

Anthony Walsh
Jessica Wells
Shaun M. Gann

Correctional Assessment, Casework, and Counseling

6th Edition

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Preface

In the introduction to the first edition of this book, Dr. Walsh wrote:

Most social work and psychology texts to which many of us have had to turn for guidance in interviewing and counseling do not respond to the special needs of criminal justice clients. These works proceed on the assumption that counseling clients are largely self-selected and are motivated to explore the problems that brought them to the counselor's office. Criminal justice clients, on the other hand, are usually extremely reluctant to be in any counseling situation, are often impervious to the problems that led to such a situation, and typically have a congenital dislike for anyone who works for the system. This book assesses the special problems of interviewing and counseling under these conditions.

These words continue to be true in this sixth edition because nothing has changed about offenders since then (they are still not thrilled with what we offer and still do not like us very much). A number of publishers have discovered the need for interviewing and counseling texts specific to corrections since the first edition of this book, however. Good! Competition keeps us all on our toes and constantly improving; hence, the sixth edition of this book. Although the first edition was widely recognized as the most complete and comprehensive book of its kind, we have continued to make improvements over the various editions. This edition has improved on the earlier editions in a number of ways:

1. We extensively updated the entire book using the latest research, data, and statistics.
2. Many chapters were restructured so that the information flows more smoothly.
3. Chapter 5 now includes a more thorough discussion of the four generations of risk and needs assessments.
4. We added a section to Chap. 7 that discusses the Principles of Effective Intervention and the “Central Eight” risk factors that should be addressed in treatment programs.
5. We included a more detailed discussion of the theoretical backdrop to Reality Therapy in Chap. 8.
6. Chapter 10 now includes a discussion of the prisonization and importation models of inmate behavior.
7. The list of national volunteer groups for offenders and victims in Chap. 11 has been updated and expanded.

8. We updated the diagnostic criteria of alcohol use disorders as outlined in the new DSM-5, and updated drug treatment information recently outlined in FDA recommendations in Chap. 14.
9. In the chapter on drug use, we included relevant information about the recent opioid epidemic, the emergence of the synthetic drug market, and marijuana legalization in some states.
10. We discuss the implications of the FBI's recent change in their definition of rape, as well as paraphilic mental disorders outlined in the DSM-5.
11. We made substantial revisions to the "Environmental Risk Factors" section of Chap. 18 to better illustrate these risk factors of juvenile delinquency found in the literature.
12. In Chap. 19, we added a discussion of the multiple threshold hypothesis.

The most important change to the sixth edition is the addition of two co-authors: Dr. Jessica Wells and Dr. Shaun Gann. I hope they will continue to take this book into ever more new editions after this old dude has laid down his pen for the last time. Both new co-authors have published extensively, and Dr. Gann previously worked as a parole officer in Arkansas. My former co-author, Dr. Mary Stohr, graciously agreed to step down in favor of these two bright young (at least they're young to me) scholars.

The sixth edition, like the previous editions, has benefited greatly from reviews and criticisms of the previous editions that both the editorial staff of the American Correctional Association and Springer solicited. We have accommodated most of the suggestions made by these reviewers and critics, both academics and practitioners.

We geared the chapters on interviewing and counseling exclusively to the correctional client. The chapter on interviewing contains a section on interrogation, and the counseling chapters address individual and group counseling in both community and institutional settings.

Unlike most counseling works, this one recognizes that proper assessment is a necessity before any type of counseling or other intervention is attempted. Thus, we have included two chapters on assessment and classification, which include numerous examples of the various instruments now used in corrections for this purpose. The professional assessment of clients has been a central part of the counseling course we teach at Boise State, and we have always found it useful to use case studies.

We recognize that correctional clients need more than counseling to turn their lives around. The correctional worker is as much a broker of community resources as a counselor or supervising agent. Consistent with that view, we include a chapter outlining how correctional workers can use community resources, including volunteers. Recognizing and including the community in the goals of contemporary corrections work is at the heart of the philosophy of restorative justice.

This book encompasses a tremendous amount of material, all of which is available in more detail elsewhere. As we point out in the chapter on presentence report writing, the secret of professional report writing is the ability to glean from

voluminous and diverse sources all that is necessary, and not merely nice, to know. We hope that we have done that in this book.

Boise, ID, USA

Anthony Walsh

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We acknowledge the input of the academics and correctional practitioners who reviewed previous editions of this book, their thoughts and suggestions have proved very valuable. We also thank professors and students who have informally discussed with us the strengths and weaknesses of previous editions. Thanks also to our editor, Judith Newlin, whose encouragement and advice helped get us through this extensive revision. All these people have contributed to making this edition a better one than it otherwise would have been. Thanks also to our copy editor Gomathi Mohanarangan and production editor Vidhya Hariprasanth, as well as the rest of the Springer publication team for their excellent work.

Anthony Walsh: Special thanks to my wife, Grace Jean (a.k.a. “Grace the face”). She is the center of my world, the core of my existence, the light of my life. People sometimes ask me why I go around whistling and singing all the time like the village idiot. Grace’s love has adorned me across the years and has made my heart sing and my mind dance, so if I’m a fool, I’m a fool for love. Thank you, Gracie, mia bella donna. (I wrote this thank you to Gracie more than 25 years ago. Does it still apply? You bet, even more so and with bells on!).

Jessica Wells: I would like to acknowledge my mother, Tammy Tate, who always encourages me to follow my passions, my sister, Vanessa White, who keeps me grounded on my journey, and my mentors, Todd Armstrong and Danielle Boisvert, who gave me the tools necessary to be successful in my pursuit. I would also like to acknowledge all of the members of the CJ community that do the hard work of implementing the strategies that are outlined in these pages every day.

Shaun M. Gann: I would like to thank my parents, Janet and John Gann, who have provided unlimited support throughout my academic career. I would also like to thank my mentors—Jeff Walker, Stacy Moak, and Chris Sullivan—who guided and supported me through graduate school and beyond. Finally, I would like to acknowledge my ridiculously spoiled Boston Terrier, Chief Gann, who has been my sounding board for the past 6 years (though, admittedly, he’s horrible at providing constructive feedback).

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Introduction

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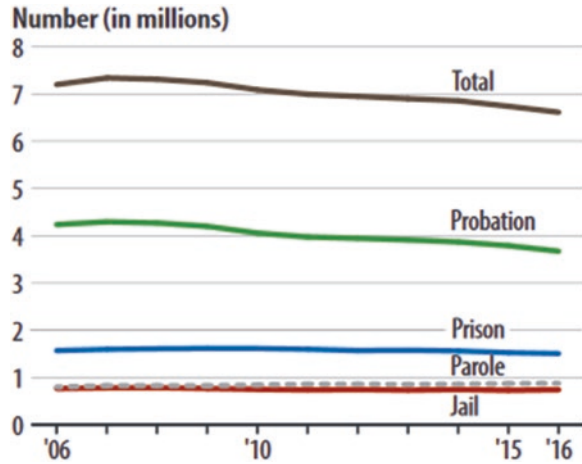
In high school, many Americans had to read Nathaniel Hawthorne’s classic *The Scarlet Letter*, first published in 1850. In the opening sentence of that book he wrote: “The founders of a new colony, whatever Utopia of human virtue and happiness they might originally project, have invariably recognized it among their earliest practical necessities to allot a portion of the virgin soil as a cemetery, and another portion as the site of a prison” (2003, p. 1). What Hawthorne is impressing on us is that there are two things we cannot avoid—death and human corruption—and that we must make provisions for both. The purpose of this book is to introduce students to the process of “correcting” the kind of human failings we call crime. We have correctional agencies charged with attempting to change undesirable (criminal) behavior to desirable or appropriate behavior while offenders are in custody (jail or prison) or under supervision (probation or parole).

Figure 1.1 shows the number of people under the various types of correctional supervision from 2006 to 2016 (note that since so many offenders find themselves on probation or parole, community supervision can be considered the backbone of corrections in the United States). The figure shows that there are many people whom society expects correctional workers to change for the better. Consequently, the first lesson in this book is that the correctional worker is in the behavior-change business and in the community protection business. These amount to the same thing because whatever helps offenders to jettison their criminal ways is at the same time a blessing for the community at large.

A great deal of skepticism and cynicism surround the corrective process, exemplified by the frequently heard lament that “nothing works.” This sentiment has some basis in reality, but in many ways, it is not warranted. If we believe that “nothing works,” then we will tend to operate consistently with this belief, and the outcomes will justify our beliefs. If we believe that people can change and that many

Electronic Supplementary Material The online version of this chapter (https://doi.org/10.1007/978-3-030-55226-8_1) contains supplementary material, which is available to authorized users.

Fig. 1.1 Number of persons under correctional supervision by type of supervision, 2006–2016. Source: Kaeble and Cowhig (2018). Correctional populations in the United States, 2016. *Bureau of Justice Statistics Bulletin*. U.S. Department of Justice



of them do so every day, then we will act in accordance with that belief and will find it vindicated—prophecies tend to be self-fulfilling.

Of course, you will run into some people for whom nothing works. Realize also that nothing works for everybody. Nevertheless, some things work for some people some of the time, and other things work for other people at other times. The failure rate in probation and parole (in other words, those sent to or returned to prison for violating the terms of their supervision) is a disheartening 50–65%; but on the bright side, this means the success rate is 35–50% (Durose, Cooper, & Snyder, 2014). Furthermore, ample evidence proves that we could improve this success rate by implementing programs that research consistently shows to reduce recidivism substantially (Lipsey & Cullen, 2007). Let us focus on the positive while never losing sight of the negative.

1.1 Casework, Assessment, Counseling, and Criminal Justice

Casework, or *case management*, in corrections is simply the management of cases on a caseload. A “case” is the records and details of a particular offender’s offenses, supervision history, and progress toward the goal of rehabilitation, or habilitation, since many offenders have never experienced anything approaching satisfactory social adjustment in the first place (Crowe, 1998). Like everything else, individuals can accomplish casework well or poorly, depending on their personality, knowledge, and motivation. They can work the case by assuming a *reactive* posture by supervising and conducting surveillance of offenders until they do something wrong and then pounce on them. Some may consider this better than nothing (“At least it gets another scumbag off the streets”), while others see it as counterproductive in that it provokes resistance to probation/parole officers’ directives (Taxman, 2008). Whatever the case may be, it is not nearly as productive as *proactive* casework in

which the aim is to prevent that “something wrong” from ever happening in the first place. The motivating idea behind proactive correctional casework is not “bleeding-heartism.” It recognizes that the best protection for the community is through strategies that aid offenders to live up to community standards. The community is safe to the extent that those who prey on it cease to do so.

Proactive case management involves the design and implementation of monitored programs of activity with the goal of assisting offenders to lead productive and law-abiding lives. Everything in this book is about proactive case management. Good (effective) case management involves the *responsivity principle* (Stohr & Walsh, 2018). This principle essentially means that whatever you do for and with offenders must be responsive to their needs and abilities. Integral components of good proactive casework are assessment and counseling. Working within the responsivity principle, Marshall and Serran (2004, p. 311) state: “The only way to understand the client’s abilities and learning style is to conduct a comprehensive assessment prior to treatment.”

Assessment is the process of subjecting offenders to a formal evaluation and analysis of their deficiencies, needs, and the risks they pose to the community so that the counselor can develop realistic counseling plans and strategies. To accomplish this assessment, the counselor uses well-researched and tested instruments, some of which are included or referenced in this book. Attempting to supervise, counsel, and otherwise help an offender without a thorough assessment is rather like a physician performing surgery without first conducting a thorough diagnostic workup of a patient.

Counseling is a process in which the counselor leads offenders to explore their feelings, thoughts, and concerns; in the case of offenders, many of those feelings and concerns have led them to behave irresponsibly. We hope that the counseling process will lead offenders to an increased awareness of the self-destructive nature of their behavior and alternative behavior choices. It aims at removing barriers to self-direction and personal growth and uncovering resources that offenders can use to forge a prosocial lifestyle.

Correctional counseling is different from general counseling in three important ways:

1. Offenders, generally, do not seek counseling voluntarily. Therefore, you are more likely to encounter reluctance and resistance to the counseling process than you would be in other counseling settings.
2. Offenders, in general, have fewer coping resources on which to draw than do clients in other counseling settings.
3. Offenders often have a psychological and economic investment in retaining their current lifestyle. These differences led to the writing of this book. Few general counseling texts address the special problems of dealing with offenders’ special needs.

Correctional counselors also enjoy an advantage in corrections that counselors in other areas do not have. This advantage is that we often possess a wealth of verified information about offenders’ backgrounds and past behavior from a variety of sources such as juvenile files, police reports, and social and psychological

evaluations. This information allows us to assess offenders more readily than counselors can in many other settings.

However, before physicians conduct a diagnostic workup, they must have a grounding in the disease or condition that could account for the patient's symptoms. Similarly, correctional workers should have grounding in the causes of the type of behavior that they are trying to correct. With this analogy in mind, the authors have structured this book around *understanding* criminal behavior and its correlates, *assessing* the individual problems and needs of offenders, and *using* that understanding and knowledge to counsel offenders effectively.

Criminology is the study of the causes of crime. It is, or should be, an interdisciplinary study, encompassing genetics, neurology, physiology, psychology, economics, and sociology (Walsh & Ellis, 2007). Yet, much of criminology is limited to sociological analysis. Sociologists often ignore individual differences. One gets the impression from sociological criminology that everything is responsible for crime *except* the people who commit it. While sociological insights are important in understanding crime, they do not exhaust the causal possibilities. But this is not a textbook on criminological theory, and we assume almost all readers have had a class in criminology prior to taking this course. We thus begin with a discussion of the usefulness of theory in general

1.2 The Usefulness of Theory

Workers in any field must understand the nature of the phenomena with which they work. As a correctional practitioner or as a student aspiring to be a practitioner, you must understand the phenomenon of crime and its causation so that you may deal more effectively with offenders under your supervision. As Goff and Owens (1999, p. 25) put it: "Public policy and agency practice in the field of probation and parole must be guided by a theory of why people commit crime. To intervene [to prevent further offending] there must be an understanding of the causative factors of the original offense." Cullen and Gendreau (2000, p. 145) augment this view: "[C]orrectional treatments must be based on criminological knowledge." Theories of crime seek to offer plausible explanations of how to link together the correlates of crime. Facts rarely speak for themselves; theories of their interrelationships give voice to what would otherwise be a babble of unintelligible static. A *theory* is an intellectual scaffold around which the practitioner constructs an edifice of useful knowledge. Empirical facts are the bricks of the edifice, each one slotted into its proper place to form a coherent whole. People wonder, given the numerous competing theories of crime, which one is "true."

Physicians do not ask which theory of disease is the true one, because there are many different kinds of diseases with many different causes. No physicians ever treat a person for "illness." Rather, they treat a specific disease syndrome. Like disease, criminal behavior is not a unitary phenomenon explicable in terms of a single cause or set of causes, but we tend to think and act as if it were when we treat all offenders for "criminality." Even treatment for specific disease syndromes often

varies according to such things as age and gender and is differentially successful according to how cooperative patients are, their personality type, and the level of psychosocial support they enjoy. Why should it be any different when dealing with offenders in all their diversity?

Theories about crime and criminality and its treatment or programming efforts must be context-specific, but even then, one cannot consider any theory true in any absolute sense. Truth for the scientist is tentative, relative, and open to qualification and falsification. If a theory generates useful empirical research and provides order and consistency within the domain of interest, we are more faithful to the spirit of science to call it *adequate* than to call it true. A good theory conforms to the *pragmatic*, *correspondence*, and *coherence* theories of truth as outlined by philosophers of science. That is, a theory is useful to the extent that it:

1. Provides useful guidance for the further exploration of the phenomena of interest
2. Corresponds with the factual data already known about the phenomena of interest
3. Fits those data into propositions to form a logically connected and coherent whole

The usefulness of a given theory is context-specific. This means it must address the specific kinds of questions asked. It would be of little help to a sociologist seeking to explain fluctuations in the crime rate over the past 50 years, for instance, to learn that neurophysiologists have discovered that a certain category of criminal shows a higher than expected frequency of dysfunction involving certain regions of the brain. Likewise, the neurophysiologist is little interested in the sociocultural variables alleged by the sociologists to account for differentials in the crime rate.

Becoming sensitive to the various contextual perspectives—sociological, psychological, or biological—does not mean that you have to become an expert in them all, which is impossible. It does mean that you should become acquainted with them and understand their language. Much of the heat generated by theorists of different persuasions results from failing to distinguish between crime and criminality. *Crime* refers to socially disapproved behavior. Rates of crime fluctuate with various social, political, and economic conditions over time. Anyone can fall afoul of the law and commit an out-of-character crime given a chance permutation of factors conducive to it. *Criminality*, on the other hand, refers to “stable differences across individuals in the propensity to commit criminal (or equivalent) acts” (Wilson & Herrnstein, 1985, p. 23). Crime is thus a fluctuating property of sociopolitical systems, but criminality is relatively stable in individuals.

It is fair to say that sociologists are more interested in crime, and other types of scientists are more interested in criminality. As a correctional worker dealing with individuals, quite naturally, you will find theories dealing with individuals’ behavior and their immediate environment to be the most suitable for your purposes. After all, these are the areas most accessible to perception and most amenable to change within the context of the correctional worker/offender relationship. Nevertheless, when you are engaged in interviewing, assessing, and counseling criminal offenders, you will be able to perform the task more professionally if you have an adequate

understanding of crime causation at all levels, especially at the level of the personal attributes and unique experiences individuals bring to them.

1.3 Correctional Philosophy and Restorative Justice

This book is about correctional *casework, assessment, counseling* theory, and practice, without a great deal of attention to the broader topic of *correctional* theory and practice. However, the area of correctional theory—with broad applicability to our purposes—is the ideology or philosophy of punishment and justice that is in vogue within the criminal justice system at any given time. The prevailing correctional philosophy influences correctional workers’ day-to-day practices and decisions relating to offenders whether they are aware of it or not (Lauen, 1997).

Two guiding philosophies have jockeyed for preeminence throughout the present century: the retributive and the rehabilitative (sometimes referred to as the just deserts and treatment models, respectively). Both philosophies are offender-driven (i.e., what do we do with the offender?). Both have been severely criticized as ineffectual because they have conflicting goals—retribution versus rehabilitation.

Partly in response to these criticisms, a new philosophical model has arisen, which, according to its supporters, has taken workable aspects from both older models, thrown out the unworkable, and added some concepts of its own. This new philosophy or guiding framework is *restorative justice*. Restorative justice is “every action that is primarily oriented toward justice by repairing the harm that has been caused by the crime” and “usually means a face-to-face confrontation between victim and perpetrator, where a mutually agreeable restorative solution is proposed and agreed upon” (Champion, 2005, p. 154).

Restorative justice is particularly popular in Canada, having received the seal of approval from the Canadian Supreme Court, which views it as one part of a sentencing dichotomy (restorative versus punitive) that can better serve justice (Roach, 2000). The American Correctional Association (ACA) also endorsed the philosophy of restorative justice in its policy on sentencing in 2014. The ACA policy statement asserts that sentencing should have as a major purpose restorative justice—righting the harm done to the victim and the community. The restorative focus should be both process-oriented and substantively oriented, with victims or their representative included in the justice process. The sentencing procedure should address the needs of the victims, including their need to be heard and as much as possible to be and feel restored to wholeness.

As we see from the ACA policy statement, restorative justice should be as much victim-driven as offender-driven. The primary defining difference between restorative justice and previous models is its belief in the effectiveness of active community participation in the corrections endeavor. Correctional theorists long have contended that corrections cannot reintegrate the offender successfully back into the community without the community’s active help and support (Bazemore, 2000). As Kay Carter (2010, p. 11) put it: “The community is both a part of the problem and a part of the solution. If many delinquency issues grow out of problems in the

community, school, or family, then it is clearly one-sided to focus the solution on the individual involved.”

The restorative justice philosophy humanizes justice by bringing the victim and the offender together to negotiate a mutually satisfying way to correct the wrong done. Although developed for juveniles and primarily confined to them, practitioners fruitfully use restorative justice with nonviolent adult offenders (Perry, 2002). Correctional departments across the country are implementing restorative justice principles. The Minnesota Department of Corrections, for example, has incorporated restorative justice principles into its mission statement, its training academy, and its promotion requirements for all institutional and community corrections agents and officers (Pranis, 1996).

Just as the retributive model emerged (or more accurately, reemerged) after the alleged failure of the treatment or medical model in the 1970s, the restorative justice model has emerged with the apparent failure of such punishment-oriented efforts as “Scared Straight” programs, shock probation, and boot camps (Welch, 1996). Strong victims’ rights/advocacy movements also have played a leading role in the emergence of the model (Shapiro, 1990). However, the restorative model may not suit all victims because it blurs the distinction between civil and criminal law and many victims understandably feel that things cannot be “put right” so easily and want the offender punished by the criminal justice system. Restorative justice systems have a tendency to ignore the role of professional criminal justice workers (prosecutors, judges, and probation officers) in favor of informal arbitration facilitated by professionals outside the criminal justice system (Olson & Dzur, 2004).

In a nutshell, restorative justice asks what crime was committed, who was affected by it, and what can be done to repair the harm. It also asks if the offender accepts responsibility for the harm caused, and if so, would the victim and offender be willing to negotiate how to repair the harm. That is, is traditional criminal prosecution the most effective way to deal with the harm, or is a negotiated agreement more likely both to repair the harm and to prevent future crime?

As we see from this description, restorative justice differs from the other models in several important ways. Perhaps, most fundamentally, it “personalizes” crime by defining it as a harmful act committed by one person against another rather than an act committed against an abstraction called “the state.” This recognition of concrete victims provides an entree for the offender to be actively involved in repairing the harm done and *restoring* the situation to its pre-crime status. Under the older models, the “debt” the offender owed to “society” and arguments about the extent of that debt took place (and still do, of course) between professionals standing in for the real victim and the victimizer.

