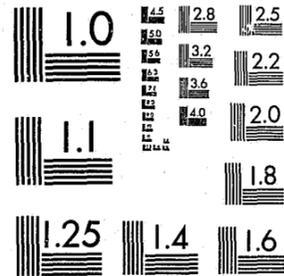


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STANCE AND TECHNIQUES OF MATCHED
RI, MA, MP-CPL, CFM AND L₂ WORKERS:
A SELF-DESCRIPTION OF THE TREATMENT METHODS
USED AS WELL AS REJECTED BY FIVE GROUPS OF
LOW CASELOAD PAROLE AGENTS AT CALIFORNIA'S
COMMUNITY TREATMENT PROJECT

by

Ted B. Palmer and Guy W. Grenny

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INTRODUCTION*

This report is addressed mostly to practitioners, treatment supervisors, and researchers within the field of Corrections. It presents a number of views of 34 male parole agents regarding the methods of treatment and control which they have attempted to use when working with youthful offenders within the context of a low caseload, community-based program. These views were derived from a 200-item questionnaire which the agents completed during the spring of 1971. These individuals had either worked at the Community Treatment Project (CTP) as a parole agent at some point during CTP's first nine years of existence (1961-1970), or else they were actively working on the Project at the time the questionnaire was given.¹

Five groups of agents--also referred to as 'workers' or 'treaters'--are represented in this study. Each such 'grouping' is, in a sense, a way of referring to the type of youthful offender with which the given agents seemed especially well-suited to work--and with whom the agents had in fact worked, or were working, as of early 1971.² The youths in question were: Neurotic, anxious--(Nx); Neurotic, acting-out--(Na); Manipulator and--separately--Cultural Conformist--(Mp--Cfc); Immature Conformist--(Cfm); Asocialized, passive--(I₂, Ap). Thus, e.g., treaters who seemed particularly well-suited for working with Cfm youths are referred to as Cfm workers.³

The mean age of the present agents was approximately thirty-two, at the time they first began working with youths at CTP. Fifteen percent were Mexican-American, 15% were Black, and 71% were Caucasian. They had accumulated approximately six years of experience within the helping profession prior to coming to CTP; and, on the average, about three of these years had been spent within the California Youth Authority itself. All agents were college graduates

*Footnote references will be found on pages 32-35.

(four years or equivalent); and, approximately 9% had received an M.A. degree. Educationally, their area of major emphasis was: Corrections--27%; Social Science--15%; Sociology--18%; Social Welfare--9%; Psychology--21%; All Others--12%.

In the present report, it will be taken for granted that the reader has some familiarity with (a) the general nature of CTP and (b) the Sullivan, Grant and Grant Interpersonal Maturity ("I-level") Classification System,⁴ plus the 1961-66 elaborations of this system with respect to particular delinquent subtypes. In any event, an overview of CTP is presented in Appendix A; and, an overview of I-level concepts is presented in Appendix B.

The main body of this report is organized in a straightforward manner. It involves a listing which contains all questionnaire items with which each given group of agents was in clear or strong agreement--i.e., it lists every item which the agents had definitely endorsed or accepted. This is followed by a list which contains all items with which the given agents were in strong disagreement--i.e., those which they had clearly rejected.

For convenience, both sets of items--i.e., the endorsed as well as rejected items--will be presented in the following order, within each of the five agent groupings: (a) primary objectives of treatment; (b) sub-goals and/or areas of major focus; (c) treatment modalities; (d) major strategies; (e) other strategies and/or general lines of approach; (f) parole agent 'roles'; (g) relatively specific techniques and modes of interaction; (h) general and specific treatment issues.⁵

The 200-item questionnaire was developed by Mr. Guy Grenny as part of a doctoral dissertation in the field of Criminology.⁶ The item-content was derived from a review of (a) numerous tape-recorded staffing conferences which took place at CTP during 1964-1969, plus (b) the resulting, near-verbatim notes and summaries of several staffings. Each such conference was focused around

concrete as well as abstract descriptions and discussions of some one particular type (subtype) of youth, and of the methods which CTP agents were using when working with the given youths.⁷ Actively participating in each such conference were anywhere from two to six parole agents--each of whom was currently working with youths of the subtype under discussion.⁸ By reviewing the staffing material, it was thus possible to directly incorporate, into the questionnaire items, (a) given concepts which had generally been agreed upon by various operations personnel during the conferences in question and, in some cases, (b) the actual phrases which had been used by particular agents during the conferences.⁹

In responding to the questionnaire, each parole agent was instructed to:

"Please consider that you have been given the assignment of working with a ward identified as a (one subtype is listed in this space¹⁰). You are asked to respond to the questions as if working with such a youth in the beginning phase of treatment. Please check the column which shows the applicability of the statement to your work with (the above subtype is repeated) during this part of treatment. Respond in terms of the following scale:

1. disagree
2. slightly agree
3. moderately agree
4. definitely agree
5. highly agree

Bear in mind, we are not asking what may be held as ideal, but rather what you do with this type of youth."

For any one of the five groups of agents, all items which received an average rating of 4.0 or greater will be found in the section which relates to "clear or strong endorsement of the following methods and concepts".¹¹ Similarly, all items which had an average rating of 1.7 or less will be presented in the section which relates to "strong rejection of the...methods and concepts".¹² All items whose mean rating fell within the broad middle range of the response scale--i.e., 1.8 through 3.9--have been omitted from the report. This was

designed not only to make the findings which have been presented more definitive from a statistical point of view, but also to highlight the several areas of contrast which emerged within as well as across the agent-groupings in connection with treatment methods which were endorsed, on the one hand, and those which were rejected, on the other.

