decisionmaking processes, was a required component in most community development programs of the sixties (Moynihan, 1969), but outreach had also been a recognized component of social work practice, most notably in the use of "detached workers" with juvenile street corner gangs (Crawford, et al., 1970). At COP, outreach included shifting responsibility for maintaining contact from client to staff, so that if a client "dropped out of sight," COP staff tried to "dig him out" again. This usually involved making the rounds of friends, family, agencies and hangouts until the client was found, and then remedying whatever problem caused the client to avoid working with the Project. Outreach also implied taking services to the client rather than initially expecting regular attendance at scheduled office appointments. For example, family therapy was more often done over the family's kitchen table than across a desk.

Although implementing treatment programs in natural settings was in some ways more difficult since the environment was not under the therapist's control, the programs were more likely to be effective for several reasons. The therapist had a firsthand opportunity to observe problems as they occurred, not as they were reported by the client. Similarly the therapist could monitor and support desired client behavior as it occurred. Because other people were necessarily involved in natural settings, treatment plans often incorporated significant others; thus strengthening the plan considerably. Finally, problems of generalization and maintenance of behavior change were minimized since the treatment took place in the target setting and the ongoing contingencies were built into the program.

Rapport Building

The second component of COP's positive program design was the explicit acknowledgement of client-staff rapport as a tool in behavior change. The importance of social influence is widely acknowledged conceptually but it is too often ignored in treatment planning. In traditional counseling programs, rapport building is left to the individual skills of the assigned counselor. At COP, the team approach allowed some client selection of therapist, and establishing rapport was an important subgoal.

Outreach itself contributed to developing rapport in two ways. Meeting clients in sterile, "middle-class" office settings may well be anxiety producing or aversive to some clients, and taking the trouble to go to the client was a concrete expression of concern as well as a means of putting the client at ease. Even more important, however, was the emphasis given to making participation a positive experience from the client's point of view. Providing coffee and a donut when meeting at a local cafe was an inexpensive way of giving the client an additional reason to remember and to keep the appointment. Similarly, regularly scheduled participation in social activities—attending a movie or going out for dinner—were ways of pairing staff members with positive experiences as well as a means of rewarding goal attainment and an opportunity for teaching new skills.

Negotiated Treatment Contracts

The rapport some staff members developed with individual clients was sometimes the only source of influence COP had, but for most clients the use of a contractual model for service delivery was the most important means of maintaining cooperation and participation. Not only was entry into the Project a contractual arrangement, but also the selection of treatment goals and methods were negotiated with the client, often on a week-to-week basis.

COP's ability to work with a contractual model was closely related to the comprehensiveness of the services offered and the flexibility of the staff. It was not uncommon for reluctant clients to perceive their problems or the value of proferred services differently than did staff. In part this may have stemmed from defensiveness or from the problem itself, but it might also have reflected legitimately different perceptions of personal needs and potential solutions. Some services like those related to employment enjoyed widespread social sanction; it was legitimate to need and to receive assistance in this area of social adjustment. Recreational activities, on the other hand, often were not seen as being an appropriate involvement for a treatment agency. Some other services, alcohol counseling for example, were rejected much of the time because of the stigma attached. When services were rejected, for what-

ever reason, it was essential to have other services available. The reluctant client usually had multiple problems, and by offering multiple services and by being responsive to the clients' perception of treatment needs, it was possible to remain involved with the most reluctant client, and eventually many agreed to participate in treatment that was flatly rejected at the outset.

Somewhat paradoxically obtaining cooperation and participation of the reluctant client emphasized the client's self-determination. Self-determination could not be presumed; the treatment program itself had to provide opportunities to learn self-determination. Options other than accepting/rejecting treatment had to be provided and choices solicited from the reluctant client. Indeed learning to make active choices among positive alternatives, exerting control over what happens, is an important adjunct to the treatment of the reluctant client, and negotiated treatment contracts proved to be an excellent vehicle for accomplishing this. The treatment contract thus helped facilitate participation and cooperation by involving the client in the selection of personally meaningful goals and by obtaining a formal commitment to participate. The psychological importance of commitment has been well documented (Brehm & Cohen, 1962; Brehm, 1966) and contracting had other benefits as well.

In order to be effective, treatment contracts had to be behaviorally specific and state explicit expectations for both the client and the staff. Of course it was necessary to break the client's global initial goals into smaller ones, attainable on a day-by-day basis, but this process taught the clients problem-solving skills and followed the behavioral principle of analyzing a problem as a chain of behaviors. It also allowed the program to reinforce approximations of the desired behaviors, the principle of "shaping." This meant that performance goals could be set low enough so that clients could experience participation as successful and rewarding. As clients progresed in treatment, expectations were increased as the contracts built on skills that had been previously learned. For some clients, for example, the probability of keeping any regularly scheduled appointment was so low that making a referral to another agency was futile. A long series of missed appointments with the probation officer could jeopardize the client's continuation in the community, and chronic absenteeism made holding a job impossible. In such a circumstance, COP might create additional routine appointments, at first making them very easy for the clients—scheduling them for the most convenient time and place, providing bus fare, prompting attendance with a phone call just prior to the appointment, paying the client $1.00 for being there, etc.—and these external supports would be gradually eliminated as the client demonstrated more and more responsibility in keeping appointments. When appointment keeping was no longer a problem, other treatment efforts could proceed more effectively.