The restorative justice model seeks to replace this method of obtaining justice with more direct involvement of victims to the extent that it is feasible and desirable. Make no mistake, this is not a new age “touchy feely” approach to corrections. It holds offenders fully accountable for their actions by applying appropriate punishment and adds additional dimensions by requiring offenders to accept responsibility for taking action to repair the harm done (Bazemore, 2000).

Within the wide philosophical umbrella of restorative justice are a number of specific programs. The so-called balanced approach has the broadest scope. The balanced approach (to justice) gives approximately equal weight to three important objectives in corrections work:

1. Community protection
2. Offender accountability
3. Offender competency

It views the community, the victim, and the offender as equal clients of the criminal justice system. Restorative justice presumes all receive tangible benefits from the restorative process (Bazemore & Maloney, 1994). The desired initial results of this process are that victims' losses are restored and that victims and offenders become reconciled. The belief is that to the extent that both victim and victimizer come to see that basic fairness and justice is attained when a violation of one person by another is made right by the violator, the violator will have taken a step to reformation, and the community will be a safer place in which to live (Coates, 1990).

This is an idealized description, and this approach no more "works" in every case than more traditional punitive or treatment approaches. Some people are skeptical that such an approach, best applied in close-knit homogeneous communities, can work in our loosely knit heterogeneous urban society (Walker, 2001). One meta-analysis (a study of a large number of other studies of the same topic to assess the common findings and conclusions) found that, overall, restorative justice programs had a weak-to-moderate positive effect on victim satisfaction, a weak-positive effect on offender satisfaction and nonrecidivism, and a moderate effect on restitution compliance (Latimer, Dowden, & Muise, 2005).

The Office of Juvenile Justice and Delinquency Prevention meta-analysis of 60 studies evaluating restorative justice programs and practices indicated that they "showed a moderate reduction in future delinquent behavior relative to more traditional juvenile court processing" (Wilson, Olaghere, & Kimbrell, 2017, p. 2). It was noted, however, that results were smaller for the studies in which youth were randomly assigned to traditional processing or restorative justice programs. This eliminates biases inherent in offenders self-selecting into restorative justice programs or probation officers choosing "more suitable" candidates. The authors of this study further noted that "youth participating in restorative justice programs had a greater perception of fairness. The results also suggest that restorative justice youth are more satisfied with the restorative justice programs and have somewhat less supportive attitudes toward delinquency. Similarly, victims reported improved perceptions of fairness, greater satisfaction, improved attitudes toward the juvenile, are more willing to forgive the offender, and are more likely to feel that the outcome was just" (Wilson et al., 2017, p. 3).

Thus, we should evaluate findings of each study in light of the fact that often both victims and offenders self-select to be part of restorative justice programs. While much of the promise of restorative justice has yet to be proven, it does have many unique properties that recommend it over the old models.

1.4 Summary

The authors obviously believe that rehabilitation is possible with a thoroughly professional approach to the business of correcting offenders' behavior through proactive casework. Many negatives are associated with counseling offenders, foremost of which is the non-voluntary nature of the offender/counselor relationship. However, there are also certain advantages not found in other types of client/counselor relationships such as the availability of a great deal of information about the offender, well-tested assessment tools, and the amount of control you can exercise over offenders' activities.

We must emphasize the usefulness of theory. Practitioners of any profession should be fully grounded in the knowledge available to that profession. Remember, theory is the jumping-off point for adequate practice. Without some theoretical understanding of the phenomena with which you are working, you will be floundering in the dark, making mistakes, and possibly thwarting offenders' chances of becoming useful citizens.

The philosophy of restorative justice recognizes both the need to involve victims (and their need for justice) and the offenders' need for reformation. This process strives to instill in both victims and victimizers the belief that they have attained fairness and justice and, thus, there is a rehabilitative effect on the offender.

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The Self: Principal Tool of the Correctional Helper

2

As Garrett (1982) points out, it is important that professional interviewers (and counselors) have more than a casual knowledge of human behavior and motivation and that “They should apply this knowledge, not only to an understanding of their clients’ personalities, needs, prejudices, and emotions, but also to an understanding of their own. The wise maxim of the ancient Greeks, ‘Know thyself,’ applies especially to interviewers.” Knowing yourself implies an honest self-appraisal of all your strengths and weaknesses with the intention of honing your strengths and working diligently to eliminate, or at least acknowledge and deal with, your weaknesses.

The goal of this chapter is to get you to examine what you really think about yourself—to examine your self-concept. The theme of this chapter is summed up in Claudia Dewane’s (2006, p. 543) statement that: “Melding the professional self of what one knows (training, knowledge, and techniques) with the personal self of who one is (personality traits, belief systems, and life experience) is the goal of skilled practice.”

2.1 The Self-Concept

Many tools are available to you to modify the behavior of offenders, but your own self-concept is the most important. Correctional personnel may decline the use of other tools, but corrections work demands the use of the self. Effective helping behavior involves interaction between two selves. The offender’s self, almost by definition, is deficient in some important aspects. His or her involvement in the criminal justice system demonstrates some degree of difficulty in behaving in a responsible manner. To compensate for the deficiencies of one-half of the

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interacting dyad (the offender), the other half (the correctional worker) must possess some extraordinary qualities if the relationship is to be an effective one.

Before we discuss the interviewing process, it is a good idea to examine briefly the primary tool used in that process. The importance of self-concept in understanding your behavior and that of the offenders is of the utmost importance. Your self-concept is who and what you believe that unique individual you refer to as “me” is all about. It is the central core of your existence, your focus of reality from which you experience and evaluate the world around you. The self-concept is not the “real self” (whatever that is). It is rather the picture we have of ourselves about the kind of persons we are. Your self-concept is both the product and producer of your experiences. If you are capable of giving and receiving love, if you consider yourself a worthwhile person, if you are confident in yourself, and if you behave responsibly, you will be able to bring positive feelings about yourself to the helping relationship.

You have developed these ideas about yourself through a lifetime of interacting with others and incorporating both their attitudes and feelings about you and their evaluations and expectations of you. Thus, your self-concept is largely the product of your experience. Since you do have a positive self-concept derived from the positive beliefs about you held by significant others, your behavior will tend to confirm their beliefs and yours in a kind of psychological version of the “rich get richer” spiral.

A pundit said, “What a man [or woman] thinks of him [or her] self contains his [or her] destiny.” In this way, your self-concept produces your behavior. Now, consider individuals whose experiences have resulted in poor self-evaluations, a negative self-concept. Their behavior also will tend to confirm their perceptions of themselves derived from those unhappy experiences. If their experiences are such that they develop negative self-concepts, they are likely to view the world as an unfriendly place and to engage in behavior not likely to endear them to others.

Such people may feel trapped in a way of life without much hope of improvement, being victims of their own self-perceptions, or “stinkin’ thinkin’,” as many counselors refer to it. The psychological spiral now swirls in the opposite direction: “the poor get poorer.” “I’m no good. I can’t be—nobody loves me, wants me, or cares for me.” “Who cares anyway? Not me; they can all go to hell!” “I can’t get a job because I’m not very smart—everyone says so.” “I’ll just get what I need by taking it from all those suckers out there, and just let them try to stop me.” This is the mindset of many offenders caught up in the criminal justice system, and this is the mindset that the criminal justice helper must wrestle with and help the offender to overcome.

However, to accomplish this task—and it is an arduous and lengthy one—your own self-concept must be up to it. As Combs, Avila, and Purkey (1971, pp. 56–57) so well put it:

Since new concepts of self are learned as a consequence of interactions with the helper, effective helpers must be significant people. They cannot be non-entities. One cannot interact with a shadow. The helping relationship is an active one, and a passive helper is unlikely

to teach his client anything but his own futility. The personality of the helper must play a vital part in any helping relationship. It is the helper's use of his self which makes the interaction whatever it is to become.

2.2 Self-Esteem

Although commonly considered so, the terms self-concept and self-esteem are not synonyms. The self-concept involves two separate motives: the motive to think well of the self (self-esteem) and the motive to protect the self from change (the self-consistency motive, Rosenberg, 1979, p. 53). You can view all counseling as efforts to enhance offenders' self-esteem and efforts to get them to examine the self-consistency motive to get them to change the image of the self in positive directions.

It is easy to recognize low self-esteem in people. People with low self-esteem are either "accepters" or "deniers." Accepters recognize the low regard that they have for themselves and constantly put themselves down, sometimes publicly, often privately. Deniers fight against their low opinions of themselves by constantly putting other people down so that they may feel superior by comparison. Accepters take little pride in their appearance or personal hygiene; deniers dress flashily and often outrageously. Both types are psychological traps that will lead to miserable, unfulfilled lives. People should not have to face the complexities of modern living carrying around a picture of themselves as worthless failures.

However, because people have had plenty of experience with themselves, we have a built-in bias against changing our self-image, even if we do not like the image. People need a sense of order and consistency in their lives, so what they have become used to doing and thinking becomes habitual and comfortable. This is as true of what they think of themselves as it is of what they think of baseball, chocolate cake, or Nickelback. To maintain this comfortable consistency, we often engage in selective perception, which is seeing only what we want to see.

We also may perpetuate our self-images by distorting reality, meaning that we find it difficult to really hear or understand the meaning of any message about ourselves, positive or negative, that does not fit the mental pictures we have about ourselves. Dowd (2004, p. 412) points out that we surround ourselves with a cognitive-protective belt around our self-images because "Rapid change can threaten the very sense of self upon which our identity is built, a deeply frightening experience for all of us." Yet, people with low self-esteem must have their self-consistency motive challenged (albeit, one small step at a time) if they are to build their self-esteem.

The desire for self-approval (to think of oneself as worthy) is perhaps the dominant force in a person's motivational system (Reaoner, 2004). Many theorists firmly place the foundations of self-esteem in the ability to give and receive love, an assertion that has received much empirical support (Walsh & Balazs, 1990). According to many authorities, criminals do not usually feel worthy, and this lack of self-esteem gets them into trouble with the law. They take drugs and alcohol in vain

attempts to feel better and seek out other deviant ways to bolster their damaged self-esteem (Vermeiren, Bogaerts, Ruchkin, Deboutte, & Schwab-Stone, 2004). Yablonsky (1990, p. 449) writes that violent youths (adults too) are “because of their low self-esteem, acting out self-destructive behavior; they have limited concern about whether they live or die.” Part of your job as a correctional worker is to help offenders recognize their self-destructive behavior, to challenge their self-consistency motives, and to change their patterns of self-talk that contribute to their negative self-esteem. This is a tall order, but a challenging and exciting one for the dedicated and effective correctional worker.

Robert Vermeiren and his colleagues (Vermeiren et al., 2004) point out that there are subtypes of self-esteem based on its source and that its effects on behavior depend on the type being examined. In other words, people do not always have the same evaluations of themselves across all situations. There are social situations in which you feel good about yourself and those in which you do not. In this study of juveniles in Belgium, self-esteem gained from academic competence was negatively related to offending (the higher the academic competence, the lower the offending), but self-esteem based on perceived peer popularity was positively related (the higher the self-esteem gained from this source, the greater the offending). David and Kistner (2000) report similar findings and ask if positive self-perceptions have a “dark side?”

Indeed, there is a shady side to the conventional wisdom that high self-esteem is conducive to prosocial behavior and that low self-esteem is conducive to antisocial behavior. Many highly antisocial individuals, especially psychopaths, have greatly exaggerated opinions of their self-worth (Walsh & Wu, 2008), and many even have a god-like attitude believing that they are the center of the universe (Sharp, 2005). On the other hand, shy, insecure, and self-deprecating individuals (those who we have termed “accepters”) are underrepresented in criminal populations (Baumeister, Smart, & Boden, 1996).

Research finds that most male/male assaults and homicides arise from trivial incidents that threaten bloated opinions of the perpetrator’s self-worth rather than low self-esteem (Anderson, 1999; Baumeister et al., 1996). Of course, we can always claim that such bloated self-esteem is really egotism, narcissism, conceit, and arrogance (typical of those we have called “deniers”), rather than “true” self-esteem, and that someone with “true” self-esteem would be immune to minor assaults on his or her self-worth. The kind of self-esteem earned on the streets does not tolerate being affronted and is therefore dangerous self-esteem (Barash & Lipton, 2001). This kind of self-esteem, called “discrepant self-esteem,” is fragile, unstable, and unrealistic. It is not anchored in any kind of worthwhile accomplishments (Zeigler-Hill, 2005). Zeigler-Hill (2005) found that people with the highest levels of discrepant self-esteem also had the highest levels of narcissism.

However, people earn even discrepant self-esteem in a way that is valued and respected on the streets of our urban areas. It will prove difficult to convince those who have it that it is worthless and damaging to them. Earning status and respect in a more prosocial manner makes little sense to those embedded in a criminal subculture. They think their “bad ass” reputations entitle them to do as they please. You

will find yourself up against this kind of self-esteem, and it is this unhealthy self-esteem that must change.

2.3 Qualities of Effective Correctional Workers

This chapter is about the correctional worker—you or the potential you—not about assessment, casework, and counseling, the criminal personality, and so forth. However, you must become comfortable with all those things, as well as with yourself in correctional situations so that you may effectively use them. As Jeffrey Schrink (2000, p. 58) puts it: “Counseling in a correctional setting with clients who may have long histories of failure demands a level of physical and psychological intensity that is unusual in the helping professions.”

Corrections is a fascinating but emotionally demanding line of work, and not everybody can do it. Probation and parole officers, for instance, have dual roles, which are often difficult to navigate successfully. They help and advocate for those under their supervision—the social worker role. Conversely, they must dispense sanctions when offenders fail to follow through, and demand honesty from offenders and then potentially violate them because of what they tell us—the law enforcement role (Miller, 2015). We designed the rest of this chapter to give you some feeling about whether you can become comfortable and effective in this line of work—to see if you have “the right stuff.”

Much research has gone into determining what constitutes effective correctional supervision. And guess what? Most of it emphasizes the primary importance of the correctional worker’s self. Andrews and Bonta (1998) summarize this research and provide five dimensions of effective correctional supervision and counseling. We briefly summarize these dimensions here:

1. Relationship factors: Correctional workers should relate to inmates/offenders in an open, enthusiastic, and caring way.
2. Authority factors: Be firm but fair. Distinguish between rules and requests. Reinforce behavioral compliance; do not use dominance and abuse to force it.
3. Anti-criminal modeling and reinforcement: Demonstrate and reinforce noncriminal styles of thinking, feeling, and behaving.
4. Concrete problem-solving: Help offenders to build skills and remove obstacles to prosocial behavior in home, in school, and in a work setting.
5. Advocacy and brokerage: Help offenders to help themselves by brokering services offered in the community that will help them with the prior dimension.

Think about those five dimensions for a while. Realize that the type of person you are means more to the success or failure of the endeavor than anything else except the kind of person the offender is. All this points to the conclusion that correctional workers must possess some extraordinary qualities if they are to have a meaningful role in helping offenders change their lives. In addition to a positive self-concept, a genuine liking for people, a good sense of humor (boy, does that help in this line of work!), and intellectual maturity, there are other qualities that are desirable for the effective correctional worker. We will now briefly look at what

those qualities are and at some potential problems associated with unidentified areas of the correctional worker's self that may detract from the helping process.

2.3.1 The Correctional Worker Must Possess a Thorough Knowledge of Criminal Behavior and Its Correlates

You should develop the interest and the patience to conduct an ongoing study of the forces and events affecting the lives of offenders. Knowledge of criminological theories and theories about substance abuse and abnormal psychology enable you to view more objectively offenders' frame of reference, they lessen the impulse toward moralizing about their behavior, and they improve your chances of success with your offenders. As Van Wormer aptly phrased it: "Much of casework failure ... results not from poor practice but from poor theory" (Van Wormer, 1999, p. 55). The subject matter of your field is people with problems that cause them to act irresponsibly. Individuals who aspire to be professionals must know their subject matter. No one expects you to be a specialist in all areas pertaining to criminal behavior. Think of your role as analogous to that of a physician in general practice. That is, you should know something about a wide range of crime-related subjects, but you should be wise enough to know your limitations and to refer to someone more knowledgeable—a specialist—when those limits are reached.

2.3.2 The Correctional Worker Must Be Realistic: Neither a Pollyanna nor a Cassandra

A Pollyanna is a person whose excessive and irrepressible optimism finds good in everything; the glass is always half full, and the grass is always greener wherever you are. Criminals are not villains; they are victims of an unfair society and need hugging not slugging. While all this is nice, such people often fail to see danger signals or discount them when interacting with offenders. They avoid or discourage negative feedback and are extremely reluctant to confront resisting or reluctant offenders. In other words, Pollyannas are gullible. They take what offenders say at face value and allow them to get away with too many minor infractions. They believe that this leniency marks them as nonauthoritarian and nondirective counselors. What they really are, however, individuals who provide no meaningful guidance or supervision to offenders whose personal and legal needs require it. While it is great to be optimistic, life sometimes really is lousy, and some people really are nasty.

Cassandras are the opposites of the Pollyannas. They are the prophets of gloom and doom who see negativism in everything; their glass is always half empty, and the grass is always greener elsewhere. Criminals are villains, plain and simple, and definitely need slugging rather than hugging. People in this category also lack a sense of competence and feed such lack by discounting positive feedback. Cassandras are cynical. They do not trust offenders at all and attempt to avoid

positive interactions with them. They also tend to set their goals and expectations impossibly high, thus ensuring offender failure.

Whereas Pollyannas tend to provide unwarranted positive feedback when confrontation is required, Cassandras give feedback only when the offender has not lived up to expectations, but they will not reinforce positive behavior with positive feedback. Both of these working styles are unrealistic and reflect attitudes about the self as well as toward offenders. The Pollyanna sees corrections work solely as social work and wants to “help.” The Cassandra views it as police work and wants to control. One study of probation/parole officers assessing the consequences to offenders of officers adopting a law enforcement or social work approach found that law enforcement types issued technical violation almost eight times (42.5% of their caseloads) as often as social worker types (5.4% of their caseloads) (Taxman, 2008).

Realistic corrections workers view their task as both and have sufficient self-understanding and self-confidence to know when the use of either role is appropriate. Lauen (1997, p. 169) sums up this balance well: “Effective rehabilitative efforts involve workers who are interpersonally warm, tolerant, and flexible, yet sensitive to conventional rules and procedures.”

Miller and Rollnick (2002, pp. 173–174) provide us with an excellent example of the “middle ground” between the Pollyanna social worker and the Cassandra police officer in a scenario of a first meeting between a probation officer and probationer in which the officers says:

I have two different roles here, and it is sometimes tricky for me to put them together. One of them is as a representative of the court, to ensure that you keep the conditions of probation that the judge set for you, and I have to honor this role. The other is to be your counselor, to help you make changes in your life that we agree would be beneficial. There are also likely to be some areas we will discover, where I am hoping to see a change that you're not sure you want to make. What I hope is that by talking together here (when you report), we can resolve some of those differences and are able to find areas of change we can agree on. I'm sure I'll be asking you to consider some changes that right now don't sound very good to you, and that's normal. We'll keep exploring those issues during our time together, and see if we can come to some agreement. How does that sound to you?

Note how the officer admits the difficulties inherent in wearing two hats but makes clear that he or she will wear the appropriate hat when needed. The officer also clarifies what the goals of probation are (behavior change and compliance with court orders) and recognizes that the probationer will not be entirely happy with either, but also states the goals to be met in terms of an alliance with the probationer, not something that he or she will make happen “or else!”

2.3.3 Correctional Workers Do Not Use Offenders to Satisfy Their Needs

If the correctional worker has unresolved needs, the counselor/offender relationship is not the place to attempt to satisfy them. As Van Wormer warns: “Correctional

counselors, such as probation officers, find themselves in a position of extreme power imbalance that, if handled incorrectly, can be the death knell of a therapeutic treatment relationship” (Van Wormer, 1999, p. 56). The insecure worker who needs to feel powerful, for instance, will overcontrol interactions. He or she will dominate the direction of counseling sessions, pose as an expert, and will try to convert offenders by preaching at them. Power-hungry counselors feel safe in pursuing their needs in this way with a captive clientele, but it is counterproductive and a misuse of authority.

Other correctional workers may attempt to satisfy their needs for warmth and acceptance through the offenders. They design their interactions with the offenders to elicit cues that they are liked and accepted. Like Pollyannas, they will blind themselves to negative cues because they fear rejection, and they are opening themselves to manipulation. It is quite all right to be friendly with offenders, but not friends (of course, not enemies either).

In contrast, there are unresourceful counselors who are fearful of control or fearful of closeness. Whereas the power-hungry and the acceptance-needers suffocate the offenders with attention, the weak and the distance-needers avoid contact as much as possible. Those who fear control will neglect to offer offenders advice and direction when needed and generally will be passive onlookers. Those counselors who fear closeness will act distant with the offenders, will avoid addressing offenders’ positive feelings, and will not develop the involvement necessary for the helping process. To put it another way, correctional workers must like people and enjoy frequent contact with them. They must like to solve different problems presented and must take pride in doing a job that many people cannot do.

2.3.4 The Correctional Worker Inspires Trust, Confidence, and Credibility

Effective helping requires that offenders feel confident that they can share themselves with the helper. If they are to share their feelings, hopes, fears, and concerns openly, they first must sense a nonjudgmental acceptance on your part. They must come to view you as a credible professional, have confidence in your abilities and motives, and trust you to accept their feelings and concerns without criticizing, shaming, or ridiculing them. To be perceived this way, you must be this way. You cannot feign openness, honesty, concern, and acceptance. You must cultivate these self-attributes. This does not mean that you should naively accept at face value everything offenders say any more than you should always distrust them, but do have reality-based expectations of them.