It is encouraging to note that Grenny found a sizable degree of correspondence between agent-responses to individual items of the questionnaire, on the one hand, and agent-behavior--at least insofar as this was reflected in official, 'cumulative case folders' of matched CTP wards--on the other. The case folders which were reviewed included, among other things, "...the quarterly reports... and documents on all suspensions, revocations, agent recommendations and other Youth Authority Board matters".¹³

The present study--one which was based upon agents' self-descriptions--is, in addition, strongly supported by the results of Palmer's 1967 investigation of the treatment stances and professional orientations of the same five groups, or 'types', of CTP workers.¹⁴ The latter study was based upon direct, long-term observations of agent-interactions and agent-attitudes by on-site research staff. This was in addition to tape-recorded, semi-structured, 'depth' interviews with parole agents, also conducted by research staff during the period of 1964-1966.¹⁵

The item-listings which will next be presented do not purport to 'tell the whole story' regarding what it is that CTP's matched workers do and do not do with their wards. Many important details--and major, long-term trends as well--still need to be presented in later reports. Be this as it may, the information which has been derived from the present questionnaire appears to convey a meaningful and accurate picture with reference to several significant issues and dimensions of treatment, in the case of each worker-grouping. It helps to

bring out a number of major contrasts across the five worker-groupings, as well. These comments seem applicable particularly in relation to the first eight-to-fifteen months of CTP treatment, with respect to each youth-subtype.¹⁶

The reader will, understandably, have to determine for himself the relevance and utility of the present as well as earlier results to the specific setting within which he has the opportunity to work and develop.

TREATMENT METHODS OF MATCHED PAROLE AGENTS

NX STANCE AND TECHNIQUES

Nx Workers Express Clear or Strong Endorsement of the Following Methods and Concepts:

1. My main goal of treatment is to clear up internal conflicts.
2. I try to help the ward learn who and what he is--i.e., to resolve adequacy and identity problems.
3. I help the ward see his behavior as being related to his guilt and conflicts, which are generated within the family.
4. I try to help the ward gain independent identity from his parents.
5. I try to help the ward be self-sufficient and not feel babied.
6. The ward's mother typically puts him in a double bind around dependency, which I have to help him see and resolve.
7. I try to use the ward's internal values to get him to control his behavior.
8. I involve the ward in decisions about himself.
9. I work primarily with feelings--more so than in terms of performance.
10. I stress the help of a relationship rather than the help of 'things' such as money, transportation or clothes.
11. I am scrupulous about being open, direct, and honest in relating to the ward.
12. I emphasize the use of patience, understanding, and acceptance as means of building a treatment relationship.
13. I try to relate to the ward in terms of giving respect as an equal, and also respecting his values.
14. I try to demonstrate--by listening to and acting in the interests of the ward--that I am concerned about him.
15. I make an effort to not dominate but to encourage free expression in interviews.
16. It is very important for me to be open, and not just playing a role.

NX STANCE AND TECHNIQUES

Clearly Endorsed Views (Concluded)

17. I try to reduce the feeling of pressures which preoccupy this type of ward.
18. As the parole officer I have to make the ward feel it's safe to stick his neck out...help him overcome his fear of trying.
19. I keep communication clear by clarifying feelings about what is happening between myself and the ward.
20. I use crises as times which lead to introspection and further self-awareness regarding conflicts.
21. I give the ward alternatives and make him decide things for himself.
22. I make an effort to point out 'good self' qualities in the ward.
23. I try to indicate that I understand the feelings and emotional investments of the ward.
24. I ask questions which lead the ward to evaluate his feelings and goals.
25. I point out how the ward is not meeting his own expectations, and I use this to get at underlying reasons in discussions.
26. I evaluate the relationship which the ward and I have with the ward--and then talk with him in a direct way about how we are relating.
27. I talk about myself and my feelings about the ward so as to allow him to know me.

NX STANCE AND TECHNIQUES

Nx Workers Express Strong Rejection of the Following Methods and Concepts:

1. I must help the ward change his view of the world as a power struggle.
2. I have the job of convincing the ward that societal prescriptions are 'the' way to 'make it'.
3. When the ward starts calling me "daddy" (or an equivalent) I feel I have achieved one goal of the relationship.
4. Treatment in a group is the treatment of first choice for this ward.
5. A group is the ideal setting since this type of ward has tendencies to take over, con others, intimidate, etc.
6. The group meetings I conduct are more activity-oriented than discussion-oriented for this type of ward.
7. I use a group to put pressures on the ward to control himself.
8. I have to deal in terms of external problems due to the ward's denial of internal problems.
9. I refrain from setting up a lot of rules, because this type of ward could not understand the consequences.
10. As the parole officer I give the ward a feeling of being controlled just short of being overwhelmed.
11. I help with concerns about survival, since to this type of ward everything is a threat.
12. I reward the ward for making contact with me--as, e.g., by giving him things and by recognition.
13. I help the ward by finding people and situations where they will accept and partially shelter him, so that he can practice functioning on his immature level.
14. I must use heavy emphasis and repetition to dispel the ward's use of 'formulas' in attempting to control things.
15. I keep this type of ward uncertain about what will happen by way of discipline if he misbehaves.

NX STANCE AND TECHNIQUES

Strongly Rejected Views (Concluded)

16. I have to make interpretations concrete as to what's happening and what the ward's problems relate to, so that this type of ward can understand.
17. I create distress in the ward by demonstrating the failure of his system of behaving.
18. I create situations in which the ward 'wins', such as games (sports, etc.).
19. I must demonstrate my superior (i.e., greater) power (ability to dominate) above that of the ward's parents.
20. I play the role of unconditional giver: I give food, clothes, candy, and other items without demanding anything from the ward.
21. I emphasize and re-emphasize that I can control the ward by arbitrary discipline.
22. I use rewards such as trips, books, movies, clothes, etc., to build a relationship with the ward.
23. I socialize the ward by explaining little details of how to live, as though he were (about) three years old.
24. I explain the effects of behavior which results from interpersonal exchange in terms which are appropriate for a small child.
25. I stop the ward during his expressions to tell him the words (symbols) for his feelings.
26. I play games in which I allow the ward to win and to feel good in activities. I use incidents in play to respond with positive physical contact and verbalization.
27. I try to find a job situation in which the ward can work with little interpersonal demand.
28. I give the ward roles such as 'captain of the latrine' and 'chief basket emptier', etc., to help him feel pride in doing given work, even though it may be menial.
29. I lock the ward up with little provocation--e.g., for a minor offense.
30. It is very important for the ward to belong to his assigned group, even if he says it is boring.
31. My big problem with this type of ward is his identification with pimps, hustlers, gamblers and other neighborhood 'swingers'.