The contracts not only set goals but also set standards for measuring goal attainment. Contract performance was reviewed daily and thus the written document served to arbitrate any disagreements between client and staff. This was important because many clients were very successful at manipulating professionals, and they often began treatment by expressing the goals they thought were expected of them—get a job, stop drinking or whatever—but with little intention of following through with their commitments. The contracting process not only taught clients that the Project expected them to keep their commitments, but it also demonstrated the importance of actively and honestly participating in goal selection. In the language of assertiveness training, they learned to be assertive rather than passive or aggressive. The emphasis was again placed on self-determination, and the negotiation skills learned may have been more important than the attainment of the actual contract goals.

Financial Incentives

An important factor in the attainment of goals was the inclusion of consequences for contract performance. Although some contracts were simple statements of expections, most included specific consequences as incentives for goal attainment. The consequence, which had to be as explicitly stated as the performance expections, might be a favorable report to the judge or probation officer, a decrease in the frequency of staff contact, or a material reward. Almost any consequence could be included as long as the staff were certain of the Project's ability to live up to its half of the bargain, and staff continually searched for incentives to motivate the most reluctant clients. In practice, money was probably the most common and powerful reward.

It had been said that money is one of the few things that will reliably motivate an adult human being, but there is a surprisingly small body of literature investigating how financial incentives can be used to increase participation in treatment. There have been several studies investigating the use of fees and fee reimbursement to maintain participation in weight loss and smoking reduction programs (Hagan, et al., 1976; Eliot & Tighe, 1968) and Reiss, et al., (1976), reported on paying low income parents for bringing their children to dental appointments. The business community has experimented with financial rewards for promptness, attendance, etc. (Hermann, et al., 1973; Pommer & Streedback, 1974; Pomerleau, et al., 1973), and of course profit-sharing systems and even the regular paycheck can be conceptualized as monetary reinforcement of work behavior. Probably the most direct precursor of COP's use of monetary incentives was Schwitzgebel's work with juvenile delinquents, however (Schwitzgebel 1964, Schwitzgebel & Kolb, 1964, 1974). These authors found that even "hard core" delinquents were willing to participate in therapeutic interviews as long as they were paid; in fact participation was presented not as treatment but as a kind of job.

Similarly at COP financial incentives were used to encourage problem-solving activities. The nature of the target behaviors and type of contingency used varied widely with individual client needs. For some clients with deficits in very basic daily living skills—poor personal hygiene for example—contracts would closely resemble procedures in a residential token economy with money taking the place of tokens. One financial incentive that proved effective with a number of clients was payment for completing high school equivalency examinations in any of several community educational programs. In addition to paying clients $2.00/hour for classroom time, COP offered a "bonus" of $25 for each GED subtest passed. These contingencies resulted in a 140 percent increase in the number of clients enrolled in educational programs, and 7 clients in the experimental group (12 percent) completed their high school equivalency examinations as compared to none in the control group. Considering the long-term payoffs for having a high school diploma and the overall cost of the educational system, providing $125-$200 to the client in the form of incentives would seem to be a very cost-effective procedure.

Over the 3½ years of operation, COP spent approximately $380/client/year of which only about 40 percent was paid contingently. The remainder was used to fund participation in other programs, for emergency housing and so on. This small sum of money, together with the low client staff ratio, was really the only resource the Project had to influence clients' behavior.

The use of financial contingencies was not without its problems, however. There is a persistent belief that participation in therapy that is extrinsically motivated is not "genuine" and will not be effective. One of the arguments advanced for determinate sentencing, for example, has been that inmates participate in programs only to impress the parole board (Manson, 1977). It is certainly true that some clients did participate in treatment activities only because of the monetary payoff. In fact, staff coined the phrase "hoop jumping" to refer to clients who would agree to any arbitrary contingency and whose involvement seemed purely a means of obtaining income.

Faced with such clients, staff had several options. One was to proceed on the assumption that extrinsically motivated participation in therapeutic activities was better than no participation at all. Sometimes it seemed necessary to gradually shape participation relying on financial incentives until the client could perceive other benefits from participation. A client might think the role-playing involved in social skill training was silly, for example, until he had participated enough to put a new skill into daily practice. Offering extrinsic rewards might be the only way to get past such a client's initial resistance. A second alternative was to change the treatment contract to address less arbitrary and more personally meaningful goals. Certainly this was one of the reasons treatment contracts were revised so frequently. Finally the staff had the option of discontinuing the use of financial incentives entirely.

This was sometimes difficult to do since the financial contingencies sometimes served two purposes and were a means of subsidizing a client's living expenses as well as of motivating participation. The ability to provide short-term subsidies was an important factor in obtaining the initial participation of some clients, and the availability of some discretionary monies made it easier for staff to arrange participation in a number of educational and vocational programs. It proved vital to separate the two uses of financial support, and even then some clients developed a kind of welfare mentality utilizing the Project only to meet short-term financial needs. Despite

these occasional problems, the use of financial incentives was an important procedure used by COP to maintain the high level of client contact described earlier.

The Project's impact on community adjustment and recidivism has been discussed in detail elsewhere (Kloss, 1978a, 1978b; Crozat & Kloss, 1979), but in summary, the Project had statistically significant results in changing trends in recidivism, virtually eliminating psychiatric hospitalization, increasing employment and educational achievements, and facilitating independent living. Perhaps an even more important result of the Project was the development of an approach to community treatment that was intensive and comprehensive enough to affect these clients at all. Hopefully, consideration of this approach will be helpful to anyone facing the problems of obtaining and maintaining the participation of reluctant clients in treatment programs.

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