2.3.5 The Correctional Worker Reaches Inward as well as Outward

You should develop a commitment to nondefensive self-examination and awareness: “Who am I? What am I like as a person?” “Am I almost always honest,

trustworthy, likable, and accepting?” “Am I the type of person who inspires confidence and trust?” “Do I really make an effort to understand offenders and their environments?” “Am I a competent person?” “Do I find myself using people to satisfy my needs for power or for acceptance?” “Do I have the courage to change those aspects of myself that I do not like?”

As a correctional worker, you often will have offenders who are different from you. What are your attitudes about people who are different? Do you harbor racist or sexist attitudes and stereotypes? Can you accept and interact with individuals of a different race, sex, sexual orientation, or socioeconomic background as easily as with individuals with whom you have these things in common? Do you value, or are you fearful of, diversity of attitudes and values? Do you accept different religions, political ideologies, and sexual lifestyles as being alternatives rather than regarding them as deviant? The more you learn about the various types of people with whom you will come into contact and the more you explore your attitudes toward them and toward yourself with an open mind, the more you will become the sort of person who is an effective helper.

2.4 The Benefits of Self-Disclosure

One of the most important qualities that correctional workers should possess is the willingness to share themselves with others—including offenders—through self-disclosure. Self-disclosure means to communicate personal information to another who normally would not have that information. One may reasonably inquire what use it is for the correctional worker to communicate personal information to an offender: is not the offender’s self the focus of the offender/helper relationship—indeed, the reason for its existence? Yes, it is, and it was not until the advent of humanistic psychology that self-disclosure was considered appropriate and beneficial (Okun, 1982, p. 261). However, the willingness of the correctional helpers to share themselves serves some very useful functions.

First, it is a form of modeling behavior that encourages reluctant offenders to reveal intimate facts about themselves. The difficulty that offenders experience in revealing their most intimate feelings, thoughts, and valuations may be lessened by the helper’s example. Remember, reciprocal self-disclosure is the basis of the success of various self-help groups such as Alcoholics Anonymous. Confession is good for the soul, and it yields an abundance of needed information for the assessment of the offender. Jose Arcaya puts the self-disclosure process in a criminal justice context when he writes: “For the ex-offender forced to present himself before a probation officer, rehabilitation counselor, or psychologist, no meaningful dialogue will occur unless the client can identify a glimmer of his own humanity in the individual with whom he deals” (Arcaya, 1978, p. 231).

Second, self-disclosure gives the offender a new perspective on things derived from your personal experiences. Again, the sharing of personal experiences, the implanting of possibilities for alternative frames of reference in the minds of others, is part of the modus operandi of self-help groups in which offenders come to see

reflections of themselves in others. This process of self-disclosure, of course, should be free of value judgments, moral exhortations, and self-serving and boastful exhibitionism. Besides being bad practice, it is not considered good taste to advertise what a great person you are. If the contrast between the offender's experience and yours is too great, he or she will not view your revealed frame of reference as being realistic. If you moralize and pass judgment, the offender is not likely to reveal any further personal information to you that could invite further denigration.

You always must be aware of the feelings and humanity of the offenders. If, for example, John reveals that he has experienced great difficulty obtaining employment because of his lack of a high school diploma and the vagaries of his lower-class upbringing, you may reply with sensitivity, revealing your own class origins, the possibility of obtaining a general education diploma (GED), and describe how you managed to acquire an education despite acknowledged early deficiencies.

Rendered in this nonthreatening manner, your experience may instill a sense of possibility within the offender. If you couch it in terms designed to emphasize your moral superiority ("I did it, why can't you?" "It takes guts, buddy." "You can get a job if you get off your lazy butt and start looking."), John is very likely to react negatively to such an assault on his self-concept, either by becoming hostile or by clamming up. Either way, you have lost the opportunity to further the meaningful interaction necessary for an adequate assessment of the offender. You also have reinforced John's sense of hopelessness and his feeling that "nobody cares" and revealed your own inadequacies as a helper. If such an exchange takes place during the initial interview and if John is subsequently placed under your supervision as a probationer, parolee, or inmate, efforts to counsel him will be met with resistance because you have communicated to him that he is not worth much and that you are not really interested in him or his problems.

Some caveats about self-disclosure to an offender are in order at this point. First, Boyd Sharp (2005) rightfully points out that while self-help groups such as AA are peer-to-peer relationships in which self-disclosure is beneficial, the correctional worker-offender relationship is not.

Second, the offender's problems must be the focus of any interview or counseling session. Therefore, the worker's self-disclosure should be infrequent, relevant, and focused and should not give the offender the impression that you are working out your own problems with him or her. Chatty and unstructured conversations are inappropriate during a session designed to gather information about the offender, although they may have used in later counseling sessions if your motives are consistent with establishing a genuine atmosphere of informality. Gerard Egan's (1998, pp. 179–180) advice, which we paraphrase, is instructive here: make sure your disclosures are appropriate, keep them selected and focused, and do not burden your client with too much of it. In short, you should be willing and able to disclose yourself in reasonable ways, but should do so only if it is clear that it will contribute to the client's progress.

Finally, when in doubt about self-disclosure, don't disclose. Some authorities strongly discourage self-disclosure with criminal populations, asserting that offenders use this information to sidetrack the counselor and even use tidbits of

information to manipulate him or her (Sharp, 2005). This is very true in institutional settings in which counselors may have daily contact with inmates and inmates have nothing better to do than play their games. Perhaps guarded self-disclosure is best only practiced in community settings where probationers or parolees may be able to put the disclosed information to some immediate, positive use.

2.4.1 Improving Your Self-Concept Through Self-Disclosure

Training exercises in self-disclosure, such as those given at the end of this chapter, should be an integral part of the correctional worker's training. They are necessary for two reasons. First, they provide the helper with a gut-level understanding of the feelings of the offenders as they are asked to reveal intimate information. Disclosing intimate information can be highly embarrassing and intimidating to the offender. Imagine the embarrassment of a 60-year-old minister who has been found guilty of molesting a child as he is being asked to reveal details of his sex life to a probation officer or other correctional counselor young enough to be his grandson or granddaughter. The investigating or counseling officer must be highly sensitive to this embarrassment if he or she is to conduct a successful interview and make an adequate assessment. One of the best ways to learn this sensitivity is to experience the same sort of discomfort by self-disclosure in a classroom setting.

Of course, the classroom setting will not be as threatening to the student as the real-life setting is for the offender. Students can easily role-play rather than deal with real concerns. That is, they can manufacture fictitious problems that do not threaten them rather than exploring real problems that they may have. Only by realistically exploring problems can you gain insight into what it is like to be an offender. Remember, all prospective psychoanalysts have to undergo intensive psychoanalysis before they are allowed to practice their skills on others.

The second reason for engaging in realistic self-disclosure is to improve your greatest asset—your self-concept. As Franken (1994, p. 443) opines: “Self-change is not something that people can will, but rather depends on self-reflection. Through self-reflection, people often come to view themselves in a new, more powerful, way, and it is through this new, more powerful way of viewing the self that people can develop possible selves.”

As previously stated, people have a strong desire to preserve the picture they have of themselves—the self-consistency motive. If we protect the self from change, by definition, we cannot grow psychologically. As paradoxical as it may seem, to preserve self-consistency, some people may retain low self-esteem to protect the self-esteem they do have. People who expect little of themselves cannot fail. If expectations are low, a weak performance easily meets the meager expectations they have of themselves. Psychological growth implies that we have the courage to test ourselves to our limits and to acknowledge the possibility of failure.

It is important for us to assess ourselves, to know what kind of people we are, to know our strengths, weaknesses, capabilities, and problem areas so that we can effectively operate in our environment. Some authorities consider wholesome

self-disclosure to be as necessary for mental health as proper exercise and nutrition are for physical health. South (2007) wrote that to reduce our alienation from ourselves and from others, we must open ourselves to ourselves by disclosing ourselves to others. The more we know about ourselves, the better able we will be to understand others. Self-knowledge is desirable for all people, but it is vital for those in the helping professions because understanding others is a prerequisite to helping them. How can you help offenders come to terms with feelings that are hindering their functioning if you have not confronted and dealt with similar feelings in yourself?

We must not harbor static images of ourselves. If we do, we will have unrealistic pictures of the world and our relationship to it. A static self-concept cuts us off from the fullness of the experiences that the world offers us, thus stunting our emotional and intellectual growth. Rather than building walls and defenses against life's fullness, we should accept all experiences and fit them into our self-concept. We must adapt positively to the environment as it changes. To accomplish this successfully, we must receive information about ourselves from concerned others and use it for positive change. To receive information about ourselves from others, however, we must be strong enough to be willing to share ourselves with others. Both the receiving of information about ourselves and the sharing of ourselves are accomplished by meaningful self-disclosure. You will be asking the offenders to do all these things: adapt positively to their environments, experience lifestyles different from the one they have grown accustomed to, share themselves through disclosure, and receive information from you that you will expect them to employ fruitfully. If this is not a part of your personal operating philosophy, you will not be successful in imparting it to the offenders.

2.4.2 The Johari Window: An Aid to Self-Understanding

A useful framework for viewing self-concept and understanding how self-disclosure is valuable in improving it is the Johari window (Luft, 1963), shown in Fig. 2.1. This device divides the self into four components or "cells," representing aspects of the self, ranging from those known to almost everyone to aspects of which you yourself are not aware of. Positive self-disclosure should have the effect of enlarging cell I (the public self) while shrinking the other three cells correspondingly. The following is a general discussion of the principles of self-disclosure, which should not be

Fig. 2.1 The Johari Window. Note: Adapted from Luft (1963)

	Known to Self	Unknown to Self
Known to Others	I Public self	II Blind self
Unknown to Others	III Private self	IV Unknown self

viewed within the context of the counselor/offender relationship. You certainly will not be asking offenders to help you to explore your intimate concerns.

The public self is the self that habitually is shared with others. It is an area of self-knowledge which you have no qualms about revealing. The private self obviously has relevance to self-disclosure. You need not, or even should not, burden others with excessive and exhibitionist disclosure of the private self: "If only you knew what I've accomplished in my life, and against what odds, you too would realize what a great person I really am." The idea is to disclose only those aspects of the private self that can help others with the exploration of those aspects that are of concern to you, such as values, weaknesses, and social identity.

The blind self is that part of the self that others see but we do not. It is involved in self-disclosure only if others bring their images of you to your attention and if you are willing to acknowledge the validity of the transmitted information. The transmitted information may not be an accurate assessment of you, but it may be beneficial to at least recognize the possibility that it is. If the revealed information is negative, do not throw up fences and retreat from it. Instead, work with that aspect of the self to see how it can be improved. Never ignore traits or characteristics that others perceive and that may be negatively affecting your effectiveness as a helper or as a person.

The unknown self is the area of latent, inchoate, subconscious, and preconscious facets of the self. It is an area of shadowy fears and weaknesses, but also a reservoir of great untapped potential and talents that we all—including offenders—have. An unwillingness to explore unknown areas of the self is indicative of a frozen self-concept. In the process of exploring the blind self, it is possible that aspects of the unknown self will become accessible to you so that you may confront them and develop those that are desirable or deal constructively with those that are not.

Whereas it is generally agreed that self-disclosure (moving information contained in cells II, III, and IV into cell I) facilitates personal growth, it may result in growth-inhibiting outcomes. Whether self-disclosure is beneficial or harmful depends on the state of the receiver and the quality of the relationship shared by the receiver and the transmitter. Inevitably, self-disclosure involves a certain amount of risk-taking. After all, a turtle never moves forward until it sticks its neck out.

Self-disclosure demands trusting and making an investment in the other person. As a professional criminal justice worker, you will be asking offenders to trust you and invest in you. If you are to perform your task in an effective and efficient manner, you must prove worthy of that trust and investment by responding to offenders in a sensitive, empathetic, and fully involved way. Furthermore, you also must be secure enough in yourself to be completely honest with the offender. Your honesty, openness, and acceptance do not guarantee that the offender will act likewise, but these characteristics certainly make it more probable.

2.4.3 Application to the Offender

Although the Johari window was conceived of as a strategy for self-exploration, it can be fruitfully adapted to serve as a model for the counselor-offender relationship. For instance, the situation representing the immediate state of your “knowledge” of the offenders in your first meeting with them is presented in Fig. 2.2. The major difference between exercises in voluntary self-disclosure for self-growth and the officer-offender encounter is that the public self in this case is the self that the offender chooses to present to you, not the public self that he or she habitually shares with family, friends, and acquaintances.

Your knowledge of the offender’s public self, for the moment, is limited to information written down in various official documents. Therefore, even getting to know the offenders as others know them may prove to be a challenging assignment, for at this point you know only the official offenders. Your initial task is the melding of the two subsections of cell I (public and official client) to form a unified picture of offenders as they normally present themselves to others. Offenders may have a number of aspects of the public self that they are unwilling to share with you. Consequently, they will erect barriers to protect those areas. The barriers can be scaled by an effectively conducted interview with the offenders and by collateral interviews with others acquainted with them (discussed in the following chapters).

The private offender is that part of the offender’s self that he or she wishes to keep unscrutinized by others, especially by the correctional worker. It represents the behaviors, feelings, and motivations that the offender habitually hides but that may be revealed when he or she chooses. These behaviors, feelings, and motivations, since the offender is aware of them, probably will be the first target areas for mutual exploration. They are not necessarily problem areas. They just as well may be growth-promoting areas that, with a little support and encouragement, the offender could actualize. If aspects of the private offender are of this kind, he or she possibly may be more disposed to relating them to a relative stranger who is perceived as caring and accepting than to more familiar others from whom he or she may fear ridicule.

The blind offender represents those aspects of the self of which the offender is unaware but that the officer perceives and to which the officer is sensitive. Just as the corrections worker is able to enhance the self by feedback in an atmosphere of openness and trust, so may the offender. The correctional worker should place initial emphasis on the positive aspects of the offender’s self of which the officer is

Fig. 2.2 The Johari Window (applied to the client)

	Known to Officer	Unknown to Officer
Known to Client	I Public/Official client	II Blind client
Unknown to Client	III Private client	IV Unknown client

aware, such as positive statements by others. If, for instance, an officer has access to school records indicating that the offender scored well on IQ tests, the officer may discuss the nature of IQ and the potential and possibilities open to the offender with such scores. This type of information, needless to say, is most welcome and tends to spill over into congenial discussions of other aspects of the offender's blind self, which he or she might not be so readily willing to accept.

The unknown offender represents those aspects of the offender's self that are unknown to the officer and the offender alike. Realistically, we know that many facets of the offender's unknown self will remain unknown. The initial interview, for whatever reason it is conducted, is not the place to attempt to probe into this area. Under supervision, however, the offender should be encouraged to explore it to discover the unknown potential that we all possess. You must have faith in this proposition if you are to be an effective correctional worker.

The Johari window is a useful framework for conceptualizing the process and purpose of interviewing. However, we never should forget that offenders come to the interviewing process with vastly different biographies, motives, and attitudes. Each interview is a unique process between human beings who are far too individualized to be reduced to precise formulas. Interviewing is an art rather than a science. However, certain basic principles exist that enable the helper to conduct a successful interview. We discuss these in the next chapter.

2.5 The Mask

The following essay by an anonymous writer is an anguished cry for understanding and acceptance. It illustrates our discussion of self-disclosure, as well as the discussion of listening still to come. Notice how the writer has built a false self-image and barriers to protect it and how painful the writer finds his or her inauthenticity. We all want to be accepted and loved, but many of us fight against what we so desperately need. The writer wants to be authentic by disclosing his or her true self and true feeling but is so terribly afraid of rejection. This could have been written by any offender, perhaps even by some of your classmates (or even you). Remember it when you do your exercises in self-disclosure. Above all, remember it when you are working with real offenders.

Please Hear What I'm Not Saying
—Author unknown

Don't be fooled by me. Don't be fooled by the face I wear. For I wear a mask. I wear a thousand masks, masks that I'm afraid to take off, and none of them is me. Pretending is an art that's second nature to me, but don't be fooled, for God's sake don't be fooled. I give you the impression that I'm secure, that all is sunny and unruffled with me, within as well as without. That confidence is my name and coolness is my game, and that I need no one.

But don't believe me. My surface is my mask. Beneath dwells the real me in confusion, in fear, in aloneness. But I hide this. I don't want anybody to know it. I panic at the thought of my weakness and fear being exposed. That's why I frantically create a mask to hide behind, to shield me from the glance that knows. But such a glance is precisely my salvation—that is, if it's followed by acceptance, by love. It's the only thing that can liberate me from my own self-built prison walls. It is the only thing that will assure me of what I can't assure myself—that I'm really worth something. But I'm afraid to tell you this; I'm afraid that your glance will not be followed by acceptance and love. I'm afraid you'll laugh, and that laugh will kill me. I idly chatter to you in the suave tones of surface talk. I tell you everything that's really nothing, and nothing of what's everything, of what's crying within me.

Please listen carefully and try to hear what I'm not saying, what I'd like to be able to say, what for survival I need to say. I'd really like to be genuine and spontaneous, and me, but you've got to help me. You alone can release me from my shadow-world of panic and uncertainty, from my lonely prison. It will not be easy for you. A long conviction of worthlessness builds strong walls. The nearer you approach me, the blinder I may strike back. I am irrational—I fight against the very thing that I cry out for. But I am told that love is stronger than strong walls. Please try to beat down those walls with firm hands, but with gentle hands—for I am very sensitive. Who am I, you may wonder. I am someone you “know” very well, I am every man you meet and I am every woman you meet.

2.6 Summary

This chapter emphasizes the primacy of the self in the helping process. Nothing is more important to the success or failure of a counseling relationship than the quality of the helper's self. The self-concept is the product and producer of experience. Positive experiences lead to a positive self-concept, and a positive self-concept leads to further positive experiences. The opposite progression, often found in offenders, is also true.

We looked at the various attributes that characterize the professional criminal justice worker. You should examine these attributes closely to determine how you measure up. You can explore deficiencies and weaknesses in any of the areas in the process of self-disclosure.

To improve the self-concept, a person must accept a wide variety of experiences and integrate them into his or her self-concept. One way of doing this is through meaningful self-disclosure. Self-disclosure helps us to gain knowledge about ourselves by receiving feedback about ourselves from others. Every prospective counselor should experience self-disclosure in a number of sessions before actually practicing counseling, not only to gain valuable self-insight but also to experience the process in which he or she will be asking offenders to engage. The Johari window is an excellent device for guiding self-disclosure of this type. Few bits of advice are more useful than the ancient injunction to “know thyself.”

2.7 Exercises in Self-Exploration Through Disclosure

The purpose of this activity is twofold: (1) to improve self-exploration by disclosing to a partner various aspects of yourself and (2) to give you some experience of what it is like to reveal yourself to a relative stranger. During the initial session, you may, out of fear, anxiety, or embarrassment, decide upon some relatively nonthreatening topic. Or you may possess the self-assurance to pick a topic that is of real concern to you. It is preferable, of course, to choose aspects of the private self, especially those of an interpersonal nature, for exploration. The section asking you to explore values and attitudes toward various types of individuals should prove to be valuable in developing an empathetic understanding of them if both your disclosure and feedback are open and honest.

Exercises should be done in pairs, with frequent changes of partners. If your instructor chooses not to assign partners, it is preferable that you do not sit with the same person too often. Make an effort to sit with someone of a different race, sex, or ethnic background. You will find this to be a good learning experience and very rewarding. Each student should take turns in disclosing the chosen issue to the other. Remember, you are not engaging in a conventional conversation. The disclosing person should have control of the communication. The listener should listen and pay attention to the techniques of active listening as outlined in the next chapter. The listener should speak only for the purposes of clarification and of prompting further disclosure by the use of probes. Each of the following suggested topics is suitable for a discussion of about 5–10 min:

Topic One: Generalities

- The kind of people I like best are _____
- The kind of people I like least are _____
- I try to avoid thinking about _____
- I think that the most important thing in life is _____
- I feel most competent when I _____
- I feel least competent when I _____
- My career goals are _____
- I would really like to be able to _____

Topic Two: Values and Attitudes

- My values are important to me because _____
- Here's how I REALLY feel that the relationship between the sexes should be _____
- Here's how I REALLY feel about blacks/whites _____
- Here's how I feel about alcoholics _____
- Here's how I feel about drug abusers _____
- Here's how I REALLY feel about homosexuals _____
- Here's how I REALLY feel about criminals _____
- An open mind is desirable because _____

Topic Three: Feelings

- I am happiest when _____
- I get the most depressed when _____
- I get embarrassed when _____
- I get very angry when _____
- I feel guilty when _____
- I am sometimes ashamed of _____
- I feel very hurt when _____
- I feel anxious when _____

Topic Four: Identity

Who are you, what kind of person are you? Odds are that you have never really thought too much about your identity. Try writing out ten separate answers to the question “Who am I?” Next, eliminate those answers that simply signify your various ascribed and achieved statuses, such as “American,” “student,” “male,” or “19 years old.” With your partners, explore those aspects of the self that you have left on your lists. You may have written, for example, “I am a shy person.” Explore this aspect with your partner. Why do you think you are shy? What does your shyness do to your social life? How much more successful do you think you would be in life if you were not shy? How do you feel about your shyness? What do you think you can do about it?

Topic Five: Strengths and Weaknesses

Make a list of your five greatest strengths and five greatest weaknesses and discuss each one with your partner. These strengths and weaknesses should be developmental “feeling” topics rather than statements such as “I’m a good/poor tennis player.” For instance, how do you relate to other people, especially those close to you? Are you secure in your sexual identity? Are you a leader or a follower? Do you respect the feelings of others? Are you an autonomous person? Can you take constructive criticism?