NA STANCE AND TECHNIQUES

Na Workers Express Clear or Strong Endorsement of the Following Methods and Concepts:

1. I try to help the ward learn who and what he is--i.e., to resolve adequacy and identity problems.
2. I try to make the ward aware of what is happening in his home and community life.
3. I prefer to help the ward move toward nondelinquent aspects of his own subculture rather than trying to make him something else.
4. I support or back the ward in getting his age-appropriate rights recognized at home.
5. I try to help the ward be self-sufficient and not feel babied.
6. I try to help the ward gain an independent identity from his parents.
7. This type of ward will respond better to me alone than when he is in a group. Therefore, much individual contact is called for.
8. I work very closely with foster parents--giving them much support.
9. I am scrupulous about being open, direct, and honest in relating to the ward.
10. I try to demonstrate--by listening to and acting in the interests of the ward--that I am concerned about him.
11. I try to relate to the ward in terms of giving respect as an equal, and also respecting his values.
12. I try to use the ward's internal values to get him to control his behavior.
13. I involve the ward in decisions about himself.
14. I am careful not to base my expectations on 'fronting' verbalizations of the ward during early contacts. I try to get at his realistic and non-superficial interests.
15. I make an effort to not dominate but to encourage free expression in interviews.

NA STANCE AND TECHNIQUES

Clearly Endorsed Views (Continued)

16. I try to reduce the feeling of pressures which preoccupy this type of ward.
17. I encourage, support and reward performance toward treatment goals.
18. I come to the ward's aid in troubles when possible--e.g., at school, or with parents and police.
19. I use crises as times which lead to introspection and further self-awareness regarding conflicts.
20. I attempt to confirm (reinforce) the ward as a capable and worthwhile person by showing positive regard for his abilities.
21. I help the ward by supporting his 'front of adequacy' and by saying 'you can do it', when I feel the ward can do it.
22. It is very important for me to be open, and not just playing a role.
23. I make every effort to portray myself as someone who is adequate, dependable, and caring in relation to the ward.
24. I help the ward with specific needs and problems, thereby demonstrating my helpfulness or concern.
25. I try to build an identity in the ward's eyes as being something apart from the 'establishment'.
26. I offer more of a friend than a therapist relationship.
27. I explain my rationale and plans to the ward--trying, inductively, to help him understand the purpose of a parole officer's actions.
28. Unsatisfactory aspects of relationship are brought up when I perceive that the ward is not satisfied himself. I use cues from the ward to decide when to look at what's happening with others.
29. I ask questions which lead the ward to evaluate his feelings and goals.
30. I point out how the ward is not meeting his own expectations, and I use this to get at underlying reasons in discussions.
31. I use the ward's acting-out behavior to point out how he is self-defeating.

NA STANCE AND TECHNIQUES

Clearly Endorsed Views (Concluded)

32. I try to indicate that I understand the feelings and emotional investments of the ward.
33. I often share my personal values and things about myself with the ward.
34. I talk about myself and my feelings about the ward, so as to allow him to know me.
35. I use much interpretation to the foster parents to help and support them in dealing with immature behavior.

NA STANCE AND TECHNIQUES

Na Workers Express Strong Rejection of the Following Methods and Concepts:

1. I have the job of convincing the ward that societal prescriptions are 'the' way to 'make it'.
2. Treatment in a group is the treatment of first choice for this ward.
3. The ward needs group help in order to eliminate his stereotype behavior, by learning more ways to respond.
4. A group is the ideal setting since this type of ward has tendencies to take over, con others, intimidate, etc.
5. I use a group to put pressures on the ward to control himself.
6. I expect overt resistance if I press for more contacts per week or month with this type of ward.
7. I refrain from setting up a lot of rules, because this type of ward could not understand the consequences.
8. As the parole officer I give the ward a feeling of being controlled just short of being overwhelmed.
9. I help with concerns about survival, since to this type of ward everything is a threat.
10. I try to establish myself as someone who doesn't interfere.
11. I keep this type of ward uncertain about what will happen by way of discipline if he misbehaves.
12. I have to make interpretations concrete as to what's happening and what the ward's problems relate to, so that this type of ward can understand.
13. I use the group to help spot the ward's attempts to manipulate.
14. As a group leader I protect the ward from the status pecking-order of the group.
15. I play the role of unconditional giver: I give food, clothes, candy, and other items without demanding anything from the ward.

NA STANCE AND TECHNIQUES

Strongly Rejected Views (Concluded)

16. I socialize the ward by explaining little details of how to live, as though he were (about) three years old.
17. I explain the effects of behavior which results from interpersonal exchange in terms which are appropriate for a small child.
18. I stop the ward during his expressions to tell him the words (symbols) for his feelings.
19. I use role-playing of incidents in the ward's life to help him relate the words to feelings: I teach the ward in this way to use symbols about how he feels during the incidents.
20. I often call the ward's home to get description of incidents, so I can interpret in role-playing.
21. I emphasize and re-emphasize that I can control the ward by arbitrary discipline.
22. I lock the ward up with little provocation--e.g., for a minor offense.
23. When I place the ward in foster care I 'blame' it on his bad home situation, to keep him from feeling self-blame.
24. I give the ward roles such as 'captain of the latrine' and 'chief basket-emptier', etc., to help him feel pride in doing given work, even though it may be menial.
25. My big problem with this type of ward is his identification with pimps, hustlers, gamblers and other neighborhood 'swingers'.

MP-CFC STANCE AND TECHNIQUES

MP-Cfc Workers Express Clear or Strong Endorsement of the Following Methods and Concepts:

1. I must help the ward change his view of the world as a power struggle.
2. I work very closely with foster parents--giving them much support.
3. I have to deal in terms of external problems due to the ward's denial of internal problems.
4. The intensity and consistency of treatment stimuli presented--by me, to the ward--needs to be great.
5. I expect overt resistance if I press for more contacts per week or month with this type of ward.
6. I am careful not to base my expectations on 'fronting' verbalizations of the ward during early contacts. I try to get at his realistic and non-superficial interests.
7. I encourage, support and reward performance toward treatment goals.
8. I come to the ward's aid in troubles when possible (such as at school, or with parents and police).
9. I help the ward with specific needs and problems, thereby demonstrating my helpfulness or concern.
10. I use current life experiences to help the ward learn the reactions of others to what he does.
11. I make the ward responsible for failure to follow through on his agreements to perform, by taking privileges or freedom from him.
12. I set clear and controlling limits for this type of ward.
13. I keep this type of ward uncertain about what will happen by way of discipline if he misbehaves.
14. I take actions quickly and decisively when the ward misbehaves.

MP-CFC STANCE AND TECHNIQUES

Clearly Endorsed Views (Concluded)

15. I create distress in the ward by demonstrating the failure of his system of behaving.
16. I check up on the ward's behavior to see for sure what he's doing. In doing this, I use all convenient resources available.
17. I never give up the assurance that I will control the ward by locking him up if necessary.
18. I show the ward I know what's going on in his daily life by relating and reviewing reports from others around him.

MP-CFC STANCE AND TECHNIQUES

Mp-Cfc Workers Express Strong Rejection of the Following Methods and Concepts:

1. I help the ward see his behavior as being related to his guilt and conflicts, which are generated within the family.
2. The ward is best served by my building a professional therapy relationship with him.
3. I use family therapy as the treatment of choice.
4. I try to get the whole family engaged in family therapy.
5. I work primarily with feelings--more so than in terms of performance.
6. I try to be very non-threatening during early months of the relationship.
7. This type of ward does not need pressure from me to perform, since he has pressure from his own needs and values within.
8. I refrain from setting up a lot of rules, because this type of ward could not understand the consequences.
9. Structure and demand on the ward from me would often be defeated, and are therefore not a wise strategy to use.
10. The demands I initially place on the ward are almost none; and, they increase over a long time very gradually.
11. I do not initially set limits for the ward, such as working, hours, going to school, etc.
12. I avoid giving the ward a 'dependent-child role' as his parent would. I have the ward enroll himself in school, or look for his own job.
13. I try to establish myself as someone who doesn't interfere.
14. I avoid doing things that are checking-up type behavior. I avoid looking like a cop.
15. I create situations in which the ward 'wins', such as games (sports, etc.).
16. I am a therapist helping to resolve family conflict which relates to the ward's development and identity.

MP-CFC STANCE AND TECHNIQUES

Strongly Rejected Views (Concluded)

17. I play the role of unconditional giver: I give food, clothes, candy, and other items without demanding anything from the ward.
18. I explain the effects of behavior which results from interpersonal exchange in terms which are appropriate for a small child.
19. I stop the ward during his expressions to tell him the words (symbols) for his feelings.
20. I do not necessarily do something about a missed interview. I don't insist on regular interviews.
21. I do not make an issue out of the ward's losing or quitting his job.
22. This type of ward conforms initially to my demands on him.

CFM STANCE AND TECHNIQUES

Crim Workers Express Clear or Strong Endorsement of the Following Methods and Concepts:

1. I am interested in guiding the growth of the ward, and in educating and socializing him. This is my main role.
2. I encourage the ward to be more assertive and to defend himself.
3. I make casual, non-formal type contacts with the ward as the best context of interaction.
4. The group meetings I conduct are more activity-oriented than discussion-oriented for this type of ward.
5. I try to demonstrate--by listening to and acting in the interests of the ward--that I am concerned about him.
6. I spend much time developing a relationship with the ward and exploring it with him as a bridge to helping him learn how to form better relationships elsewhere.
7. I try to be very non-threatening during early months of the relationship.
8. I build relationship by lots of contacts, such as twice-a-week interviews, outings, movies, etc.
9. I encourage the development of (and seek out, for the ward) supportive relationships in addition to myself.
10. I try to help the employers, teachers or other persons to give supportive help for the ward's development.
11. I try to reduce the feeling of pressures which preoccupy this type of ward.
12. I come to the ward's aid in troubles when possible--e.g., at school, or with parents and police.
13. I set clear and controlling limits for this type of ward.
14. It is very important for me to be open, and not just playing a role.
15. I make very effort to portray myself as someone who is adequate, dependable, and caring in relation to the ward.
16. I help the ward with specific needs and problems, thereby demonstrating my helpfulness or concern.

CFM STANCE AND TECHNIQUES

Clearly Endorsed Views (Continued)

17. I use current life experiences to help the ward learn the reactions of others to what he does.
18. I try to help protect the ward from peer behavior which would be hurtful.
19. I try to be very alert to reward any acceptable behavior.
20. I have to make interpretations concrete as to what's happening and what the ward's problems relate to, so that this type of ward can understand.
21. I attempt to show--physically--affection and kindness whenever appropriate.
22. I get other persons to give some positive feed-back to the ward to bolster his self-esteem.
23. I make an effort to point out 'good self' qualities in the ward.
24. I attempt to confirm (reinforce) the ward as a capable and worthwhile person by showing positive regard for his abilities.
25. I help the ward by supporting his 'front of adequacy' and by saying 'you can do it', when I feel the ward can do it.
26. I offer more of a friend than a therapist relationship.
27. I build a relationship by very frequent contacts--during which I talk and make noise in a positive tone to develop a good feeling in the ward regarding my presence.
28. I often share my personal values and things about myself with the ward.
29. I check up on the ward's behavior to see for sure what he's doing. In doing this, I use all convenient resources available.
30. I support positive aspects of job experience, such as earnings and what he learned or did even if the ward loses his job.

CFM STANCE AND TECHNIQUES

Clearly Endorsed Views (Concluded)

31. I use much interpretation to the foster parents to help and support them in dealing with immature behavior.
32. I help the foster parents by interpreting the ward's level of development so they can and will tolerate his immature behavior.