Topic Six: Effectiveness as a Correctional Helper

Go back to the description of an effective criminal justice helper, and rate yourself according to those attributes. Where are you weak, and where are you strong? What personal attribute do you possess that will aid you in becoming a more effective helper, and what personal attribute do you think will most detract from your ability to become an effective helper? Discuss these strengths and weaknesses with a partner.

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Interviewing and Interrogating

3

The interview is a focused process of communication by which you gather information to assess the interviewee. It is a structured and purposeful method of getting to know another person. Any interview, regardless of the context in which it takes place, is designed to help the interviewer make decisions, usually about the interviewee (Is he or she suitable for the job, eligible for benefits, serious about this task, a good candidate for treatment?). Correctional workers spend a large portion of their time conducting interviews with offenders, victims, police officers, and many other people involved in some way with offenders' activities. Surveys of probation departments in Canada and the United Kingdom revealed that despite variations in political and structural contexts, interviewing and interpersonal skills were the most important skills for community corrections work (Braken, 2003). Thus, it is necessary that you become informed about the basic principles of effective interviewing.

Interrogation is also part of the correctional worker's task. Like interviewing, interrogating involves information gathering, but the focus is more sharply delimited. As Vessel (1998, p. 1) puts it: "Obtaining information that an individual does not want to provide constitutes the sole purpose of interrogation." You conduct an interrogation either to get an admission of guilt from a person or to eliminate that person from suspicion. The ability to conduct an effective interrogation is also a necessary part of your professional development.

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3.1 Purpose of the Criminal Justice Interview

3.1.1 The Offender

Interviewing offenders is a diagnostic tool that will enable you to arrive at a preliminary understanding of them and their problems and to recommend and implement effective treatment modalities. A well-conducted interview also is the first step in the counseling process if it creates an arena in which offenders can formulate an honest picture of their problems and if they gain an understanding of the motives and resources of the correctional worker.

As criminologist and prominent correctional administrator Paul Keve put it: “The most important step in the investigation process is the first interview with the defendant, and if you handle it skillfully, you not only have the basis for a truly competent report, but you also have gone a long way toward launching the treatment job that must develop later” (quoted in Hartman, 1978, p. 309). The implication is that the interview can be the beginning of the rehabilitative process or it can be merely a ritual in which uninterpreted demographic data is gathered and reported. The principles of interviewing are the same regardless of the specific purpose of the interview: preparing a presentence investigation report (PSI), meeting a newly assigned probationer or parolee, or conducting an intake interview for a new arrival at an institution.

To explain the interview process from beginning to end, it is useful to introduce an investigative interview model recommended for use to the British police and designed by psychologist Gisli Gudjonsson (1994). This model uses the mnemonic PEACE, which stands for:

- **P** = Prepare and plan
- **E** = Engage and explain
- **A** = Account
- **C** = Closure
- **E** = Evaluate

We will now elaborate on each of these stages of the model.

3.1.2 Prepare and Plan

3.1.2.1 The Physical Setting

The results of your interview probably will have a significant impact on the offender’s future. Due to the importance of this process, give the offender your undivided attention during the time you are together. Although the physical facilities in many criminal justice agencies may not be ideal, it is important that the interview setting be as private and free of distractions as possible. Instruct the administrative assistant to hold all nonemergency telephone calls, and display a “Do not disturb” sign on your office door. Some interruptions may be inevitable, but they must never be of the personal or frivolous kind. You must convey to offenders that this time belongs to them and that they are the only topic of importance to you during this period.

3.1.2.2 Familiarity with the Case

Before interviewing the offender, thoroughly familiarize yourself with the case materials obtained from police and prosecutor's files, as well as institutional records if the offender is on parole. Based on these materials, formulate the questions that you plan to ask. See a comprehensive semi-structured interview schedule used in probation and parole agencies nationwide in Chap. 5. This is an excellent tool for the beginning interviewer because it covers everything of importance for interviewing a typical offender.

While the schedule begins by asking questions regarding offenders' attitudes toward the offense and offense patterns, questions pertinent to the crime and to offenders' criminal history are best left until last because these are the questions most likely to threaten the offenders and may require the use of interrogation rather than interviewing techniques (Navarro, 2003). Offenders will answer questions about the offense and about any prior offenses more easily after you establish a friendly rapport, and they feel less threatened by the situation in which they find themselves.

Most probation departments use an intake form, which the offender fills out prior to meeting the probation officer. This form should request basic demographic data such as name, place and date of birth, current address and telephone number, names and addresses of family members and places of work, schools attended, and the offender's financial situation. It also should ask offenders for pertinent medical information and a recitation of prior involvement with the law and should include a section that asks them to write out their version of the offense.

The use of such a form serves a number of functions:

1. It gives structure to the interview.
2. It sensitizes the offender to the type of questions you will be asking in more detail.
3. It provides the offender with an opportunity to decide in private if he or she is going to be honest with you.
4. It gives you the opportunity to determine if the offender indeed has been honest with you by checking the written statement against "the record."
5. It gives you some insight into the offender's level of communication skills.
6. It minimizes the recording of factual information (age, phone numbers, addresses, and so on) during the interview, which would detract from its smooth flow. A discussion of a typical social history questionnaire is included in Chap. 5, and an example is included in Appendix A.

3.1.3 Engage and Explain

3.1.3.1 Initiating the Interview

A criminal justice offender's first contact with a community corrections agency is usually the result of a referral to a probation department for a presentence investigation report (PSI) after being found guilty of a crime or having pled guilty to one. Because the PSI interview is perhaps the most important interview the offender will

experience, we will assume in the following discussion that we are conducting such an interview. Given the circumstances of the PSI referral, it is necessary to realize that the offender probably will view it as punitive rather than as an opportunity to receive help and guidance. In light of the involuntary nature of the offender's presence and in light of the offender's possible mistrust and disregard for authority, it is particularly important that the interview get off to a good start.

3.1.3.2 Meeting the Offender: Respect and Rapport

Your first contact with the offender is crucial. The offender may be anxious and nervous, and you should convey your respect and concern. First impressions certainly will color much of what will follow between you and the offender. It is essential, then, that you establish positive rapport at this time. Greet the offender by looking him or her straight in the eyes and offering a smile and a firm handshake.

First names should not be used at the first meeting, especially with older offenders. Traditionally, the superordinate individual addressed the subordinate individual by first name, whereas the person in the inferior position was expected to use the presumed superior's full title and last name. This convention, designed to emphasize social distance, is something you definitely wish to avoid. However, you should establish a more informal first-name relationship as soon as you perceive that the offender is amenable to it. Your initial greeting should be something like, "Good morning Mr. Smith. My name is Joyce Williams and I will be your probation officer." If you do not put the offender at ease, the nonverbal behavior he or she demonstrates (fidgeting, feet jiggling, sitting tensely, and so forth) may lead you to view it as signs of deception when, in fact, it may be simple nervousness (Navarro, 2003).

You now have introduced yourself and your role. Although your offenders may be troubled individuals, whom you are seeing because they have committed some crime for which they may be deeply ashamed, there must not be any hint of a patronizing, condescending, or judgmental attitude in either your voice or your nonverbal behavior. You may have extremely negative feelings about the type of behavior that has brought the offender to you. Any attempts to deny to yourself that your offender's behavior elicits those feelings in you will result in an artificial, stilted, and unproductive interview. Instead, acknowledge to yourself that these feelings exist and that they are normal and expected. However, also recognize that the expression of those feelings in a professional, goal-oriented setting is inappropriate. If you reveal your anger or embarrassment, even subtly or unconsciously, the offender will pick up on your cues and perhaps respond with his or her own anger and/or embarrassment.

Negative emotions, either yours or the offender's, are not conducive to an effective interview. Professional recognition and control of personal feelings rather than denial and repression of them is a goal for which you should strive.

Early in the probation career of one of your authors (Walsh), he had a female offender whose appearance and crime had a very negative effect on him. She had paid a number of neighborhood boys to have sex with her over a period of several months. Although he struggled to rid himself of the sexist attitudes acquired through socialization, he could not free himself of the notion that women simply "were not

supposed to act that way.” Consequently, he perceived her crime as much more detestable than he would have if she had been a man convicted of similar behavior. Furthermore, when he met her, she had a body odor too strong to ignore.

He tried hard to respond positively to her, but, on later reflection, he realized how completely artificial he must have seemed to her. He ran through the interview and approached the embarrassing (both to her and to himself) question of her offense with insensitivity. In other words, he let his attitudes and feelings about the offender obscure her basic humanity. The interview was a simple ritual. She was placed on his probation caseload, but their relationship never did manage to overcome that disastrous first encounter. First impressions are indeed vital! He learned a lot about himself and his attitudes through that encounter and tried hard to not make the same mistake again.

His experience with this woman underscores the desirability of examining your attitudes and prejudices relating to various kinds of people and their behavior before ever dealing with them in a field situation. Treat each person as a unique individual, not as a member of some larger group from whom you expect or do not expect certain ways of behaving. A colleague had a saying on her office wall, which she said she read at the beginning of every day: “There is so much good in the worst of us, and so much bad in the best of us, that it ill behooves any one of us to find any fault with the rest of us.”

3.1.3.3 Explaining the Purpose of the Interview

The actual interview should begin by asking the offender if he or she knows the purpose of the interview. If an offender does not know—and many do not—then you should fully explain the purpose. You should inform the offender of the type of information you wish to obtain, its use, and who will have access to it. Although an explanation of the uses to which a PSI report will be put (to aid in sentencing decisions, and, if the offender is incarcerated, in prison classification and parole hearings) can raise the anxiety level of an offender, the offender will appreciate the honesty.

It is a good idea at this point to ask offenders if they understand what they have been told so far and if they have any questions. It is very important, however, not to respond with any opinion to such questions as “What do you think I’ll get?” or “What are my chances?”. Remember, you do not make the final sentencing decision, and you do not wish to raise false hopes or to generate needless anxiety. If you tell an offender that you are “sure” he or she will receive probation and the offender is incarcerated instead, that person surely will feel bitter and betrayed. One such incident may have a lasting negative affect on any subsequent dealings that offender may have with you or with any other correctional worker. Conversely, if you tell an offender that he or she is as good as on the bus to prison but the offender actually is placed on probation, his or her attitude toward you could be one of smug contempt: “The judge didn’t buy your recommendation. Just goes to show how valuable your opinion is, doesn’t it?”

Some authorities disagree on this point, feeling that if incarceration seems probable, it is a humanitarian gesture to prepare the offender for it. This is rather like the

physician's dilemma when asked: "How long have I got?" An honest appraisal in either case, so the argument goes, gives the individual the opportunity to prepare for it by saying goodbyes and putting personal affairs in order. However, in the case of an offender who is told that he or she will probably be sent to prison, the goodbyes may well be out of the jurisdiction of your state. If you do offer the offender an opinion that turns out to be wrong or if it leads the offender to abscond, you have only yourself to blame for the consequences. Instead, politely reply that you do not engage in second-guessing judges and that it is not your place to speculate. You now are ready to begin the interview proper.

3.1.4 Account

3.1.4.1 The Interviewer's Language and Demeanor

The account stage begins the actual interview with the offender in which he or she responds to your questions. If you are using an offender intake form, the interview is to clarify and elaborate on the information the offender has written down. When questioning an offender, you are making contact with another human being. Gear your questions both to the offender's vocabulary and to his or her pace. Avoid legalistic or sociological jargon, street slang, and "ten-dollar words." The use of fancy terminology will embarrass the offender whose vocabulary is limited and will not impress a person who is as articulate as you are. Either way, it will distance the offender from you. Similarly, the use of street slang is unprofessional. It will give the offender the idea that you are either patronizing or playing buddy-buddy. Use conventional and easily understandable language. Just as importantly, do not adopt street mannerisms such as an artificially laid-back posture or fist bumps. Do not say or do anything that is artificial to you; it will be blatantly visible to those who may be used to being treated dishonestly.

3.1.4.2 The Use of Authority

A final concern is the officer's proper use of authority. Experts in the counseling field disagree on the issue of whether the use, or even the possession, of authority is detrimental to the helping process. Authority and helping can be incompatible, however, if you use and abuse it to emphasize the moral distance between you and your offender and to puff yourself up with your own importance. The pretentious "big stick" approach only will alienate offenders. They immediately will type you as "just another cop in social workers' threads" and will scoff at your insistence that you only want to "help" them.

Yet, authority comes with the job and you cannot deny it. Offenders will view your failure to use your authority, when appropriate, as weakness. Many offenders value strength and are adept at manipulating perceived weakness. Like feelings, officers' authority must be recognized and accepted but used with professional restraint. The accouterments of force, such as guns or handcuffs, should not be on display at the first meeting with the offender.

3.1.4.3 Dealing with Awkward Offenders

Some offenders will be fearful or angry and thus will act with hostility or refuse to answer certain questions. They may be trying to maintain a sense of dignity and control in the only way they know. When such an attitude becomes apparent, do not continue with the interview as if you hoped that ignoring it would make it go away. Say something such as: “Mr. Jones, I know that this is unpleasant for you and that you must be feeling a little uptight. It’s quite natural for you to feel that way. Lots of people do. Why don’t we agree to be civil to one another? What do you say?” This lets Mr. Jones know that you are aware of his feelings, that others have felt that way, that you accept his feelings as natural, and that you are willing to start over again on a new footing.

In those rare instances when offenders continue to refuse to answer questions or when they continue to respond in a sarcastic, rude, or abrupt manner, let them know in no uncertain terms that this type of attitude is simply unacceptable. Inform them that if they continue in such a way, then you will terminate the interview and that it will be necessary for them to return to your office to try again after they have rethought their approach. You also may indicate that you will convey such an attitude to the sentencing judge if it continues. If this tactic does not work, try a phone call to the offender’s attorney outlining the problem. This never fails to bring about a change in the offender’s demeanor.

Most often, however, offenders are anxious to be cooperative and to convey a positive impression during the initial interview. They are feeling you out just as surely as you are feeling them out. Most offenders are aware that their attitudes will be reported to the judge and that they may influence your recommendation. Reluctance and uncooperativeness are much more common among offenders under actual supervision than they are prior to formal supervision. The presentence investigator and the parole board usually see offenders at their best. It is the supervising probation and parole officers who are most frequently confronted with uncooperative offenders. For this reason, it is of the utmost importance that you lay the groundwork for the development of a trusting relationship at the initial interview, a period in which the offender’s frame of mind is most conducive to it. (The problem of the reluctant offender is addressed in more detail in Chap. 8).

Regardless of the offenders’ level of cooperation, their overall demeanor will provide valuable clues for your assessment. Someone who comes to the interview smelling of alcohol or under the influence of drugs is not taking the process very seriously and obviously will be difficult to supervise if placed on probation. A servile or arrogant manner also will provide clues to character assessment and possible supervision strategies.

These initial observations will assist you in designing a preliminary plan of treatment and will help you to decide if a referral to specialized treatment is in order. When you decide a referral is advisable, discuss the matter with the offender and explain your reasoning. Do not antagonize offenders or put them on the defensive by flatly stating that they have a problem. Try to steer offenders toward that conclusion themselves by asking them how the problem you perceive them as having affects their relationships with others and how they would feel if they could find

support in controlling the problem. You then may discuss the services provided by the agency in question and the benefits they may derive from talking with a counselor there. Remember, the initial interview is positively your best opportunity to get your foot in the door to obtain offenders' cooperation and compliance.

3.1.5 Closure

The interview should be terminated in a planned way so that the offender can anticipate it rather than ending it in an abrupt way. At the end of the interview, summarize with the offender everything that you talked about during it. Your summary provides the opportunity to determine if anything important has been overlooked and gives the offender the chance to change, clarify, or add to the information he or she has provided. Ask offenders if they have anything to add or anything else to ask. If not, you may conclude the interview, shake the offenders' hand, inform them what will happen next in the sentencing process, state that you will be in touch in the near future, and then walk them to the door.

3.1.6 Evaluate

Once you return to your office, immediately go over your notes, and write down additional impressions while they are fresh in your mind. Like dreams, we start forgetting specific details from interviews soon after they end. Review what went on in the interview within the context of the legal case against the defendant, and determine what, if any, collateral interviews will be necessary.

3.2 Techniques of Interviewing

The goal of interviewing is to gather information given voluntarily. It is not as difficult as you may think to obtain voluntary information from offenders. Most people like nothing better than to talk about themselves and share their story. Even reluctant, angry, or embarrassed offenders probably will succumb to the temptation to talk if they perceive that you are genuinely interested in them. For this reason, the development of genuineness, caring, and empathy is essential. Too much emphasis on technique detracts from the humanness of the interviewing process and can be painfully transparent if not developed properly in a training situation. This does not mean that techniques are not valuable; they are extremely valuable. This section discusses some of the techniques used by skilled interviewers.

3.2.1 Active Listening

The most valuable of these techniques is active listening. Active listening (the opposite of passive listening) is the key to effective communication. Active listening is different from hearing (or passive listening), which is simply the physiological registering of sound not requiring any intellectual effort on the part of the receiver (Gorden, 1992, p. 82). Active listening means paying complete attention (intellectually focusing on the sounds) to the information being offered by the offender and conveying your attention to the offender in verbal and nonverbal ways.

In other words, you must make a conscious decision to attend to the speaker. People want to be listened to and always have. Note the plea from the biblical Job: "Listen to me, but do listen, and let that be the comfort you offer me; bear with me while I have my say." Note also that Job is saying that simply to be listened to is to be offered comfort.

Maintaining eye contact communicates to the offender that you are actively listening. In addition to conveying interest, eye contact enables you to observe the offender's nonverbal responses to uncomfortable questions. When does the offender avert his or her eyes, and when does he or she flush, smile, or sneer? You cannot determine this if you are not watching. There are, however, certain subcultural differences attached to the meaning of eye contact. Middle-class people tend to view frequent eye contact as a sign of honesty and the averting of the eyes as indicative of furtiveness. In some American Indian cultures, individuals are taught that it is impolite to gaze directly at someone else. Additionally, inner-city residents often feel that too much eye contact is a nonverbal challenge, so it may provoke hostility. Be very careful that your efforts to maintain eye contact do not inadvertently turn into an attempt to stare down the offender.

When you are listening to the offender, you should be sitting about two arm lengths apart. If possible, do not have a desk or other physical objects between you. Maintain a slightly forward-leaning posture. Leaning forward at certain points during the interview conveys an intensification of interest. Do not get so close to offenders that you are invading their personal space; this will make them feel uncomfortable.

It is all too easy to convey unintended messages of a sexual nature this way. One of the authors (Walsh) once had a female offender who started to cry during the PSI interview. He offered her a tissue and placed a comforting hand on hers. She took immediate advantage of this gesture of sympathy to grasp his hand and say: "I'll do anything to get out of this." This obvious sexual invitation was disquieting. Offenders who make such offers expect something in return (a favorable sentencing recommendation, easy supervision conditions, a blind eye to certain violations, and so forth). Had he succumbed to her invitation, he may well have found himself paying the \$700 in restitution she owed, violated his professional code of ethics, and, not the least, opened himself to a criminal charge. You must be very careful that your behavior is not open to this kind of misinterpretation.

3.2.2 Be Alert and Flexible

Evaluating responses to questions requires active listening, and active listening requires a lot of practice. Some people are easy to listen to and some are difficult. Prejudices and biases on the part of the officer will interfere with actively listening to the offender, as will poor communication skills on the part of the offender. When either of these conditions is present, it is especially important to make an extra effort to listen to what the offender is saying. Active listening requires much alertness and flexibility. Be especially alert to any recurring thoughts or concepts that the offender presents, and mentally flag them so that you can raise them later for deeper discussion. Be flexible enough to deal with issues as the offender presents them. If you insist only on dealing with topics when you are ready to discuss them, you may miss some vital information because offenders may no longer feel as disposed to discuss these issues as they were at the time they first broached them. In short, active listening implies what psychologist Theodor Reik (1956) calls “listening with the third ear.” This does not require the mere auditory recording of the offender’s actual words so much as listening to what he or she is trying to tell you.

Offenders may be telling you things that they have no conscious intention of revealing. Does the offender reveal self-centeredness by the overuse of personal pronouns? Does the offender reveal overdependence or a lack of responsibility by constantly blaming others for every little misfortune? Does the offender bemoan his or her sins as vigorously as they are committed, thus perhaps revealing false remorse? What do the adjectives the offender uses to describe significant others reveal about the state of his or her interpersonal relationships? What type of defense mechanisms (to be discussed later), such as rationalization, projection, and displacement, does the offender use to distort reality?

This third-ear listening will tell you a lot more about the offender than face value responses of the “what he did to me and what I said to her” type. However, you must refrain from playing Dr. Freud by reading too much into nonspecific responses at this stage. You simply do not yet have sufficient knowledge of the offender to make unsupported speculations in a report that has so much importance to his or her future. Third-ear insights should be noted for your future use, but they should not be relayed to the sentencing judge as facts. When you begin to develop an empathetic understanding of the offender and when a positive relationship has formed between you, then you may broach such issues. Of course, if you perceive something about an offender’s responses that has direct applicability to the present offense (such as rationalizing or intellectualizing about the crime) and that has implications for sentencing and supervision, such responses should be explored with the offender immediately.

3.2.3 Questioning and Probing

Although the purpose of the interview is to listen to what the offender has to say, your job is to guide the communication toward relevant topics. You are interested in

gathering information about offenders' backgrounds and lifestyles, about their attitudes toward the offense, and about concerns and problems that may have led to it. To get this information, you have to ask questions. As Colwell, Hiscock, and Memon (Colwell, Hiscock, & Memon, 2002, p. 289) advise as to the progress of the interview: "The steps of the interview begin with the most open, least leading forms of questioning, and then progress to more specific questioning as circumstances require. The initial goal is to provide the offender every opportunity to give a free narrative account before more specific questions are used. After the free narrative is provided, the participant [the offender] is prompted to elaborate on details mentioned in the narrative through the introduction of open-ended questions."