CFM STANCE AND TECHNIQUES

Cfm Workers Express Strong Rejection of the Following Methods and Concepts:

1. One of my goals is to help the ward work toward early release from parole.
2. I help the ward see his behavior as being related to his guilt and conflicts, which are generated within the family.
3. The ward is best served by my building a professional therapy relationship with him.
4. Treatment in a group is the treatment of first choice for this ward.
5. A group is the ideal setting since this type of ward has tendencies to take over, con others, intimidate, etc.
6. I let the ward take responsibility for his own life-pattern, and allow him to help determine the treatment plan.
7. This type of ward does not need pressure from me to perform, since he has pressure from his own needs and values within.
8. I do not initially set limits for the ward, such as working, hours, going to school, etc.
9. I try to establish myself as someone who doesn't interfere.
10. I keep this type of ward uncertain about what will happen by way of discipline if he misbehaves.
11. I use the group to help spot the ward's attempts to manipulate.
12. I emphasize and re-emphasize that I can control the ward by arbitrary discipline.
13. I verbalize the weaknesses of parents to the ward, and point out how the parents undermine him.
14. When I place the ward in foster care I 'blame' it on his bad home situation, to keep him from feeling self-blame.
15. The ward's status and prestige concerns in treatment-group often interfere with his behavior change from delinquency.

I₂ STANCE AND TECHNIQUES

I₂ Workers Express Clear or Strong Endorsement of the Following Methods and Concepts:

1. I am interested in guiding the growth of the ward, and in educating and socializing him. This is my main role.
2. This type of ward will respond better to me alone than when he is in a group. Therefore, much individual contact is called for.
3. The type of wards I work with usually need out-of-home placement.
4. I work very closely with foster parents--giving them much support.
5. The group meetings I conduct are more activity-oriented than discussion-oriented for this type of ward.
6. I make myself very available at virtually all times.
7. I am direct, consistent and predictable.
8. I am scrupulous about being open, direct, and honest in relating to the ward.
9. I try to demonstrate--by listening to and acting in the interests of the ward--that I am concerned about him.
10. I refrain from setting up a lot of rules, because this type of ward could not understand the consequences.
11. Structure and demand on the ward from me would often be defeated, and are therefore not a wise strategy to use.
12. The demands I initially place on the ward are almost none; and, they increase over a long time very gradually.
13. I encourage the development of (and seek out, for the ward) supportive relationships in addition to myself.
14. I try to help the employers, teachers or other persons to give supportive help for the ward's development.
15. I reward the ward for making contact with me--as, e.g., by giving him things and by recognition.
16. I come to the ward's aid in troubles when possible--e.g., at school, or with parents and police.

I₂ STANCE AND TECHNIQUES

Clearly Endorsed Views (Concluded)

17. If I make external demands very binding, the ward will feel inadequate and over-anxious.
18. I avoid doing things that are checking-up type behavior. I avoid looking like a cop.
19. I attempt to show--physically--affection and kindness whenever appropriate.
20. I use much interpretation to the foster parents to help and support them in dealing with immature behavior.
21. I help the foster parents by interpreting the ward's level of development so they can and will tolerate his immature behavior.
22. I often use physical stimuli to encourage development of relationship, such as patting the ward on the back, physically taking hold of him, or nudging him.

I₂ STANCE AND TECHNIQUES

I₂ Workers Express Strong Rejection of the Following Methods and Concepts:

1. My main goal of treatment is to clear up internal conflicts.
2. One of my goals is to help the ward work toward early release from parole.
3. I must help the ward change his view of the world as a power struggle.
4. A main task I have is to try to overcome a basic distrust (by the ward) of the dominant culture so I can relate meaningfully to the ward.
5. I have the job of convincing the ward that societal prescriptions are 'the' way to 'make it'.
6. I prefer to help the ward move toward non-delinquent aspects of his own subculture rather than trying to make him something else.
7. External things like work, school, owning a car, etc., are later problems. At first I try to help solve inner problems.
8. I help the ward find and get jobs.
9. I concentrate on the issue of dependence and independence with this type of ward.
10. I encourage the ward to be more assertive and to defend himself.
11. I help the ward see his behavior as being related to his guilt and conflicts, which are generated within the family.
12. I work against problem relationships in the home such as the mother's control of it.
13. I try to help the ward be self-sufficient and not feel babied.
14. The ward's mother typically puts him in a double-bind around dependency, which I have to help him see and resolve.
15. The ward is best served by my building a professional therapy relationship.
16. I develop a professional counseling relationship to help the ward alleviate the stress he feels about his life and family situations.
17. I use family therapy as the treatment of choice.

I₂ STANCE AND TECHNIQUES

Strongly Rejected Views (Continued)

18. I try to get the whole family engaged in family therapy.
19. Treatment in a group is the treatment of first choice for this ward.
20. A group is the ideal setting since this type of ward has tendencies to take over, con others, intimidate, etc.
21. I use a group to put pressures on the ward to control himself.
22. The intensity and consistency of treatment stimuli presented--by me, to the ward--needs to be great.
23. I am careful not to base my expectations on 'fronting' verbalizations of the ward during early contacts. I try to get at his realistic and non-superficial interests.
24. I stress the help of a relationship rather than the help of 'things' such as money, transportation or clothes.
25. I try to relate to the ward in terms of giving respect as an equal, and also respecting his values.
26. I let the ward take responsibility for his own life pattern, and allow him to help determine the treatment plan.
27. I try to use the ward's internal values to get him to control his behavior.
28. I tighten up controls on the ward when I have some relationship to work with.
29. As the parole officer I give the ward a feeling of being controlled just short of being overwhelmed.
30. I expect overt resistance if I press for more contacts per week or month with this type of ward.
31. I give the ward alternatives and make him decide things for himself.
32. I avoid giving the ward a 'dependent-child role' as his parent would. I have the ward enroll himself in school, or look for his own job.
33. I attempt to support the idea that the world will allow the ward to achieve.
34. Since the ward is dissatisfied with external conditions in which he lives, I can use this to motivate him.

I₂ STANCE AND TECHNIQUES

Strongly Rejected Views (Continued)

35. I try to help the ward see what he's missing out on so he will want to develop better relationships.
36. I take action quickly and decisively when the ward misbehaves.
37. I make the ward responsible for failure to follow through on his agreements to perform, by taking privileges or freedom from him.
38. I create distress in the ward by demonstrating the failure of his system of behaving.
39. I keep this type of ward uncertain about what will happen by way of discipline if he misbehaves.
40. I try to establish myself as someone who doesn't interfere.
41. I use 'interpretation' to demonstrate my understanding of the ward, in order to build his confidence in me.
42. I communicate emotions and worry about things the ward is doing when I can.
43. It is very important for me to be open, and not just playing a role.
44. I try to build an identity in the ward's eyes as being something apart from 'the establishment'.
45. I ally myself with the family in working toward control of delinquency.
46. I build up the role of the parent of the same sex as the ward. I emphasize and support the power of a boy's father or of a girl's mother.
47. I must demonstrate my superior (i.e., greater) power (ability to dominate) above that of the ward's parents.
48. I help the ward mobilize anger against his undermining parents.
49. The ward's mother typically undermines his progress, so I have to compensate for this to allow him to progress.
50. I reward and praise the ward for moving away from ties to his mother.
51. A foster placement will only work if I get the ward to 'buy it'.
52. I use the group to help spot the ward's attempts to manipulate.

I₂ STANCE AND TECHNIQUES

Strongly Rejected Views (Continued)

53. I am a therapist helping to resolve family conflicts which relate to the ward's development and identity.
54. A major role of mine is that of 'sounding board' or 'listening post'.
55. I explain reality and the consequences of his behavior to the ward, as a major activity.
56. I use review of past life and social history events to help the ward understand his own conduct and find better ways of responding.
57. I directly discuss and review the progress of the treatment process with the ward.
58. I use the ward's acting out behavior to point out how he is self-defeating.
59. I interpret the ward's fears about adequacy by saying he's got problems in growing, rather than his being 'sick'.
60. I tell the ward that his problem of growing up and worrying about adequacy are shared by many others.
61. I explain how I am consistent and helpful so the ward can see it.
62. I often share my personal values and things about myself with the ward.
63. I present my standards, but do not punish non-conformance with them.
64. I explain--i.e., label as a defense, for the ward--behavior on the part of the ward which may be a defense against my gaining a closer relationship to him.
65. I raise the issue of the price of loyalty to peers in problem situations, but I try to be subtle, not confronting.
66. I verbalize the weaknesses of parents to the ward, and point out how the parents undermine him.
67. I reassure the ward that the parents' imperfections do not mean they are good for nothing.
68. I explain to the ward how his mother sets him up for failures and troubles with other authorities.

I₂ STANCE AND TECHNIQUES

Strongly Rejected Views (Concluded)

69. I explain to the ward that his mother "has trouble letting him off the apron strings".
70. I have to demonstrate that I can put the ward's mother down, to show him that his mother isn't so powerful.
71. When I place the ward in foster care I 'blame' it on his bad home situation, to keep him from feeling self-blame.
72. I show the ward I know what's going on in his daily life by relating and reviewing reports from others around him.
73. I never give up the assurance that I will control the ward by locking him up if necessary.
74. I emphasize and re-emphasize that I can control the ward by arbitrary discipline.
75. I lock the ward up with little provocation--e.g., for a minor offense.
76. After awhile, I begin to explain lockup as a protective measure.
77. Building a relationship with the ward is hindered by an underlying hostility which is felt, but subtle. The ward sets up a detachment and makes me feel as if I'm imposing. I must therefore be prepared to live with this type of defense while trying to build a relationship.
78. This type of ward conforms initially to my demands on him.
79. I have to deal with the ward's need to maintain control over what he gets from me on a "take it or leave it" basis. The ward may need to reciprocate when given something so as not to be beholden.
80. My big problem with this type of ward is his identification with pimps, hustlers, gamblers and other neighborhood 'swingers'.
81. The ward's status and prestige concerns in treatment-group often interfere with his behavior change from delinquency.
82. It is very important for the ward to belong to his assigned group, even if he says it is boring.

APPENDIX A

An Overview of California's Community Treatment Project

California's Community Treatment Project is a combined experimental and demonstration research effort originally designed to study the feasibility of substituting an intensive program in the community for the traditional state training school program, in the case of California Youth Authority (CYA) wards undergoing their first commitment from the Juvenile Court. Seriously assaultive cases and cases to which there is a major or intense community objection have been excluded from the eligible pool. All remaining youths--65 percent of the males and 83 percent of the females--have been eligible for CTP. Jointly financed by NIMH (MH 00598) and the CYA, Phase I of the Project began operation in 1961 in the urban areas of Sacramento and Stockton. Phase II (MH 14734), a five-year study, included San Francisco as well and began in October, 1964. In September, 1967, the City of Modesto was added to the study. In all, four separate experimental units were involved, with each unit handling 80 to 85 cases at full buildup.

Throughout Phases I and II, all study subjects (eligible wards) were randomly assigned to either the experimental (CTP) or the control (traditional) program. The former consisted of intensive treatment on parole--within the community setting--but without a prior period of CYA incarceration. The latter program involved traditional CYA incarceration--usually lasting eight or nine months--followed by nonintensive parole within the community setting. All study subjects were diagnosed and classified according to the Sullivan, Grant and Grant theoretical scale of Interpersonal Maturity, and elaborations thereof.¹⁷ Experimental subjects were assigned to low caseloads--twelve youths for each parole agent; and, the caseload of each such agent consisted mainly of those

APPENDIX A (Continued)

"youth-subtypes" with whom the agent appeared best suited, or "matched". A treatment strategy was then developed which reflected the subject's overall level of maturity together with his major pattern of overtly and covertly responding to others--also described as his "delinquent subtype". Some 686 experimentals and 328 controls were studied during Phases I and II. These groups (79 percent of whom were males) were equated on a number of background variables, including: age, IQ, socio-economic status, race, and type of CYA committing offense.