We will discuss two types of questions here: *open* and *closed*. According to Ivey (1983):

Open questions are those that can't be answered in a few short words. They encourage others to talk and provide you with maximum information. Closed questions can be answered in a few short words or sentences. They have the advantage of focusing the interview and obtaining information, but the burden of talk remains with the interviewer. (p. 41)

Offenders often will be unwilling to explore their personal lives and feelings with you. It is rare, however, that they outright will refuse to answer your questions. With reluctant offenders, it is necessary to encourage sharing through the use of probes. Probes are indirect open-ended questions that encourage the offender to explore some point to which he or she has alluded. Probes are verbal tactics for prompting offenders to talk about themselves and to share their thoughts, feelings, and concerns with you in a specific and concrete way.

For example, if Debbie indicates to you that her marriage is an unhappy one and that she "wants out," do not be content with that information. Explore. Say something such as "So you feel terrible about your marriage and feel trapped. About what do you feel worst?" You are encouraging Debbie to clarify her general statement by relating specific and concrete instances that give rise to her generalized feelings of dissatisfaction. Your probing may give Debbie the first real opportunity she has ever had to really explore and vent her feelings with regard to her marriage. Furthermore, Debbie's trouble with the law may be a direct or indirect consequence of her poor marital relationship. If this turns out to be the case, you will have discovered a starting point for your later counseling sessions with her if she is placed on probation.

Probing questions should be open-ended, meaning that they cannot be answered by a simple yes or no. Questions should be of the type: "Now that you know what the problem is between you and your husband, what do you plan to do about it?" They should not be of the type: "Now that you know what the problem is between you and your husband, do you plan to do anything about it?" A response of yes or no to this question will lead to further questions, giving Debbie the impression that she is being grilled. Using open-ended questions reduces the number of questions you ask and gives the offender some sense of control.

It obviously is desirable in some cases to use closed questions, which require simple answers, such as "What was the last school you attended?" Closed questions

probably will be used most often in your follow-up to offender responses to open questions and in dealing with factual information such as whether an offender is married. Closed questions sometimes have to be used when open-ended questions would be preferable, such as when working with adolescents and with developmentally stunted offenders who verbalize poorly. Sometimes you will run into street-wise offenders who make it a practice of not volunteering any information that is not specifically requested, which means that to get the information you want, you will have to rephrase your open question as a closed one. You never should stop trying, however, to get the offender to speak freely about himself or herself by using open questions.

Regardless of the type of question used, you should not rush offenders by throwing questions at them in rapid succession. Your tone of voice and rate of speech indicate clearly how you feel about another person and whether you really have been listening to previous replies. Think of the many ways that you can say “I’m really interested in you.” Give offenders ample time to think through their answers to your questions. Do not be embarrassed by silence or attempt to fill it in with small talk. The offenders may be groping for ideas during such breaks in the conversation, and small talk will interrupt the flow of thought. If the silence becomes overly long, continue the interview by asking the offenders to tell you more about the last point you covered. Do not attempt to break the silence by putting words into their mouths. They may grasp at your idea and agree with it in an effort to please you or to avoid saying what was really on their mind. Either way, you will be recording and evaluating offenders’ response as theirs when they are actually your own. “A good criminal justice interview permits silence” (Alexander, 2000, p. 103).

3.2.4 Resist the Temptation to Interrupt

Have you ever noticed while conversing with someone that instead of truly attending to what the other person is saying, you were thinking of the next thing you wanted to say or that you interrupted that person in midsentence? Have you ever noticed how annoying this can be when others do it to you and how it causes you to lose your train of thought? When you are interviewing an offender, you are not engaged in a debate in which your objective is to score points.

It is all too easy to interrupt offenders when you perceive their verbal responses to your inquiries to be off the track. Do not let yourself become irritated and impatient with offenders’ digressions. They may be approaching the topic you brought up in the most direct way they know how. There are limits, of course, to the amount of digression that you may tolerate, but an interruption made too soon may prevent the emergence of significant information. Some people simply need more time to arrive at their destination. Although side excursions can be time-consuming, a little extra time allowed during the initial interview actually can conserve time when you are attempting to establish a working relationship with an offender.

3.2.5 Keeping the Offender in the Foreground

Give the offender the lion's share of the "air time" during the interview. Unfortunately, in probation interviews, probation officers outtalk offenders in terms of word count by about three to one (Clark, 2007). This is exactly the opposite of how it should be. Goyer, Redding, and Rickey (Goyer, Redding, & Rickey, 1968) have suggested that if you find yourself talking uninterruptedly for as little as 2 min during an interview, you are failing to get through to the offender. It follows that it is a good idea to reduce interviewer talk time as much as possible. After all, we have agreed that the time is theirs. You must resist the temptation to thrust your opinions and advice onto offenders and talk them into a coma. Many offenders will be only too happy to allow the interviewer to babble on as a tactic to avoid exploring their own problems. Talk only when necessary to elicit information or to refocus or channel the interview in fruitful directions.

3.2.6 Some Further Impediments to Active Listening

You should guard against certain other impediments to active listening. These are daydreaming, detouring, arguing, and rehearsing. We all are guilty of each of these errors at one time or another. It is important in your chosen field to be aware of them and to take steps to reorient yourself to the content of offenders' communication when you perceive yourself to be drifting away from it.

Daydreaming occurs when you are bored with what you are hearing or when you have pressing needs unrelated to the present concerns. You may veer off on your own personal track and leave the offender behind, forgetting that the interview time belongs to the offender. You must never daydream during offender interviews. It soon becomes apparent to the offender that you are not interested in his or her problems, and you will experience failure in your efforts to establish a positive relationship. Frequent daydreamers are out of touch with their present reality. They fail in many tasks because they focus more on a future "could be" than on what is actually going on now.

Detouring occurs when some piece of communicated information reminds you of something not immediately relevant. You then may tend to let your thoughts wander off on tangents, coming back now and again to touch the actual line of communication. By the time your thoughts again make contact with the offender's, you never can be sure that the track you are on accurately corresponds to the offender's track. Most of the time, it will not. Whether on the highway or in an interview, detours can get you lost. Frequent detourers are inclined to be scatterbrained; they have difficulty focusing on the problem at hand.

Arguing occurs when an offender makes a statement that irritates you in some fashion and you cut off the offender's line of communication to present your opinions. You are forgetting that it is the offender's opinion and not yours that is the present concern. Allow offenders to express and explore their feelings fully without debating them. Do not argue with offenders, either by actually voicing your

opinions or just by debating the offender in your mind. Arguers tend to be either self-righteous or contentious individuals who are overly concerned with their own viewpoints.

Rehearsing occurs when, instead of continuing to attend to the offender, you pause to consider how you will respond to an earlier statement. Rehearsers tend to be either unsure of themselves or perfectionists. They feel that responses are never adequate if they are not well formulated before delivery. They seek just the right word or example to make a point. The trouble is that, while you are thinking of that “perfect” response, you will have missed what else the offender says, including things that might make your response irrelevant.

Regardless of counseling orientation or the purposes of an interview, the most crucial skill of all is listening. Listening is the prerequisite for all other skills. After all, if you have not really listened to what the offender has been saying, you cannot formulate meaningful follow-up questions, you cannot develop rapport, you cannot even begin to understand the offender, and your assessment will be sloppy at best. Poor listening will frustrate and alienate offenders, and you may become part of their problem rather than part of the solution.

3.2.7 Responding: Guiding the Offender’s Disclosure

No matter how hard you have been listening, it often is necessary to verify an offender’s message so that you do not jump to wrong conclusions. When you perceive a response to be somewhat ambiguous, you should ask for clarification. Clarification involves a question of the type “Are you saying that ...?” or “Do you mean that ...?”. Your request for clarification gives the offender the opportunity to confirm your understanding. Paraphrasing, a simple restatement of the offender’s message in your own words is similar to clarification. Paraphrasing is used to restate a message with factual content, such as a description of a person, place, event, or situation, to clarify the message, to let offenders know that you have been attending, and to encourage them to focus on the content more deeply.

In contrast, reflection is a rephrasing of the emotional content of the offender’s message. Reflection is useful when you want to identify the offender’s feelings about the factual message presented to you. People do not always express feelings verbally but may be identified by nonverbal cues such as rigid body posture, reddening of the face, pursed lips, tone of voice, and so forth. The purpose of reflection is to help offenders to become fully aware of their feelings and to encourage them to explore them.

A hypothetical dialog illustrates these techniques. A 30-year-old single mother of three children, Roxy, has been found guilty of child endangering. Her oldest son, Jason, age 9, was hospitalized with a broken arm. A physical examination revealed that he frequently had been physically abused. You ask her to explain why she abuses Jason. Some possible interviewer responses follow her reply. Try to think of some of your own replies by imagining what it would be like in Roxy’s shoes.

Offender: I don't really know why I do these things to Jason. I do love him. I'd do anything to change things. I'm not proud of what I did. He's a beautiful boy. I guess I just get so frustrated having to bring three children up on what the child support pays you. You know, it's no easy task trying to raise three kids. I can't get work because the kids are all so young. I just sit at home thinking about the future. I find myself drinking more heavily as time goes on. All that sitting and drinking hasn't done much for my figure. I weigh about 230 right now. Who would want to hire a slob like me? If only I could get a job I know things would be better for us all.

Interviewer [Clarification]: Are you saying that one of the hardest things facing you right now is your inability to get work, which would enable you to make a better life for yourself and your children? Do you mean that your situation leads you to do these things to Jason?

Interviewer [Paraphrase]: You love Jason, but your responsibility for raising your family by yourself is very difficult for you. You are having a tough time of it.

Interviewer [Reflection]: You feel frustrated and angry about your inability to take care of your children as you would like. You feel terribly guilty about doing what you did to Jason. You feel embarrassed about your weight.

3.3 The Victim

A growing, but long-overdue, awareness of the victim as the “forgotten party” in the criminal justice system has prompted a number of states to require that victims have a more active role in the sentencing process. For instance, most states require that a “victim-impact statement” be included in each PSI and that the judge must consider statements contained in the victim-impact statement when making the sentencing decision. This requirement demands something more than the perfunctory telephone call to ascertain financial losses that used to be the norm. A telephone call will suffice, however, when the victim in a case of theft, burglary, or forgery is a business establishment (where no one individual has been personally victimized) and you merely wish to determine restitution figures.

In the case of personal victimization, however, victims should be given the courtesy of a face-to-face meeting with you. Both you and the victim can benefit from such an interview. You gather information that will help you to evaluate the offender; the victim can receive assurances of safety and a feeling that he or she has not been forgotten or ignored by the criminal justice system.

3.3.1 Interviewing the Victim: Preparation

With the ascent of the restorative justice philosophy in criminal justice, a concern for victims' needs and feelings finally has emerged. Victims' input in plea bargain negotiations and sentencing and parole hearings may restore some of the confidence they may have lost in the criminal justice system and also may restore some sense of control over their lives. Remember, under the philosophy of restorative justice, the victim is also your client, and you should do everything you can to make this component of the philosophy as meaningful and successful as possible.

Your first approach to the victim should be a phone call to make an appointment. Explain the reason for your wish to meet personally with the victim and set up a time at his or her convenience. To relieve victims of any further inconvenience and as a courtesy, the meeting should take place in the victim's home unless he or she wishes otherwise. When you meet with the victim, identify yourself as an officer of the court by presenting your credentials. You then may go over the purpose of the interview again. Some victims welcome the opportunity to speak about the crime again in the informal and familiar setting of their own homes, but for others, it is a nuisance that they rather would avoid. Let the victim know that your presence indicates the concerns the legal system has about their experience and that it is an opportunity to have some input into the sentencing process. This assurance tends to ease some of the pain and anger of all except the most cynical, and it returns a sense of control to those victims who feel that they have lost much of it by their victimization.

Criminal victimization is an intensely negative experience. Even if the crime is a nonviolent one in which the victim never had to confront the offender, the experience can leave a person with feelings of complete helplessness and violation. These feelings quite naturally tend to generate anger and a certain measure of self-blame, especially among victims of sexual assault. The typical experience of the victim as the case progresses through the courts sometimes involves interminable delays and postponements, which do nothing to mitigate these feelings.

The victim may displace some of that anger and self-blame onto the presentence investigator. Be prepared to encounter such a natural reaction and deal with it in a sensitive manner. Your most trying experiences in the field may be to conduct interviews with parents who have lost a child to a drunken driver or with relatives of loved ones who have been brutally raped or murdered. Extreme sensitivity and understanding are absolute musts in such instances. In no case should you imply sympathy for the offender or make any suggestion that the victim may have contributed to his or her own victimization even if you think it, and never argue with a victim or the victim's survivors. Investigators should possess a self-concept strong enough to allow victims or their survivors to vent their anger on them without retaliation.

3.3.2 When Not to Interview

The matter of interviewing child victims of sexual abuse is entirely different. Avoid any contact with such victims. It is not merely uncomfortable for a child to recount the episode; it may add to the psychological damage the child suffers. Henry Hartman, a criminal psychiatrist with many years of experience, puts it this way: "Intense emotional reactions on the part of the parents, repeated questioning by police, unpleasant appearances and cross-examination in courtrooms may all be as traumatic or even more traumatic than the offense itself" (Hartman, 1978, p. 217).

There is no point in risking further trauma for the sake of a little additional insight into the offense. There are children who, even after long-term sexual

victimization by adults, have suffered no ill effects until the relationships were discovered and the children subjected to responses like those Hartman names. Such social reactions lead children to believe that much or all of the blame for what transpired belongs to them. Certainly, it does not, and the investigating officer should not call up the child's residual feelings of guilt and shame in the pursuit of a "complete" PSI. Instead, you should interview parents or guardians of the children and allow them to discuss the effects of the offense on their children.

3.3.3 Conducting the Interview: Asking for Details of the Offense

It is not advisable to request the details of the offense from victims in all cases. They have already recounted them numerous times to other officials, and the retelling may be quite painful for them. However, offer them the opportunity to speak about the offense if they desire to do so. Say something like "I know this has been an awful experience for you and you would probably like to forget it, but is there anything at all that you would like to add that you didn't tell the police or the prosecutor?" In posing the question this way, you have conveyed to the victim your recognition of his or her ordeal, and you have given the victim the option of elaborating. The decision must be entirely the victim's, and the officer should not press the issue in the face of obvious reluctance.

3.4 Reassuring the Victim

One of the things that crime victims need most is reassurance of their safety. Many victims fear retaliation or worry that a burglar will come back. In one author's experience as a police officer and as a probation officer, he has never known perpetrators to retaliate against the victim after the case had been adjudicated or a burglar to hit the same house twice. This is not to say that such things do not happen, but they are extremely rare. Make a clear statement to this effect to frightened victims. In the event that the victim and offender are known to each other, you even may indicate that in the event that the perpetrator is placed on probation, you will make it a condition of probation that he or she is to have no contact of any sort with the victim. Victims need to hear such reassurances.

3.4.1 Promises to the Victim

It is important that you not make any promises to the victim that you cannot keep or make statements regarding the defendant's probable sentence. Some states have made provisions for victims to have input into the sentencing of those who have offended against them. If your state has a statutory provision for a victim's recommendation for sentencing, you, of course, should request one. Whether these

recommendations actually have an impact on sentencing decisions is a question that has not been settled.

One study found a statistically significant relationship between victim's recommendations and sentences imposed in sexual assault cases, but the relationship disappeared when the researcher controlled for the effects of seriousness of crime and the offender's prior record (Walsh, 1986). More recent research has yielded mixed results. Some studies have found that the inclusion of victim recommendations increases sentence severity, while others concluded the recommendations had little or no impact (Englebrecht & Chavez, 2014). Whatever the case may be, do not lead the victim into the belief that his or her recommendation necessarily will be heeded. Be as honest with victims as you are with offenders. Do not risk victims' future anger and disrespect for the sake of their momentary peace of mind and satisfaction. Specific questions that you should ask the victim are listed in Chap. 4 on the PSI report.

3.4.2 Terminating the Interview

Terminate the interview with victims by reiterating your assurances and thanking them for their cooperation. Give victims your card and tell them that they are welcome to call you with further concerns at any time in the future. The victims may view this invitation as a further indication that they are not the forgotten party in the criminal justice process. Finally, if it is not the practice of the prosecutor's office in your jurisdiction to apprise victims of sentencing dates, tell victims that you will notify them personally. At the very least, inform the victim of the final disposition of the case.

3.5 Interrogating the Offender

Many jurisdictions legally define their probation and parole officers as law enforcement officers. As a law enforcement officer, you are responsible for monitoring the behavior of offenders. When offenders break the law or violate some condition of their supervision—or are suspected of doing so—it is your duty to question them. As you will see, your questioning under such circumstances will require a different strategy from that used in interviewing. This type of questioning is interrogation.

To those who enter the community corrections field with the notion that their only role is that of a helper, this definition is sometimes distasteful, probably because they associate interrogation with the third-degree tactics of the past. Do not lose sight of the fact that you are functioning both as a law enforcement officer and as a counselor, but those two roles do not necessarily conflict. As a law enforcement officer, you sometimes may have to use the techniques of interrogation. For instance, you may need to learn the truth about acts committed by offenders that place them in violation of their probation or parole. Offenders do not readily admit to

violations. You are not doing justice to your role, or ultimately to offenders, if you do not learn and deal with details of their violations.

You also may need to interrogate offenders during a presentence investigation interview if they flatly deny having committed the crimes of which they have been convicted. This is not unusual. An unpublished study at one of the author's probation department found that 18% of a sample of 416 offenders denied their crimes during the PSI interview. Since denial has implications for decisions about sentencing and treatment, it behooves the investigating officer not to report simply that the offender denies the crime and leave it at that. Many offenders will tell you that they are innocent and that they pled guilty on their lawyer's advice or that they did so to obtain a plea bargain agreement.

Although it is not unknown for innocent offenders to plead guilty because their lawyers have considered the case against them to be too strong, the fact that the offender has been convicted and the case is now before you makes the possibility rather remote. Given the legal restraints on police questioning (restraints that you do not have in the presentence investigation situation) and the defendant's privilege of silence in court, your interrogation may be the first opportunity to get to the truth of the matter. Probably about one out of every four offenders who initially denies their guilt finally admits it under questioning, and at least two of the others make statements that are sufficient to dispel doubts of guilt.

3.5.1 Distinguishing Between Interviewing and Interrogation

You conduct a thorough investigation of a specific allegation brought against a suspect through systematic and formal questioning. There are two basic differences between interviewing and interrogation. The first concerns your relationship with the offender. During an interrogation, you must temporarily discard the helping attitude of the counselor and adopt the skeptical manner of the law enforcement officer. The second concerns purpose. Interviewing has the broad goal of gathering general information, whereas interrogation involves the drawing out of specific information which the offender may be highly motivated to keep hidden—namely, whether the offender did or did not commit the act that you, the police, or some other party accuse him or her of committing (Vessel, 1998).

The interrogation is also different from the interviewing process in that it requires that the interrogator, not the offender, control the flow of activity. You must control the timing, content, and wording of your questioning with your singular purpose in mind. Offenders must be given only enough initiative and control to allow them to relate their stories. They must come to understand that you mean business and that for the moment you are not interested in anything else but the question at hand (Navarro, 2003).

On a legal note, if the matter for which you are conducting the interview involves a new offense and if what you learn from the offender is to be used in a court of law for evidentiary purposes, you must inform the offender of his or her Fifth Amendment rights as required by *Miranda v. Arizona* (1966). In *United States v. Deaton* (1972),

the Court ruled that a probationer or parolee is under more pressure to respond to his or her probation/parole officer than to a police officer, and therefore the Miranda warnings must be given.

3.5.2 Being Confident by Being Prepared

Preparing yourself for an interrogation is both different from and similar to preparing for an interview. The major difference is that an interrogation is often a battle of wits and the atmosphere can be quite charged because the offender is aware of that fact. If you are to conduct an effective interrogation, one that will lead you to the truth regarding the matter at hand, you have to approach the task with confidence. Convey an impression of confidence to the offender. To achieve this level of confidence, be fully prepared. This means that you must be completely familiar with all of the evidence supporting the offender's guilt, as well as any evidence that might indicate otherwise. Depending on the situation, such evidence might include police reports, victim statements, or information from an informant. Not having all the information that is available to you will put you at a serious disadvantage once the interrogation begins.

3.5.3 Conducting the Interrogation

The interrogation may take place in your office, or it may take place in a cell at the county jail. In any case, as the offender's supervising officer, unlike a police officer, you will have had an ongoing relationship with him or her. Consequently, you are able to dispense with the usual police lead-ins to interrogation such as requests for demographic information including name, address, and place of employment. You should greet offenders in a friendly but businesslike manner and inform them of your purpose by saying something like, "Jim, I've asked you to come to see me (or, I've come to see you) to get to the bottom of this matter that has come to my attention." Then you may begin your questioning.

As indicated previously, confidence in your professionalism and in your preparation is of the utmost importance. A lack of confidence is reflected by frequently referring back to reports, hemming and hawing around, squirming in your chair, or acting impatiently. This will convey the impression to the offender that perhaps the evidence against him or her is not all that strong. Demonstrate to offenders that the evidence that is in your possession leads you to the firm conviction that they are guilty. This conviction should be stated in a nonemotional and clinical manner. The credibility of the interrogator depends on these two points: his or her thorough knowledge of the matter under discussion and the offender's perceptions of him or her as a competent professional. Do not "blow" the positive relationship with offenders that you have worked so hard to gain by becoming frustrated and angry because you feel that you cannot break down their defenses.