The following are among the program elements which could be utilized relative to any given youths: (1) individual and/or group-centered treatment; (2) careful placement planning, particularly during initial phases of the youth's program; (3) use of group homes, individual foster homes, and other out-of-home placements; (4) accredited school program located within the Project's community center--including individual and small group tutoring, plus arts and crafts; (5) recreational opportunities and socializing experiences both within and outside of the community center; (6) parole agent contact with school and other community agencies--Department of Employment, etc.

Comparative effectiveness of the experimental and control programs was evaluated in terms of six separable outcome measures: parole suspensions, recidivism or reincarceration, favorable discharge from CYA, unfavorable discharge from CYA, postdischarge arrests, pre-post attitude change (psychological tests). E-C comparisons indicated that the experimental program was able to handle approximately 89 percent of the eligible youths at least as effectively as was the traditional program. (Of this group, 36 percent appeared to be handled more effectively within the experimental program than within the

APPENDIX A (Concluded)

traditional program, while 25 percent seemed to do rather poorly within both types of program.) Some 10 percent did better within the traditional program.

A major objective of CTP-Phase III (MH 14734; 1969-1974) is that of developing more effective techniques and settings for working with youths who have done rather poorly within both types of program. Another objective is that of determining whether the CTP approach can be applied successfully to a wider range of offenders than have been handled to date--e.g., those committed from Adult Courts and/or for seriously assaultive offenses (armed robbery, forcible rape, etc.).

APPENDIX B

A Brief Description of the I-Level Classification System¹⁸

The classifications which are used at CTP are one part of the Sullivan, Grant and Grant theory of individual development.¹⁹ This theory distinguishes seven levels of increasing interpersonal maturity, known as "I-levels". The vast majority of adolescent delinquents falls within the second (I₂, or lower), third (I₃, or middle) or fourth (I₄, or higher) levels of maturity. Each given I-level refers to certain dominant ways in which given individuals interpret their environment. For each I-level, a classification manual provides detailed descriptions of many of the central personal concerns and interpersonal desires of individuals who are currently functioning at the particular level.²⁰ Additional distinctions are made within each of the three I-levels. These concern certain noteworthy ways in which delinquent youths who are functioning at any given I-level express their underlying needs when interacting with their external environment. In all, nine kinds of youth ("delinquent subtypes") are thus distinguished. Each subtype appears to be associated with certain broad, recurring patterns of development during childhood and adolescence. Thus, in the case of any given youth, delinquency is viewed as an expression of one of the nine broad patterns of need-response development. In general, then, each of these classifications is used as a way of focusing-in on "where the client is at", both in terms of his overall development and that of his outstanding or at least distinguishing modes of adaptation to his environment.

The following is a capsule account of the I₂, I₃ and I₄ maturity levels, together with the nine respective subtypes:²¹ (For each subtype, the percentage of representation within the total Phase I and II sample is shown in parentheses-- first for boys, then for girls.)

APPENDIX B (Continued)

Maturity Level Two (I₂): An individual whose overall development has not progressed beyond this level views events and objects primarily as sources of short-term pleasure or else frustration. He distinguishes among individuals largely in terms of their being either "givers" or "withholders" and has little conception of interpersonal refinement beyond this. He has a very low level of frustration-tolerance together with a poor capacity to understand many of the basic reasons for the behavior or attitudes of others toward him. The delinquent subtypes are:

1. Asocial, Aggressive (Aa)--often responds with active demands, open resistance, "malicious mischief", or verbal and physical aggression when frustrated by others. (1 percent, 0 percent)

2. Asocial, Passive (Ap)--often responds with passive resistance, complaining, pouting, or marked withdrawal when frustrated by others. (3 percent, 0 percent)

Maturity Level Three (I₃): More than the I₂, an individual at this level recognizes that certain aspects of his own behavior have a good deal to do with whether or not he will get what he wants from others. An individual at this level interacts primarily in terms of oversimplified rules and formulas rather than from a set of relatively firm, generally more complex internalized values. He understands few of the feelings and motives of individuals who are organized differently than himself. More often than the I₄, he assumes that peers and adults operate mostly on a rule-oriented or intimidation/manipulation ("power") basis. The delinquent subtypes are:

APPENDIX B (Continued)

1. Immature Conformist (Cfm)--usually fears and responds with strong compliance and occasional passive resistance to peers and adults whom he thinks have "the power" at the moment. He sees himself as deficient in social "know how", and usually expects rejection. (11 percent, 2 percent)

2. Cultural Conformist (Cfc)--likes to think of himself as delinquent and tough. He typically responds with conformity to delinquent peers or to a specific reference group. (7 percent, 1 percent)

3. Manipulator (Mp)--often attempts to undermine or circumvent the power of authority figures, and/or usurp the power role for himself. He typically does not wish to conform to peers or adults. (9 percent, 3 percent)

Maturity Level Four (I₄): More than the I₃, an individual at this level has internalized one or more sets of standards in terms of which he frequently attempts to judge the behavior and attitudes of himself as well as others. He recognizes interpersonal interactions in which individuals attempt to influence one another by means other than promises of hedonistic or monetary reward, compliance, manipulation, etc. He shows moderate to much ability to understand underlying reasons for behavior and has some ability to respond to complex expectations of others on a moderately long-term basis. The delinquent subtypes are:

1. Neurotic Acting-out (Na)--often makes active attempts to deny--and distract himself as well as others from--his conscious feelings of inadequacy, rejection, or self-condemnation. He some-

APPENDIX B (Concluded)

times does this by verbally attacking others, or by "gaming" and conning. (19 percent, 6 percent)

2. Neurotic Anxious (Nx)--frequently manifests various symptoms of emotional disturbance--psychosomatic complaints, etc.--which result from conflicts produced by feelings of failure, inadequacy, or conscious guilt. (21 percent, 8 percent)²²

3. Situational-Emotional Reaction (Se)--responds to immediate family, social, or personal crisis by acting-out--although his childhood and preadolescent development seem fairly normal in most respects. (2 percent, 1 percent)

4. Cultural Identifier (Ci)--expresses his identification with an anti-middle class or with a non-middle class value system by occasionally acting-out his delinquent beliefs and/or by "living-out" in commonly unacceptable ways. Often sees himself as competent and, sometimes, as a leader among peers. (4 percent, 0 percent)

These subtype classifications have undergone continuous operational and conceptual refinement since 1961. While many CTP youths show few changes in I-level over a period of years, change from one level to the next higher level is not at all rare--at least among I₂'s and I₃'s. The treatment plan and overall operation must be flexible enough to reflect changes and growth which take place among youths--in I-level, and otherwise--while in the program.