3.5.4 Style

Differences exist between interviewing and interrogation, but much that was said about interviewing also applies to interrogating. First and foremost, you must approach the task in a completely professional manner. Any attempts to borrow the techniques of the movie detective will prove disastrous. Do not put up a “tough guy” front. The typical criminal will see through this and match you verbal blow for verbal blow, a competition that could well end up being decided in favor of offenders who rely on such tactics to survive every day of their lives. If this happens, you reveal yourself as a phony, and you can forget about any respect that your offender may have had for you.

Clifford Unwin (1978), an experienced British police inspector, indicates that although the interrogator must control the psychological situation, it is not wise to adopt a role of complete psychological domination. He writes:

The problem is that if the interrogator limits himself [or herself] to displays of power he [or she] may find in certain situations that he [or she] is running the risk of doing exactly the opposite. It may cause the suspect to confirm his [or her] beliefs that the interrogator is the enemy and is someone to be defied, particularly with a hardened or seasoned criminal. (p. 1875)

As implied by Unwin, never adopt the attitude of “NIGYYSOB” (“Now I’ve got you, you son-of-a-bitch”) described by Eric Berne (1964) in his book *Games People Play*. If you project such an obviously self-satisfied attitude to offenders undergoing interrogation, in effect, you are issuing a challenge and inviting resistance. You also imply that your objective all along has been “to get” offenders rather than to help them.

There is quite a bit of experimental evidence to suggest that alternating questioning styles produces better results than a single style (Vrij, 2006; Vrij, Mann, & Fisher, 2006). Using this strategy, the officer begins an interrogation with interview-like information gathering using open-ended questions (“What did you do that particular evening”), then switches to an accusatory interrogation style (“Hey, I know you’re hiding something from me”), and then back again to information gathering (“Tell me again what happened on that evening”). Of course, only experience will inform you of the optimum times to switch back and forth and ultimately with what type of style works best with certain types of offenders.

3.5.5 Ask Leading Questions

Questioning within an interrogation context often will be of the leading type. A leading question is one in which the wording strongly encourages a specific answer (this kind of question should never be used in an interview). For example, suppose you receive a complaint from Jeff’s estranged wife that he was drinking last night and that he went over to her home and assaulted her. Jeff’s parole conditions include maintaining sobriety and staying away from his wife. You may confront Jeff with:

“You were in the Western Bar drinking last night weren’t you? Isn’t it also true that you became drunk and went over to your wife’s home and assaulted her?” Such questions, asked in a businesslike tone, have the psychological effect of making it more difficult to deny than a simple “Were you drinking last night?”

3.5.6 Reveal a Little Information

Reinforce both your confidence and the offender’s anxiety by revealing some of the evidence you have indicative of guilt, or in a PSI situation, some of the evidence gathered by police agencies, taking careful note of how the offender deals with this information. However, do not reveal all evidence in one giant salvo. If the offender successfully weathers the initial attack, the officer has nothing left in reserve with which to surprise him or her. Always keep offenders on the defensive by letting them guess at the extent of the evidence in your possession. Point out inconsistencies in their stories and ask them to account for them (this cannot be done if you have not thoroughly assimilated the “official” version and paid complete attention to the offender’s version).

Some offenders will respond to a straightforward statement from you indicating that alibis or protestations of innocence are “bullshit.” On more than one occasion, two of the authors (Walsh and Gann) have been confronted with a knowing smile, followed by the real story, after such a remark. This usually works with an offender who has been through the system before and who tends to look upon what is going on between you as some sort of “game.” This, of course, depends on the seriousness of the consequences to the offender of making such an admission. Other offenders will react defensively to a direct statement such as the above. With such offenders, it is preferable to state: “You haven’t told me the whole truth,” than to say: “You’ve been lying to me.” The difference is a subtle one, but a real one, nevertheless. Only experience will tell you when either approach is preferable. Usually, however, the latter method works best with the more “respectable” and less “streetwise” offenders.

3.5.7 Letting Offenders Damn Themselves

John E. Reid and Associates, a respected trainer of law enforcement personnel in the art of interviewing and interrogating, claims that interrogators can achieve their goal (arriving at the truth of the matter) with 85 percent accuracy by watching carefully for various verbal and behavioral cues (Kassin et al., 2007). Every month, this company offers Web Tips to members. Some of these tips are free to all and often come with interesting illustrative cases. These tips can be viewed by going to www.reid.com/educational_info/r_tips.html.

It is often a good ploy to allow the offender to make statements that you know are lies and for you to give the impression that you are accepting them at face value. The awkward thing about a lie is that it requires additional lies to support it. Eventually, this compounding of falsehoods should paint offenders into a very uncomfortable

corner from which only truth will remove them. If the interrogator allows offenders to get themselves into such a psychologically uncomfortable position and then points out a series of inconsistencies, he or she has created a strong motive (the removal of psychological discomfort) for them to “come clean.”

3.5.8 Taking Advantage of Offender Discomfort

If this does not provide the desired admission, be cognizant of any signs of guilt, such as confusion, stammering, nervous sweating, active Adam’s apple, refusing to maintain eye contact, and other emotional reactions. Point out to the offender that you take these signs as indicative of guilt. Take advantage of such signs of physiological discomfort by looking squarely into the offender’s eyes and repeating some of your most threatening questions. You also may ask the offender to repeat his or her story three or four times at different points in the interrogation. It is easy to be consistent if the story is true, but it is very difficult to remember little details used to support a falsehood. That is, you can tell the truth in a dozen different ways, but it is hard to do the same with a lie. Knowing that you are aware of their discomfort often prompts offenders to unburden themselves by making a confession.

Often, the use of morally neutral words—rather than negatively or emotionally loaded ones—will help guilty offenders unburden (Inbau & Reid, 1985). Think of the emotional differences between the statements given below:

Neutral	Emotionally Loaded
“John, I want you to tell me the truth.”	“John, I want you to confess”
“Alice, did you take those items?”	“Alice, did you steal those items?”
“Did you shoot Mr. Brooks?”	“Did you kill Mr. Brooks?”

You will not be as far along in the interrogation as you may want to be if you ask “Did you have sex with Kathy?” as opposed to “Did you rape Kathy?” But the greater likelihood that the offender will answer affirmatively to the more emotionally neutral question gives you a further advantage.

3.5.9 Bluffing

Bluffing is a weak form of interrogation. Bluffing means conveying to offenders the impression that you have access to information which is damaging to them when, in fact, you do not. For instance, you may be interrogating Garrett on the basis of police information that he has been trafficking in drugs. You may indicate to him that you have “accurate” information from “confidential informants” that he has been selling drugs. Bluffs such as this may pay off large dividends, but they are more likely to be “called.” If Garrett calls your bluff, all you can do is withdraw as gracefully as possible. What if he really is not guilty of trafficking? Your crude “poker” tactics will offend him sorely and perhaps do irreparable damage to the supportive relationship you have been seeking to develop with him. The cost/benefit

ratio of such tactics does not recommend their use. Be honest with offenders. It is always the best policy.

3.5.10 The “Back Door” Approach

Some authorities on police interrogation advocate a “back door” approach to interrogation (Napier & Adams, 1998; Unwin, 1978). That is, prompt a confession from a suspect by downplaying the seriousness of the offense the individual is suspected of committing, conveying sympathy and “understanding” of why such a crime would be committed under the circumstances, placing the burden of blame on victims or accomplices, or intimating that the act was perhaps accidental. Although such an approach may be used successfully by police interrogators, it is not advocated for the corrections worker. Confessions using this psychological ploy are obtained by lessening the guilt felt by the suspects by conveying to them that their actions were not really that bad, that others would do the same thing in their shoes, and by blame-sharing. While this suits police purposes by “clearing” crimes, it is counterproductive to the correctional goal. Rehabilitation is not accomplished by providing offenders with easy rationales for their actions. Correctional workers always must be aware of their dual role and should not compromise one aspect of it to satisfy the immediate requirements of the other.

3.5.11 Terminating the Interrogation

The way that you terminate the interrogation will depend on the circumstances. If the interrogation was necessitated by a technical violation of supervision conditions, such as associating with known criminals, continuing substance abuse, failing to report to you, or any other violation of this kind, the action you take may be discretionary. You may feel it necessary to initiate formal proceedings for the revocation of probation or parole, or you may decide to resume your helping relationship.

If the interrogation resulted from an arrest for a new crime, any further action on your part has to await formal adjudication. In any case, the offender should be informed of your next step as soon as you have decided what it is to be. You may be able to inform the offender of your decision then and there, or you may feel it necessary to investigate further and think the matter over before declaring your intentions. In any case, explain your decision to the offender and give your reasons for making it. Regardless of what that decision might be, make every effort to reestablish your working relationship with the offender. Even if you have decided to initiate revocation proceedings, most offenders realize that you are only doing your job and will not permanently alienate themselves from you if you have dealt fairly, honestly, and professionally with them.

3.6 Summary

This chapter introduced the techniques of interviewing and interrogation. Prepare for both tasks by thoroughly familiarizing yourself with all the pertinent information available. An effective interview must begin by establishing rapport. This is particularly important in criminal justice where offenders are not exactly enthusiastic about being in your office. Offenders are convicted criminals, but they are also human beings who are deserving of consideration and respect. Make them as comfortable as possible, and show that you are concerned and are willing to listen to them.

Listening, really listening, is the most important aspect of an effective interview. Give the offender the “air time,” and resist interruptions and debates—the interview time belongs to the offender. Offenders must be encouraged to explore themselves and their behavior. Encourage this exploration through the frequent use of probes and open-ended questions. Make sure that you understand what offenders are trying to tell you by using paraphrasing, clarification, and reflective techniques. Even the most awkward offenders will settle down and provide you lots of valuable assessment information if you treat them with patience and respect, but also with firmness when it is required.

Interviewing victims requires a special sensitivity to their victimization. Any reluctance on their part to be interviewed or to approach certain subjects should be respected absolutely. Do not dig for details of sexual offenses (they are in the official record, anyway). You should not interview child victims of sexual assault. Never argue with victims about anything, and do not upset yourself if they sometimes use you as a convenient target for their verbal anger. Finally, reassure victims as much as possible, but, as with offenders, do not make any promises that are not within your power to keep.

Sometimes interrogation techniques are required. Any interrogation should be approached in a calm, clinical, and professional manner. Unlike the interview in which the purpose is to gather large amounts of general information, the interrogation is geared to one specific aim—“did you do it?” Also, unlike the interview, you—rather than the offender—will control the content and pace of the interrogation. Know the evidence supportive of your offender’s guilt, but do not jeopardize your relationship with the offender by acting like the movie detective. Interrogation techniques such as letting offenders damn themselves and taking advantage of offender discomfort are useful. Use these recommended techniques when it is necessary for you to interrogate, but above all, be honest and fair with the offender and be yourself.

3.7 Exercise in Listening and Interviewing

This is an exercise in listening using the Client Management Classification (CMC) semi-structured interview schedule reproduced in Chap. 6. Although this exercise will familiarize you with the type of questions asked in a typical PSI interview, its

main purpose is to provide experience in listening. Divide students into groups of two, with one student taking the part of the interviewer and the other the interviewee. Rather than role-playing, the interviewee should relate to the interviewer actual aspects of his or her life. For instance, when asked “How do (did) you get along with your father?”, the interviewee should respond accurately with reference to his or her own father.

The main purpose of this interview exercise is to develop your ability to listen actively. Did you ever buy a lottery ticket or bet on a ball game and then wait for the results on the TV? Think back to that time and how you waited the results. You sat close to the TV and faced it with intense interest. You leaned toward it, and you were impervious to all other stimuli surrounding you. That is how you should proceed with this exercise—with intensity and interest. Ask the questions provided in the schedule, but you should use, when appropriate, probes and open-ended questions, ask for clarification, paraphrase responses, and reflect feelings.

Based on the information obtained during the interview, you should write a brief social history of your partner (a PSI without offense, criminal history, and evaluation and recommendation material). After writing this history, give it to the interviewee for evaluation. The interviewee should evaluate the history and your interviewing performance according to the following criteria:

1. Eye contact was maintained without gazing or staring.	Yes	No
2. Body posture was appropriate (relaxed, slight forward lean).	Yes	No
3. He/she made me feel comfortable and relaxed.	Yes	No
4. He/she made me really think about things which I have not thought about for some time by the use of probes.	Yes	No
5. He/she seemed to be genuinely interested in me.	Yes	No
6. He/she delivered questions without hesitations.	Yes	No
7. He/she often asked for clarification and paraphrased often.	Yes	No
8. I felt that I could tell him/her just about anything he/she asked about my personal life.	Yes	No
9. He/she accurately reflected my feelings.	Yes	No
10. On a scale of 1 (low) to 10 (high), I would rate his/her reported accuracy of my social history as:		

1 2 3 4 5 6 7 8 9 10 (circle one)

After each student has taken a turn at being both the interviewer and interviewee, share these ratings with one another. Ratings should be the honest evaluations of the rater and not designed to ignore poor technique in the name of “smooth sailing.” Constructive feedback should be viewed by the interviewer as just that. Think of it as another exercise in self-disclosure in which your partner has revealed something of your “blind self;” in this case, your ability to conduct an effective interview. The benefits of these exercises will be enhanced greatly if you have access to a video recorder so that you will receive visual and audio feedback of your interview behavior. Lastly, do not forget that it is your first attempt. Learn from it.

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The Presentence Investigation Report

4

The presentence investigation report (PSI) is the end product of the interviews you have completed with the offender, the victim, arresting police officers, and other interested parties. Some estimate that more than 1.5 million PSIs are written annually in the United States (Pastore & Maguire, 2003). As the name implies, the PSI is prepared after offenders have been convicted of—or pled guilty to—a crime, but before they are sentenced by the judge. Probation officers spend a large proportion of their time writing PSI reports; thus, it is very important that those aspiring to a career in community corrections have a thorough grounding in what they are, what they contain, and the uses to which they are put. Dean Champion (1999) provides a comprehensive definition of the PSI:

[a] document, usually prepared by a probation agent or officer, which provides background information on the offender including name, address, occupation (if any), potential for employment, the crime(s) involved, relevant circumstances associated with the crime, family data, evidence of prior record (if any), marital status, and other relevant data such as the results of psychological examinations. (p. 74)

The quality and usefulness of the report depend on how well you have conducted your interviews and how well you can summarize and communicate a voluminous amount of material and make a reasoned selection of pertinent information from the mass available to you. You must learn to discriminate between information that is necessary to know and information that is merely nice to know. Too much unnecessary material will clutter the report and confuse the reader. Some reports are padded liberally with trivial material that add nothing to the understanding of the offender and cloud the issue of sentencing decisions.

Studies exploring the decision-making process have shown an inverse relationship between the sheer weight of data and appropriate or useful decisions (Norman

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& Wadman, 2000). In the Norman and Wadman study, 45% of readers of PSIs (judges, prosecutors, defense attorneys, and prison and parole officials) indicated that they did not read the entire report (although 90% of responding judges claimed they did so). The main reason respondents gave for not reading the entire PSI was that they often inundate the reader with more information than can be absorbed. Would you, if you were the sentencing judge, want to read a 15-page report full of irrelevant information when you had to read perhaps 10 other reports?

Commonsense should guide you in deciding what demographic information to include in the PSI and when to, or not to, elaborate on that information. If a 55-year-old offender dropped out of high school in the ninth grade, do we really need to know why? Just report that he or she dropped out and leave it at that. However, if this offender has been unemployed for a number of years or has had multiple jobs over a short period of time, it is worth knowing why. The opposite would be true of an 18-year-old offender; the reason that he or she dropped out of high school may well be pertinent information to include in the PSI. In neither case, do we need to know that he or she loves dogs and drives a used Toyota Corolla? Probably not.

Good report writing is an art that flows from practice and feedback from classroom instructors, coworkers, supervisors, and judges. There is no easy substitute for the twin processes of practice and feedback. However, a discussion of specific content areas of the PSI should lay the groundwork for writing thorough, factual, concise, readable, and useful PSIs.

4.1 Uses of the Presentence Investigation Report

A brief review of the uses to which a PSI investigation report is put will underline the importance of making sure that your reports will exhibit these attributes. Functions they fulfill fall within the general areas of decision-making aids and treatment aids.

4.1.1 Judicial Sentencing Decisions

Presentence investigations aid judges in determining appropriate case dispositions and serve the positivist philosophy of individualized justice. Probation officers are charged with the task of putting this philosophy into practice by presenting to the courts their assessments of “individualized” offenders and making sentencing recommendations consistent with those assessments. Numerous studies show that probation officers are very successful in gaining judicial compliance with their recommendations (Freiburger & Hilinski, 2011; Leiber, Beaudry-Cyr, Peck, & Mack, 2017; Norman & Wadman, 2000), although the advent of sentencing guidelines that indicate mandatory sentences based on crime seriousness and prior record have diminished the importance of extralegal factors such as those outlined by Champion in the first paragraph of this chapter (Engen & Gainey, 2000). Nevertheless, Champion points out that “Probation officers exercise considerable

discretion to influence the favorableness or unfavorableness of these reports for offenders” (2005, p. 91). Thus, given that officers’ recommendations, which should flow naturally from the information contained in the PSI, can have a profound effect on an offender’s life, it is imperative that they accurately and fairly reflect the facts.

4.1.2 Departmental and Institutional Classification

Probation departments use the diagnostic information contained in the PSI to determine the supervision level of offenders placed on probation. Information such as prior supervisions, arrest record, attitude, needs and risk assessments, and the nature of the crime are quantified on a scale (such as the risk and need scales to be examined in later chapters) to determine the type and frequency of supervision. If the offender is incarcerated, the institution uses his or her medical, psychological, and criminal history, as well as vocational and educational information, as an aid in determining security level, work assignments, and vocational, educational, and counseling needs.

4.1.3 Parole Decisions

The PSI accompanies the offender to the institution and, in addition to classification, is used to aid parole release decisions. The parole officer to whom the offender is released also uses information contained in the report in formulating initial treatment and supervision plans. In the case of parole revocation decisions, PSI information is used as a baseline to gauge the offender’s progress (or lack thereof) since his or her initial assessment.

4.1.4 Counseling Plans and Community Agency Referrals

The probation officer who is supervising the offender (who may or may not be the officer who wrote the report) uses the treatment plans outlined in the PSI for guidance. These reports also aid the officer in making appropriate referrals to agencies that deal with any specific problems of the offender beyond the officer’s purview or expertise. The receiving agency uses the report as a planning guide, relieving the agency of the necessity of gathering duplicate information. Do not provide such information to the agency, however, without the written consent of the offender.

4.2 Sample Presentence Investigation Report

An actual PSI report is presented here to illustrate its areas of content. As you examine it, bear in mind its uses. We altered names, locations, and circumstances sufficiently to protect anonymity. This particular report was selected because of its

excellent quality and because it illustrates some interesting applications of the criminological and/or counseling theories that we will examine. This report is only one of several PSI formats, which can range from 2 to 15 pages in length—the variability largely a function of agency requirements and case complexity.

**ADRIAN COUNTY ADULT PROBATION DEPARTMENT
LOWMAN, IDAHO
PRESENTENCE REPORT**

NAME: William (Bill) Bloggs	JUDGE: Joseph B. Lynch
ADDRESS: Currently in Adrian County Jail	
Formerly: 780 N 30th, Lowman, ID.	INDICTMENT: # 06-3457
AGE: 26; DOB 7-25-1984	
SEX: Male	ATTORNEY: S. Bonnetti
RACE: White	
PENDING CASES/DETAINEES: None	MARITAL STATUS: Married
OFFENSE:	DEPENDENTS: None
Aggravated Robbery	
IRC # 2911.01	DATE: October 19, 2010
Attempted Murder	
IRC # 2923.02	PROBATION OFFICER: Paul Corrick

Circumstances of Offense

On 6-13-2010, at approximately 1:30 a.m., the defendant entered the Big Man Restaurant, located at 1324 Main St., through an open rear door and announced his intention of robbing said establishment. Armed with a .38 caliber pistol, the defendant ordered the manager to fill a bag embossed with the Lowman College seal, which he had brought with him, with the day's takings. The manager, Barry Harbourne, complied with the demand and filled the bag with cash totaling \$1203.32. The defendant then picked up the bag and exited through the back door. As soon as he left the restaurant, Mr. Harbourne called the police to the scene. Upon leaving the scene, the defendant stopped to remove his sweater, gloves, and the face mask he was wearing. The police arrived as he was doing this and spotted him. At this point, the defendant saw them and started to run. The police ordered him to stop. He did not heed this warning and kept on running. The police were firing at him as he ran. The defendant returned the fire with two rounds, one shot hitting Patrolman Williams in the leg. The defendant was able to elude the pursuing officers at this time. However, the police found a 1996 Buick Special parked three buildings east of the Big Man registered to the defendant. In making his escape, the defendant dropped the bag containing the money and a number of personal artifacts. The bag was the aforementioned Lowman College bag containing a man's wallet with the defendant's driver's license and other identification

inside. The gun was found in the grass in a storm ditch across from Ray's Auto Supply Store, located at 1200 Main.

The defendant, accompanied by his attorney, turned himself in to the Lowman police the next morning and made a full confession. He confessed to the present offense, as well as to two previous robberies of the same establishment, and one at the Big Man Restaurant at State and Glover on 4-12-2006.

Statement of the Defendant

The defendant wrote out his statement for this officer. It is reproduced verbatim to preserve its flavor.

“On the morning of June 13, 2006, I robbed the Big Man Restaurant. In order to understand why I needed the money, first we should examine my childhood in order to find some underlying reason(s) for my behavior. Our family had a farm and a dog food processing business. The family hobby was hunting and trapping, totally our father's idea. The family businesses left very little time for our parents to be parents, they were most always in the position of boss.”