FOOTNOTES

- ¹The questionnaire was completed by 94% of the agents to whom it was submitted.
- ²Most of these agents were able to work effectively or adequately with at least two youth subtypes in all, as judged by such indices as recidivism, etc. However, they seemed especially well-suited for the type of youth whom they were asked to specifically address themselves to in connection with the present questionnaire.
- ³The number of respondents who fell within the five agent-groupings was: Nx--11; Na--6; Mp-Cfc--8; Cfm--6; I₂--3.
- ⁴Sullivan, C.E., Grant, M.Q. and Grant, J.D. The Development of Interpersonal Maturity: Applications to Delinquency. *Psychiatry*, 20, 373-385. 1957.
- ⁵These eight categories are only partially independent of one another. As a result, some of the questionnaire items may appear to be 'out of order'. Apart from this, one or more of the above item-categories will be found to have no representation in relation to one or more of the five agent-groupings. This is largely a function of the relatively stringent 'cutting points', or requirements, which were employed relative to the issue of item-inclusion vs. item-exclusion for the agent sample as a whole. (See pg. iv.)
- ⁶Grenny, G. The Relationship of Treater Personality to Methods of Behavior Change: A Study of Differential Treatment in the California Youth Authority. Unpublished Dissertation, University of California at Berkeley. 1971.
- ⁷During 1964-1969 all youth-subtypes were discussed a large number of times in these staffings.

FOOTNOTES (Continued)

- ⁸One or more researchers (the senior author included, in most cases) were also present at these staffings. Their primary roles were those of elicitor-facilitator and observer-recorder.
- ⁹A number of minor changes have been made in the wording of several items which will be listed, as compared to their wording, format, etc., on the original questionnaire. Thus, e.g., "I try to reduce the feeling of pressures which preoccupy this type of ward" has been substituted for "I try to reduce the feeling of pressures which preoccupy the type of ward I work with". Similarly, "I try to help the ward learn who and what he is--i.e., to resolve adequacy and identity problems" has been substituted for "I try to help the ward learn who and what he is (resolve adequacy and identity problems)". In no case have changes been made in the meaning or intent of the original item.
- ¹⁰E.g., the Cfm subtype.
- In the present report Mp and Cfc treatment-control methods have been treated as an entity. This is in spite of the fact that the present sub-sample of 'Mp-Cfc' workers had, for the most part, been instructed to focus their responses upon the former type of youth. (A fairly large proportion of the methods used by these workers have long been viewed as rather similar with reference to Mp and Cfc youths. The areas of difference--and of differing emphasis--will be documented in later reports.)
- ¹¹Thus, the 'meaning' which given groups of workers had in effect assigned to each such item amounts to a combination of two statements: "definitely agree" and "highly agree". For all worker-groupings combined, the average (weighted) rating of these items was 4.21. Mean ratings for the separate groups of workers were: Nx--4.2; Na--4.3; Mp-Cfc--4.2; Cfm--4.2; I₂--4.2.

FOOTNOTES (Continued)

¹²Most such items were responded to in terms of the "disagree" category. For all groups of workers combined, the average (weighted) rating of the rejected items was 1.37. Mean ratings for the individual groups of workers were: Nx--1.4; Na--1.4; Mp-Cfc--1.4; Cfm--1.5; I₂--1.3.

¹³Grenny, G. Op. cit., fn. 6. The case-review study group--45-55 experimental males in all--consisted of ten or more wards from the various subtypes under consideration, and five from the Ap subtype as well.

¹⁴Palmer, T.B. Personality Characteristics and Professional Orientations of Five Groups of Community Treatment Project Workers: A Preliminary Report on Differences Among Treaters. CTP Report Series: 1967, No. 1. California Youth Authority.

¹⁵Nineteen (56%) of the 34 parole agents who completed the present questionnaire had also been among the subjects of the 1967 study. Of the remaining 44%-- i.e., of the 15 'new' workers--slightly over half (8 individuals) fell within the Nx worker-grouping alone. Thus, only 27% of the present Nx workers had participated in the earlier study. About 65% of the present Mp-Cfc as well as I₂ workers had been part of the earlier study, while 83% of the present Na as well as Cfm workers had taken part in the earlier investigation.

¹⁶The questionnaire instructions make specific reference to the "beginning phase of treatment". However, it seems reasonably clear--based, e.g., on the questions and comments of numerous respondents--that the span of "applicability" which the agents had in mind relative to their answers included, in general, at least the entire first year or so of treatment.

FOOTNOTES (Concluded)

¹⁷Warren, M.Q. and Staff of the Community Treatment Project: Interpersonal Maturity Level Classification: Juvenile. Diagnosis and Treatment of Low, Middle and High Maturity Delinquents. Division of Research. California Youth Authority. 1966.

¹⁸This account is taken from: Palmer, T.B. California's Community Treatment Project in 1969. An Assessment of its Relevance and Utility to the Field of Corrections. Prepared for the U.S. Joint Commission on Correctional Manpower and Training. 1969.

¹⁹Sullivan, Grant, and Grant. Op. cit., fn. 4.

²⁰Warren, M.Q. and Staff of the Community Treatment Project. Op. cit., fn. 17.

²¹This is an expansion and slight revision of the summary account which appears in: Warren, M.Q. The Community Treatment Project after 5 years. California Youth Authority. 1967.

²²An additional 1 percent of the male CTP population are classified I₅ Nx.