“During the years previous to meeting the woman who became my wife (she was not my first girlfriend), I did not see myself in any real one-to-one loving relationships. Even the pets I had would be taken from me, eventually I learned not to become attached to anything for fear it would be taken away. Death of something which I had compassion for never received mourning—the family was conditioned against it. The dog food processing experience also made me cold in the need for caring relationships with anything. The horses I saw were many times slaughtered, shot before my very eyes, then we as a family would skin, bone, grind up and package the meat. We even killed and trapped animals for ‘sport.’ The business would have been great if adults did all the work.”

“I never became close friends with any girls until after I graduated from high school. Never really finding anyone who cared as much for me as I cared for them until I met Susan, it became an obsession for me to please her, at times I probably ran her life. I hated her to work so she quit a good job as a secretary. I don't think she ever asked for anything that she didn't get. Now we both admit that our direction was wrong, and we have done something about it. We have sold many of our possessions and she has a job. She still does not want to work and I don't like the idea but it's part of reality—Bill cannot make enough money! Never again will I work third shift and regular weekends, I was so busy working I did not know what was happening to my brain. The more money I made the more I spent and the more I felt the need for money, which was not real but imagined.”

“Since my imprisonment, we have sadly learned the need for Susan to lose Bill, if not through imprisonment then through death. Shortly after I was arrested, Susan had a life reading, and one of the results has been this

realization that she would lose Bill. In a past life she lost me through death very early, and has past Karma to overcome. I am sure of the need for Bill's punishment to correct the Karma he has for his crimes. I also know that Bill had the choice to do what he did or not to do it. What Bill does not know is this, how would Susan correct her Karma if I were not imprisoned. Would I die? This is a good question. What I have done is not easily forgivable, but I know that when I'm free, Bill will grow and hopefully will still have Susan to grow with him. I have been saved from a terrible future, no one was killed but many were hurt and hurt seriously and it will take a lot of hard work to correct the mistakes, I hope I have the chance to correct them—in this life."

We can glean from this statement that the defendant is interested in mysticism and paranormal phenomena. The "life reading" to which he refers is retrogressive hypnosis. This technique supposedly takes the offender back into his or her past to elicit memories buried in the subconscious. The true initiate apparently believes that this even extends to prior existences in other times and places.

The defendant believes that he lived before in what he calls the "horse and buggy" days. In that life, he and his wife reversed sex roles; in other words, the defendant was the female and his wife was the male. The defendant stated that he died of a brain tumor at the age of 35 on his last sojourn on earth. He/"she" was also a robber in that life. The combination of his early death and his antisocial career drove his wife/"husband" to alcoholism (Is he projecting his perceptions of his wife's possible reactions to his current predicament into this story?). He feels that the "bad Karma" built up by their actions in the former life has to be worked out in this one.

Karma is an ethereal "something," which automatically adheres to the perpetrator of an evil act (something akin to sin). It must be canceled or "worked off" by a positive act which has a measure of good proportionate to the evil of the negative act. If this is not accomplished, the self is caught up in an endless cycle of birth and death. This belief, so the defendant states, enables him to tie everything he has done in this life to past lives of himself and his wife. He says that prison is necessary for him to equilibrate his "bad Karma." He wants to do volunteer work in the prison and upon his release to build up his reserve of "good Karma."

Although the defendant has a teleological view of life, he does not claim that he was "fated" to commit his crimes. He stated that "Bill has the free will that he was blessed with" (it is interesting to note that he often referred to himself in the third person. It is as though he disassociates himself and views himself as an object apart from himself). He did occasionally lapse into fatalistic explanations. For instance, when asked how he was able to elude capture and avoid getting hit by police fire, his eyes turned heavenward, and he replied with a cryptic "them." Who "them" are was not made clear. Notwithstanding the interesting story he tells, at bottom, the reason he committed the robberies

was simply that he “needed” more money than he was making to indulge his wife’s expensive tastes.

Prior Record	BIR # 234569	FBI # 356 953 V1
Juvenile: Adrian County juvenile authorities report no juvenile record		
Adult: 6-14-06 LPD (a) Attempted Murder (b) Aggravated Robbery		
Two other counts of Aggravated Robbery nolleed (dismissed) in CR06-4357		
One count of Aggravated Robbery nolleed (dismissed) in CR06-4358		
LCPD, BCI, FBI, and Juvenile record checks made and received		

Statement of Victim (Patrolman Fredrick Williams)

Patrolman Williams stated that he and his partner responded to a robbery call at the Big Man Restaurant at about 1:30 a.m. on the morning of 6-13-2010. As they came upon the scene, he noticed the defendant in a field taking off his sweater. The defendant fled as he and his partner approached, and he refused to stop when ordered to do so. Williams was chasing the defendant on foot when the defendant turned and fired two shots, one of which struck Williams in the leg. Patrolman Williams stated that his wound required six weeks off work and two weeks light duty. When asked his opinion of the defendant, and what he thought should happen to him, Williams replied: “The guy’s sick; he needs help. As far as I’m concerned, you can put him away for eighty years.”

Family and Marital History

The defendant is the youngest of four children born to James and Mary Bloggs. The defendant, up until his marriage, lived his entire life on the family farm located at Box 3123, Rural Route 10, Elko, ID. Information received from the defendant’s wife and certain of his siblings revealed that his childhood was characterized by excessive work demands, physical abuse, and forced incestuous relationships with his sisters. Details of the above are contained elsewhere in this report. It is quite clear that the entire Bloggs family was under the strict and uncompromising figure of Mr. Bloggs. The defendant had very little time to pursue any personal interests that he may have had, always having to acquiesce to the wishes of his father. His whole life evidently revolved around the family business, which he despised.

The defendant’s older sister related that her father was “absolutely livid” when he found out that her mother was pregnant with the defendant. He did not even visit his wife in the hospital during her confinement. She further stated that the defendant would often get blamed for things he did not do, and was made to feel unwanted. She went on to relate how both the defendant and his older brother were bed-wetters up to a relatively late age, and that her father would “hog-tie” them and keep them lying in bed in their urine all day. Interestingly, the defendant denied a history of enuresis to court psychologists as if to block out all memory of these extremely unpleasant occurrences.

The defendant left home at the age of twenty-two to take up residence with his girlfriend, now his wife, Susan Overton. This marriage took place on 9-15-2000 in the Adrian County Jail. In an interview with Susan at this office, she described herself as an “old fashioned” type who did not wish to go out to work. She described the defendant as being “jealous and possessive,” adding that he is prone to “snap in and out of an explosive temper.” She stated that he felt like he owned her, and that he once hung and killed a kitten of hers when he suspected that she was seeing another man. When I inquired, in light of the above negative statements, and in light of the prison sentence that the defendant is facing, that she would marry him, she replied that they are “fated” to be together. She said that she could not cope with his death in their previous existence, and that she must now learn to cope with his absence in this one.

When asked why she thought that the defendant committed his crimes, she indicated the aberrant family situation previously mentioned. She stated that Mr. Bloggs slept with both of his daughters and had on numerous occasions forced them to instruct the defendant and his brother in sexual matters while he watched. On a second interview with the defendant I questioned him about this. He felt that this was no “big deal,” and stated that he was about ten when these incestuous encounters began.

While Susan believes that this sexual deviance may have been a distinct influence, she felt that the more proximate cause for the defendant’s criminal behavior was his desire to satisfy her request for a big wedding, which he could not afford. It is ironic that their desire for a conspicuous and grandiose wedding may have led them to nuptials in a barren jail cell with a corrections officer as a witness. Her final statement to me was “Don’t send him to prison, he won’t come back.” The defendant’s father and mother were interviewed at their family farm. Mr. Bloggs is 54 years old, has 2 years of college, and is a self-employed farmer. He is an impressive professorial-looking person who is obviously accustomed to being in control of any situation. He spoke slowly and deliberately, and appeared to take great pains to use just the right word. He stated that he is at a loss to explain his son’s behavior, that he loved him, and will continue to support him. He denied any mistreatment of the defendant beyond what he called “normal chastisement.” I did not feel it appropriate to raise the issue of the alleged incest with him in front of his wife.

The defendant’s mother is 53 years old, has 1 year of college, and describes her occupation as “housewife.” She is a timid-looking soul who complements her husband’s personality with a passivity which approaches sycophantic proportions. She was never able to complete two successive sentences without her husband finishing them for her. She profusely praised her husband as a father and a provider, and also denied that he was excessively punitive. One wonders if she has any knowledge of her husband’s sexual abuse of their children. A computer record check revealed no criminal history for either parent.

The defendant's oldest sister, Patricia Knowles, is a high school graduate who currently drives a cab for Black and White. Pat has been married and divorced twice, and has a ten-year old daughter and a nine-year old son. Pat has a criminal history of child endangering and drug abuse. Pat does not presently associate with her father, stating that "He fDOUBLEHYPHEN-ed all of us kids up. He's the one that should be in jail."

Ann, the defendant's second sister, has similar feelings about her father. She is a high school graduate. She stated that she ran away from home right after graduation, and openly admits that she went to Los Angeles to become a call girl. She eventually quit that occupation after becoming pregnant (she kept her child). She is currently on welfare in Los Angeles. A check with LAPD revealed numerous soliciting arrests for Ann.

Fredrick Bloggs, the defendant's older brother, could not be reached. However, Pat indicated that Fred dropped out of high school at the age of sixteen, has been married and divorced, and is now an "alcoholic bum" in Omaha, Nebraska. It would appear that the defendant is not the only victim of Mr. Bloggs' highly distasteful personality.

Employment History (Social Security # 123-45-6789)

At the time of his arrest, the defendant was working for Lowman Cascade as a press operator. He has been employed there since 4-14-2009. He works all the overtime that he can get, and frequently brings home in excess of \$500 per week. The defendant's immediate supervisor characterized him as "a good and dependable worker who gave us no trouble."

The defendant had taken the entrance examination to become a Lowman City police officer. Lt. Murdock of LCPD indicated that the defendant was to be called to the next class at the academy.

The defendant relates no other employment except at his family business.

Physical Health

The defendant is a white male, 26 years of age, 5'7" tall, and weighs 155 lb. He has dark blonde hair, blue eyes, and a fair complexion. He describes his current physical health as "excellent." He has suffered no hospitalizations or serious diseases, and relates no defects of hearing, speech, or vision. There is a family history of hypertension, and he feels that he is disposed to it himself. He is an infrequent consumer of alcohol, stating that the last time that he was drunk was over two years ago. He smoked marijuana rather heavily while in college, and stated that he frequently uses amphetamines while working the night shift at Lowman Cascade to stay awake. He did not feel that he was addicted to them, however.

Mental Health

The defendant graduated from Capital High School in 2002. He graduated 31st out of a class of 63, with a GPA of 2.27 on a 4.0 scale. School IQ testing saw the defendant obtain a full-scale IQ of 113, placing him in the 85th percentile of the U.S. population IQ scores. Were his educational attainments commensurate with his IQ percentile ranking, the defendant would have placed ninth in his class. The defendant stated that he was too busy working on the farm to do justice to his studies.

Upon graduation from high school, the defendant entered Boise State University. He majored in, of all things, criminal justice. He was still attending BSU at the time of his arrest. He has obtained a cumulative GPA at BSU of 2.49. His criminal justice advisor stated that he was a “quiet student who participated very little in class, but his written work showed evidence of real independent thinking.”

The Court Diagnostic and Treatment Center report indicates that their testing saw the defendant obtain a full-scale IQ score of 114, indicating a certain consistency in mental ability. It is noted that he scored significantly above average in tasks requiring nonverbal and short-term memory skills. It is too easy to ascribe some form of mental abnormality to one who subscribes to the worldview described by the defendant. It should be remembered, however, that his views are a valid discourse for millions of people in the world. I am more inclined to view his neurotic materialism as indicative of mental instability than his new-found religious eclecticism. He himself views his seemingly insatiable acquisitiveness as being responsible for his criminal actions. He was socialized in a family seemingly obsessed with making money. Neither can we discount the incestuous behavior he was forced into as a generating factor. It is clear that love was not a prevalent quality in this man’s life. This deficiency may explain his clinging, jealous, and paranoid attraction to the one person (Susan) who showed a loving interest in him.

Although the CDTC report states that he is experiencing high levels of anxiety and depression, he now states to me that he is “more at peace” with himself. He spends much of his time in his cell these days reading the Bible and esoteric literature. He describes himself as “driven to achieve,” and feels that he is very aggressive in a nonviolent way. Given his crime, the hanging of the kitten, and Susan’s statement about his “explosive temper,” one might well dispute this description. The CDTC report also describes him as being “in the early stages of a schizophrenic reaction, specifically of a paranoid type.” His frequent reference to himself in the third person perhaps augments the impression of disassociation. Overall, this officer gained the impression that the defendant is a very bright, knowledgeable, and articulate person. He has been completely cooperative, and was a pleasure to talk with.

Evaluative Summary

Before the Court is a 26-year-old married male facing his first criminal conviction. He is an extremely bright, articulate, and personable young man. He evidently had a childhood in which he wanted for nothing materially, but which was characterized by excessive labor, harsh punitive treatment, and forced incestuous episodes. It is evident from the defendant's own statements, and from information uncovered in the course of this investigation, that he was severely deprived of close and loving interpersonal relationships. His father was viewed by family members as the great patriarch, or as the defendant put it: "as a boss, not a father." His father bestowed praise and approval only when the defendant met his excessive demands. Love, if there indeed was any, was withdrawn on the slightest pretext. His mother was viewed as a good person, but also as a pusillanimous alter-ego to the father.

The defendant's lack of experience of loving relationships rendered him ill-equipped to function well within one when Susan came into his life. He was obviously obsessed with making good this deficit. His relationship with Susan, now his wife, appears to have been a clinging obsession with him. He was paranoid about the possibility of losing her, and hypersensitive to her "needs," which everyone concerned agree were considerable. He wanted only the best for her, and often worked seven days a week, even while attending college, to get it for her. Even his considerable income was not sufficient to purchase all of the things he felt were necessary to ingratiate himself.

Nonetheless, we cannot overlook a string of armed robberies and the shooting of a police officer. It is evident that the robberies were well-planned and executed. In any objective sense, he was not in any desperate need of money, as he was earning a wage well in excess of average. He needed love, and his materialistic background told him that love was just another expensive commodity to be purchased with cash.

His intelligence, desire to learn, and intensity of purpose will stand him in good stead upon his release from the institution. His new-found spirituality, coupled with psychological counseling, will, I believe, function to prevent any further criminality in the future. He is well aware of the terrible crimes he has committed, and stands ready to accept the consequences. The extreme seriousness of his crimes point to the necessity of imposing consecutive sentences.

Statutory Penalty of	
IRC #2911.01	"...shall be imprisoned for a period of 4, 5, 6, or 7–25 years and/or fined up to \$10,000."
Aggravated Robbery	"...shall be imprisoned for a period of 4, 5, 6, or 7–25 years and/or fined up to \$10,000."
IRC #2923.02	"...shall be imprisoned for a period of 4, 5, 6, or 7–25 years and/or fined up to \$10,000."
Attempted Aggravated Murder	"...shall be imprisoned for a period of 4, 5, 6, or 7–25 years and/or fined up to \$10,000."

Recommendation

Regarding 06-1234, Aggravated Robbery, it is respectfully recommended that the defendant be sentenced to 4–25 years at the Idaho State Penitentiary and ordered to pay the costs of prosecution.

Regarding 06-3456, Attempted Aggravated Murder, it is respectfully recommended that the defendant be sentenced to 5–25 years at the Idaho State Penitentiary, and that he be first conveyed to the Idaho Medical and Reception Center for evaluation and classification. It is further recommended that said sentences be served consecutively, and that the defendant be ordered to pay the costs of prosecution.

Respectfully submitted, Paul E. Corrick, Probation and Parole Officer

4.3 Discussion of Sample Report

We will explain, section by section, the type of information required in each area of the presentence investigation report. Then, we will comment on each content area using examples from the Bloggs PSI.

4.3.1 Circumstances of Offense

Approximately 95% of all felony cases are disposed of through plea negotiations rather than by trial (Kutateladze & Lawson, 2017). Consequently, the sentencing judge often is unaware of the circumstances that brought the offender before the bench for sentencing until he or she has read the PSI. This section, then, should lay out the official (police) version of all pertinent details of the offense. It should contain basic information such as the place and time of the offense, the names of any co-defendants, whether any weapons were involved, the name(s) and address of the victim, and any injuries or financial loss suffered by the victim. Additionally, you should report the circumstances surrounding the defendant's arrest: How was the defendant discovered? What was the defendant's condition at the time of arrest (drunk, high)? Did he or she resist arrest, or did the person voluntarily surrender to the police? Be concise but thorough; you want to make sure you include all pertinent information without writing a tome.

4.3.2 Statement of the Defendant

A recitation of the offender's version of the offense assists you in filling in gaps in the official version. The police usually are concerned only with the specifics of the crime and often do not care about the whys and wherefores of the case. As for

defense attorneys, offenders often seem to think that their only interest is to “sell” them the plea agreement. As such, it is quite likely that the presentence investigation interview is the offender’s first occasion to tell his or her side of the story.

Nevertheless, you must never allow an offender’s sob story to distract you from the facts contained in the official version. Your job is not to retry the case in your PSI. Judges do not take too kindly to such efforts. Some interrogation techniques may be necessary, however, if there are any major discrepancies between the offender’s story and the official version. Interrogation should not be carried out until you have listened objectively to the entirety of the offender’s story. You must note discrepancies and go over them one at a time with the offender until you are satisfied that they are resolved.

Do not let your humanitarian impulses get in the way if you believe that the offender is trying to play you. Note how the story is told. Is it just too slick and obviously memorized? Are there claims of memory loss (a favorite ploy with child molesters)? Are there major inconsistencies within the offender’s own version of the offense? If you think that the story is untrue, come right out and say so. This gentle push may be all that is needed to get the real story. You can be burned badly if you succumb to the natural impulse to put your unconditional faith in the poor troubled human being sitting beside you. You not only will be putting your credibility with the judge and your colleagues in jeopardy, but you also will be compromising it with the offender. Dig hard and dig deep. If you cannot reconcile the different versions, simply note them in your report. If you believe that unresolved discrepancies are the result of deliberate attempts at deception, report this in the PSI and fully support your reasoning behind the belief.

An important variable to assess is the offender’s attitude about the offense. Is there remorse? Is the remorse apparently genuine, or is it just sorrow for getting caught? Experience will sensitize you to signs of genuine remorse. Shame, as an indication of remorse, is signaled by blushing and sighing when the crime is discussed, attempting to avoid discussing embarrassing details of the offense, stuttering, stammering, showing apparent confusion, and avoiding eye contact previously established.

Similarly, guilty feelings are good indicators of genuine remorse. Behaviors consistent with a sense of guilt include voluntary confessions and the acceptance of complete blame, surrender to the police, a tendency to dwell on details of the offense, and the expression of a willingness to make amends in any way necessary. Offenders who display some or all of these indicators of shame and guilt are usually individuals who normally conduct themselves according to conventional moral standards. The interviewer should be sensitive to the inclination toward depressive states, and even suicidal ideation, among offenders of this type. Such offenders are rare, however. Most will try to claim some sort of mitigation such as bad company, victim precipitation, or alcohol. In Walsh’s (1983) unpublished study of 416 probation offenders, 52.7% of them tried to shift the blame for the offense in directions other than themselves.

“Victim precipitation” is a favorite excuse in assaultive crimes, while alcohol or drug abuse is often used as an excuse in property crimes. In those cases involving

multiple defendants, 92% placed the blame on bad company, neglecting to realize that each was the whipping boy of the other. This is not to assert that all claims of mitigation lack any substance. Your good judgment will help you decide what degree of credence you will give to such claims.

You also should discuss victims' losses with offenders and inquire about their attitudes for making restitution and their ability to do so. Restitution may include victims' medical bills, time lost from work, or replacement costs for property lost or damaged. The court may order payment of restitution either directly to the victim or to his or her insurance company. The offender's willingness and realistic ability to pay restitution probably will be an important factor in both your recommended disposition of the case and in its actual disposition.

4.3.2.1 Application to Sample Presentence Investigation Report

Bill's version of the offense exactly mirrors the official one, and he does not attempt to deny any aspects of it. His statement, "in order to understand why I needed the money," however, is most instructive and interesting. His story is a psychiatric delight that illustrates many of the ego defense mechanisms that we discuss later. Constant themes throughout his statement are his severe deprivation of love and the pressures of life with an authoritarian father. His love for Susan was a clinging, cloying, jealous one. He was willing to go to any lengths to buy from her the love he so desperately needed. He was painfully aware that he had grown up in a loveless environment, so much so that he "learned not to become attached to anything for fear it would be taken away." Susan was inadequately filling his desperate need for love, his deeply felt deficiency. His jealousy, and indeed his crimes, can be viewed as stemming from his unrealistic attempts to cling to someone toward whom he had finally developed a form of attachment.

He had convinced himself (apparently genuinely) that this attachment extended back to a prior existence. We note that the processing probation officer did not disparage Bill's bizarre story but, instead, tried to understand it and fit it into the offender's frame of reference for the readers of the report. However, he correctly did not let this sway him from consideration of the extremely serious nature of Bill's crimes. To understand is not to excuse. The probation officer also perceptively picked up on Bill's use of the third person when discussing himself and nicely tied it in with evidence from the examining psychiatrist, who indicated that Bill may have been in the "early stages of a schizophrenic reaction."

Was Bill remorseful, and if so, was his remorse genuine? He did turn himself in to the police, and he did make a full confession. However, given that he left behind so much identifying evidence at the scene of the crime, we can hardly assume that his cooperation was indicative of remorse. Further damaging to any interpretation of genuine remorse is the fact that the present offense was his fourth such robbery within a short time. But he did accept full responsibility for his crimes ("Bill has the free will that he was blessed with"), and he did accept the legitimacy of his impending punishment. The overall impression one gains is that Bill would have continued his crime spree had he not been caught. His apparently genuine remorse was late in coming, was related to the situation he was in at the time of the interview, and could not be viewed as a mitigating factor when considering sentencing.

4.3.3 Statement of the Victim

As already noted, under the influence of the philosophy of restorative justice, an increasing number of jurisdictions are requiring that a victim impact statement be included in the PSI. Such a statement is worth including even in the absence of a legal requirement. The statement should include the victim's version of the offense and the physical, psychological, and financial impact of the crime on him or her. You also should obtain an itemized statement of any financial losses from the victim or the victim's insurance company. It is not unusual, although it is understandable, for victims to inflate the extent of their losses. When they were working in probation and parole, two of the authors (Walsh and Gann) always solicited a statement of the victim's feelings and a recommendation on the disposition of the case.

4.3.3.1 Application to Sample Presentence Investigation Report

Given the seriousness of this offender's crimes, it was obvious from the onset that incarceration had to be the recommended disposition. Therefore, no attempt was made to ascertain financial losses to Officer Williams or the police department (notwithstanding the defendant's inability to pay restitution if incarcerated, the courts cannot monitor payments if the defendant is under the jurisdiction of the department of corrections). Since Officer Williams' version of the offense was an integral part of the official version, his additional statement throws no more light on it. His understandably negative response in his opinion of the defendant, and what he thought should happen to him, was of no value in the formulation of a sentencing recommendation.

4.3.4 Prior Record

Judges consider the offender's criminal history to be the most important information in the PSI (Norman & Wadman, 2000), so you must make every effort to get the most accurate picture available. Before you interview the offender, a complete criminal history should be available to you. This should include juvenile, local police, state Bureau of Criminal Investigation, and Federal Bureau of Investigation (FBI) arrest sheets ("rap sheets"). Most of these records should be included in the prosecutor's case file. Immediately upon receiving the case, however, you should run your own computer check for an updated history. A computer check also will reveal any outstanding warrants for the offender.

If you discover that the offender is wanted, you should make inquiries with the issuing county's court clerk concerning the particulars of the warrant. It is your duty to place the offender under arrest if the warrant indicates a serious crime. For obvious reasons, do not reveal your knowledge of the warrant until you conduct the interview. Telling an offender that he or she will be arrested at the conclusion of the interview will not make for a very productive interview. If the warrant was issued for something as innocuous as nonpayment of traffic fines, it is probably a better

idea to tell the offender to take care of it before you see him or her again rather than making an arrest.

At this point, avoid confrontation about relatively unimportant matters. Having gathered arrest records as well as any previous presentence investigation reports and records, review this history of criminal activity with the offender. Ask the offender to explain any particularly serious prior arrests and convictions, and try to discern any pattern among the arrests. For instance, are the crimes all of a similar type (property, sex, violent), or is the record one of a generalist who commits all manners of crimes? Do they reveal a pattern of increasing seriousness? At what point in life did the offender start acquiring a criminal record? Are any or most of the crimes related to alcohol and/or drug abuse? Is the pattern one of planned criminality, or do the crimes seem mostly those of opportunistic spontaneity? Finally, does the offender readily admit all crimes to you, or does the offender attempt to rationalize away the majority of them?

4.3.4.1 Application to Sample Presentence Investigation Report

The lessons to be learned from a perusal of the offender's criminal history are many and valuable. In Bill's case, it is very instructive that he had no previous arrests, either as a juvenile or as an adult. Yet, his offenses were extremely serious. In the normal progress of a criminal career, one graduates over a period of years from committing far less serious crimes to the types of crimes Bill committed. It is so rare to find an offender who, at the age of 26, begins a criminal career with armed robbery that you immediately should be alerted to the fact that there are some very special circumstances involved.

4.3.5 Family and Marital History

Although not necessarily reported in the PSI, a family history should contain the names and addresses of parents, siblings, children, spouse, and any former spouses and indicate the current status of each family member (deceased, divorced, retired, imprisoned, whereabouts unknown). These data will yield important information about the offender's family dynamics. Inquire into the offender's relationship with his or her parents during childhood and adolescence. Were they divorced early? With whom did the offender live? Did either or both of the parents remarry, and what type of relationship did the offender have with his or her stepparents? What are the offender's current relationships with his or her parents and significant others—supportive or rejecting? Exploration of parental reactions to the present predicament will provide access to the type of moral environment in which the offender was raised. If time allows and the seriousness of the case warrants it, you can use collateral interviews with parents to validate and expand on the offender's perceptions.

It may be instructive to inquire into the offenders' friendship networks. Are they a gang member? Do they associate with known criminals? If so, ask why. How do they spend their leisure time with friends—in productive or nonproductive ways?

Then, obtain the offender's marital history, if any. How many times has the offender been married? Frequent marriages, common-law or otherwise, indicate an inability to form lasting relationships and a certain lack of responsibility. If the offender has been divorced, what was the reason for the divorce? Placing the blame on the spouse may reflect an overall pattern of blaming others for negative outcomes. Find out if the offender has any children from former relationships and if the offender is living up to his or her financial support obligations.

Next, examine the quality of the relationship with the current spouse. If there are any major difficulties, explore their nature and extent. Is the offender responsibly supporting dependents, or does his or her lifestyle demonstrate neglect? Again, a collateral interview with the spouse may prove useful. You may conduct a collateral interview by telephone, although you lose much of the flavor if you do. You certainly would want to find out the spouse's attitudes about his or her criminal activity and how he or she would cope if the offender were imprisoned.

4.3.5.1 Application to Sample Presentence Investigation Report

Officer Corrick's collateral interviews with Bill's wife, his parents, and selected siblings certainly paid off in terms of insight into the origins of Bill's criminal behavior. Although Bill's family was comfortably middle class and demonstrated belief in and commitment to typical American success values, beneath the veneer of respectability lay an abominable family situation. Attachment, genuine reciprocal love, was obviously absent. Bill appeared to have tried very hard to gain his father's love and approval. His father, however, seems to have been a patriarchal, sadistic, sexually perverted, and overdemanding individual. His absolute control over the family is quite evident in the report. His mother "complements her husband's personality with a passivity, which approaches sycophantic proportions." Note that she never mentioned anything to Corrick regarding the incestuous behavior that went on for so many years. It is not at all unusual for spouses to deny, even to themselves, that such behavior occurs. This behavior first came to light during the collateral interview with Bill's wife, Susan. It was then incumbent on Officer Corrick to verify the information, which he did with Bill himself and with two of his siblings. Such potentially damaging information should never be included in a report based on one individual's statement.

The effects of growing up under the conditions that existed in the Bloggs family have resulted in many negative outcomes for Bill's siblings as well. Pat has had two broken marriages in 4 years and has a record of child abuse and drug abuse. Ann has one illegitimate child and was a prostitute for a time with numerous arrests for soliciting. Fred, a high school dropout, was divorced after 1 year of marriage and is an admitted alcoholic. All this occurred in spite of having access to all the "objective" advantages of a white, middle-class status, which supports Officer Corrick's analysis of the origin of Bill's behavior as presented in the evaluation section of the PSI.

Susan's statements indicate that she shared Bill's unusual interpretation of their relationship ("they are 'fated' to be together"). She quit her job when she and Bill started living together, and she was evidently quite happy to allow Bill to work all hours of the day and night to satisfy her considerable material wants. Her comments

about Bill's "explosive temper" and his hanging of her kitten provide all those who will use the PSI in the future with valuable insight not gleaned from either Corrick's or the diagnostic center's interviews with Bill.

Very few collateral interviews will ever be as valuable to you as the ones presented here. Further, for less serious cases, time constraints usually will prohibit going to the extraordinary length which Corrick went here. Nor would it be especially productive if the offender fit the profile of the typical armed robber. The typical armed robber would fit a certain profile that, by definition, is associated with most others who commit such crimes (lower-class, poorly educated, broken home, unemployed, and so on). The unusualness of Bill's criminal profile led Corrick to dig as deeply into Bill's past as he did.

4.3.6 Employment History

The section covering employment history explores the offender's employment or other sources of income such as welfare, social security, or disability income. A complete and verified employment history is a vital part of any offender assessment. Criminological theories inform us that a steady work history, evidence of prosocial commitment, involvement, and access to a legitimate avenue of success are incompatible with serious criminal involvement. Of the 416 offenders in Walsh's (1983) unpublished study, only 55.8% were working at the time of the presentence investigation interview. Of those working, 86.6% were in unskilled occupations. Only 2.8% were in managerial, technical, or professional occupations, and all of those were first-time sex offenders.

The name, address, and telephone number of the offender's current place of employment is the first item on the agenda. To avoid putting the offender's jobs in jeopardy, verify their employment by having them bring in their most recent paycheck stub. You can verify length of employment through the offenders' tax records. Ask offenders what type of work they do and if they enjoy it. Are there opportunities to move up in the company? Do they feel that their present income is sufficient to meet their basic needs? Do they criticize the company excessively? Why?

Verify former employment directly. Call or send a standard form to former employers asking them to indicate type of work, length of service, reason for leaving, and an evaluation of an offender's work performance and of his or her general character. What is the offender's pattern of movement in the workforce? Does the offender work steadily and quit employment only to obtain a better position, or does the offender quit on any pretext after minimal periods? This information will give you a general picture of the offender's level of responsibility, his or her ability to get along with others, and his or her level of persistence. You should fully explore any gaps in employment history. If applicable, you also should ask the military for a copy of the offender's service record, although you may not receive it until long after you complete the report.

4.3.6.1 Application to Sample Presentence Investigation Report

Bill's employment history is an atypically good one. At the time of his arrest, he had been working for more than 2 years for the same company. He worked hard and earned a good income. Management at his place of employment was very positive toward him, to the extent of planning to promote him to supervisor. He also worked part time on the family farm and had passed the examination to become a police officer. Bill's exemplary work history obviously impressed Officer Corrick and further alerted him to dig beyond surface demographics to explain Bill's behavior.

4.3.7 Physical Health

An assessment of offenders' physical health (self-reported or, if necessary, verified by a physician), noting how their social and vocational functioning could be affected by it, should be included. Note recent hospitalizations and diseases, use of medications or prosthetic devices, and drinking habits and drug abuse in this section. Substance abuse and heavy drinking should be the central concerns of this section because of their association with many criminal acts. Drugs and alcohol are chemical substitutes for the lack of love and meaning in many offenders' lives—a method of temporarily shutting out the cruelties and responsibilities of life.

Inquire into the extent and frequency of offenders' drinking, noting if they have any alcohol-related offenses, such as drunk driving, on the rap sheet. Next, address the extent, frequency, and type of drug abuse. Not all offenders will be willing to admit abuse, but with careful observation, you will know when to probe. We examine physical indicators of drug abuse in Chap. 15.

A word of warning here: some offenders will exaggerate the extent of their substance abuse in the hope that blame will be shifted from them to the substance and that they will touch a sympathetic cord in the officer. Walsh's (1983) study found that 13.5% of offenders blamed substance abuse for their crimes. If offenders claim drug dependency or if you suspect it, immediately refer them to a drug dependency clinic for a complete workup and evaluation.

4.3.7.1 Application to Sample Presentence Investigation Report

Nothing unusual was uncovered in Bill's physical health history that is pertinent to decisions on his sentence, classification, or treatment. He did report heavy use of marijuana while in college and current use of amphetamines. However, given the ubiquity of marijuana use among the young and his stated reason for taking amphetamines, there is no cause for undue alarm. We do note that those seeking intensified stimulation favor the use of amphetamines.

4.3.8 Mental Health

The first item for consideration under the heading of mental health is the offender's education. You should list names and locations of all schools attended, including

dates of attendance, and request records from the offender's last high school or college. From school records, you should note grade point average, class standing, IQ, vocational testing, and attendance and behavioral history. If the offender dropped out of high school, inquire about the reason. If you feel that your sentencing recommendation will be probation, explore the possibility of the offender attending General Equivalency Degree (GED) classes. Offenders' responses to this and similar ideas will give you some impression of their motivation to better themselves. Research has shown that probationers and parolees who obtain a GED tend to commit fewer crimes, are more likely to have a full-time job, and have lower levels of stress and strain compared to offenders without a GED (Gann & Wells, 2018). IQ and vocational testing results will provide you with an offender's range of possibilities, but do not be misled by low scores and dismiss an offender as a hopeless case.

Discuss any psychiatric or psychological workups done on offenders with them and integrate it into your own assessment. Discuss any discrepancies that may exist between the stories they have told you and those they have related to mental health professionals. Lies told have an awkward tendency to be soon forgotten.

Do not be afraid to disagree with or add your own opinions to those of the mental health professionals—you are a professional in your own right. Studies have shown that when the recommendations of probation officers conflict with those of mental health professionals, judges are somewhat more apt to agree with the officers (Walsh, 1990). Remember, the training and role expectations of mental health workers lead them to see mental pathology in nearly all cases they review. Although real mental illness does exist, a deficiency view rather than a pathological view of criminal behavior is both more productive and less stigmatizing. Never contend with mental health professionals, however, if they advise psychiatric hospitalization. Such recommendations are not rendered lightly, and you must respect boundaries of expertise.

When discussing aspects of their mental functioning with offenders, concentrate on how they feel about themselves, their aspirations, their goals, and their usual ways of coping with stress and adversity. If you feel that a particular offender has some special problems that require the assistance of mental health professionals, refer him or her for a workup, indicating the areas you wish the diagnostic center to explore.

4.3.8.1 Application to Sample Presentence Investigation Report

We already have addressed many of the possible underlying reasons for Bill's criminal behavior. It is interesting to see how Officer Corrick added and integrated his own findings into those of the Court Diagnostic and Treatment Center. However, he did not step beyond the boundaries of his professional expertise to contest the findings and opinions of the center's personnel. He merely added to their insights and provided additional light. His collateral interviews with family members made him privy to information unavailable to the court diagnostic personnel.

We know that bed-wetting and cruelty to animals are two of the childhood and adolescent behaviors predictive of violent behavior and that Bill exhibited both of them. We do not know if Bill was also into fire setting, so perhaps we should not

make too much of this since it is the three behaviors taken together that are considered predictive. Nevertheless, Corrick was aware of Bill's late bed-wetting (we note that Bill denied it to the examining psychiatrist) and his hanging of Susan's pet kitten; court diagnostic personnel were not. Would they have labeled Bill passive aggressive had they known (shooting a policeman and hanging a kitten are certainly aggressive but hardly passive)? Nor were they aware of the sexual perversities into which Bill's father forced him and his siblings. This is an excellent example of the use of collateral interviewing when appropriate. The court diagnostic center's other diagnosis of Bill as being "in the early stages of a schizophrenic reaction" was supported by Officer Corrick's observation that Bill often spoke about himself in the third person.

Other revealing pieces of information contained in this section help us gain a clearer picture of Bill. Whereas Bill's high school GPA of 2.27 is respectable, it, as well as his class standing, is considerably below what one would expect from someone with an IQ in the bright normal range. Is this indicative of an underachiever or of someone kept too busy working for his father to do justice to his studies, as Bill claimed? The consistency of IQ test scores taken 7 years apart reveals that regardless of what other mental problems Bill may have had, he suffered no deterioration of intellectual functioning. Finally, it is clear that Officer Corrick was very much impressed with Bill, but he did not let that reaction cloud his judgment when he made his sentencing recommendation.

4.3.9 Evaluative Summary

The evaluative summary is the most challenging section of the PSI to write. In Norman and Wadman's (2000) study of the professional consumers of the PSI, they found that none of them skipped the evaluative summary and recommendation sections. You are summarizing the facts contained in your report and drawing reasoned conclusions from them. This section represents the distilled wisdom of the investigator and separates the true professional from the data gatherer. It is the product of a disciplined effort to organize, synthesize, and analyze your collected data. No new data should be included in this section; your sole task here is to draw meaning from what you already have reported.

Since this section requires the inclusion of value judgments, make every effort to minimize any positive or negative feelings you may have toward offenders and/or their behavior. Fully appraise your subjective feelings by asking yourself: "Why do I feel this way?" The tone of your report can convey impressions of the offender to the reader that may have a major impact on the offender's future. Emotion-laden terms, such as "morally bankrupt" or "a picture of womanly virtue," reveal more about the investigator's attitudes than about the offenders and should not be a part of a professional report. If you find that your offender evokes this kind of heavy emotional response, it is a good idea to consult with your supervisor or your colleagues before writing this section to clarify and objectify your thoughts.

This does not mean that you should not take a firm and positive stance. Indeed, as a professional, this is your duty. Ambiguous, “wishy-washy” hedging statements are indicative of investigators who are uncomfortable in their role and uncertain of their expertise. Such beating around the bush undermines the authority of the entire report and causes the reader to have doubts about the your advised plan of action.

Of course, you should firmly ground all strong statements in the information uncovered while writing the other sections of the report. Of the utmost importance are your evaluation of the offenders’ strengths and weaknesses, their patterns of criminal behavior, their potential for reform, and their amenability to various kinds of treatment and training. This evaluation requires a thorough knowledge of available community resources as well as of the offender. This knowledge serves as the basis for a treatment plan, which is the logical conclusion of the evaluative summary.

The treatment plan should be realistic and rendered with full knowledge of available treatment programs in your area. The recommendation of a treatment plan that cannot be implemented is frustrating to the person who must act on your recommendations. One offender with a string of armed robberies to his name was released on parole after serving 10 years and was in jail for a parole violation for yet another robbery. He received a recommendation from his officer that he be allowed to go to another state under the care of a Christian youth camp. The officer had been convinced by the offender and by the offender’s spiritual counselor that he was a “born-again Christian.” The officer skillfully sold his recommendation to the sentencing judge, who allowed the offender to go. After this 53-year-old man found himself surrounded only by youths and discovered that they expected him to work for his room and board, he left the camp and committed further crimes before police apprehended him. Needless to say, that officer found his credibility seriously compromised.

In formulating a treatment plan, give equal consideration to (1) the threat that the offender poses to the community and (2) the offender’s rehabilitative needs. The nature of the present offense and the length and seriousness of the offender’s criminal record provide clues to this threat. Weigh various alternative plans in terms of their advantages and disadvantages for the offender and the community. Give reasons for plans that you decide to reject, and show complete justification for the accepted plan in terms of both offender and community concerns. Formulate treatment plans that involve other agencies in concert with those agencies. Their special expertise may uncover deficiencies in an offender’s character or motivation that in their opinion renders him or her unsuitable for the plan you have in mind. If this is the case, respect their professional evaluation and concentrate on an alternative plan.

4.3.9.1 Application to Sample Presentence Investigation Report

Officer Corrick begins his evaluative summary by reiterating the fact that the present offense is Bill’s first conviction, and he rendered his positive feelings about the offender based on objective criteria and on his dealings with him. He then launched into a thoughtful examination of the possible origins of Bill’s behavior. He emphasized the lack of love, the punitive and incestuous environment in which Bill grew up, and the excessive materialism of both Bill and Susan. After you read this

evaluation, you feel that you “know” Bill fairly well without ever having seen him. You should strive for this ideal.

Officer Corrick did not outline a treatment plan for Bill because he felt that the seriousness of Bill’s crimes warranted incarceration in spite of Bill’s “first-offender” status. He seemed to feel that the experience of being caught, incarcerated, and having the opportunity to examine his behavior would deter Bill from future criminality.

4.3.10 Recommendation

Like the finale of a mystery novel, the sentence recommendation should flow logically from all the information preceding it. It also should be consistent with the legal requirement of the state. Probation may not be allowed for certain crimes, such as murder, rape, and aggravated robbery, and other crimes may contain elements (e.g., use of a weapon) that prohibit a probation sentence. As such, officers must be aware of the penal codes of their jurisdictions.

The recommendation should state concisely the number of years the offender is to spend in prison or on probation (some jurisdictions, however, require that the investigator only recommend probation or prison without specifying a time to be served). If you recommend probation, state any special conditions of probation you believe are warranted, such as amount of restitution, attendance at alcohol or drug treatment, fines to be paid, amount of time that you feel that the defendant should serve locally in jail or a work release program, and so forth.

4.3.10.1 Application to Sample Presentence Investigation Report

Corrick’s estimation of community feelings, the possible threat Bill posed to the community, and the extreme seriousness of the offense led him to recommend that Bill serve two consecutive (back-to-back) prison sentences of 4–25 years and 5–25 years. The judge imposed those sentences. What would you have recommended?

4.4 Summary and Presentence Investigation Checklist

The most useful summary of this chapter takes the form of a checklist of factors that you should consider in any presentence investigation report. Styles and formats of PSIs vary from department to department, and some areas we have discussed such as the victim’s statement and the officer’s recommendation may be optional inclusions at your department. Remember one thing above all: the PSI will have a significant impact on the offender’s future. Accuracy is of the utmost importance.

1. *Circumstances of present offense(s)*. Present a concise summary of all the relevant details of the offense(s) for which the offender is to be sentenced.
2. *Offender’s version*. How does the offender’s version differ from the official version? What is the offender’s attitude about the offense, and what type of attitude

does he or she have overall? The officer should evaluate and make judgments about these questions.

3. *Prior record.* Provide a complete and verified criminal history of the offender. Note patterns of criminality.
4. *Family history.* Include family demographics, characteristics, conflicts, migrations, child-rearing practices, marital history, and so on.
5. *Employment history.* Present a complete and verified history of the offender's employment and financial situation.
6. *Physical and mental health.* List recent hospitalizations and diseases. Include drug and/or alcohol abuse. Describe the level of intellectual functioning (school grade completed, GPA, IQ). Include vocational training and psychological information.
7. *Evaluative summary.* This is a capsulated version of the entire report, evaluating its overall meaning. This includes the officer's professional assessment of what is to be done to amend the offender's behavior.
8. *Recommendation.* Provide a recommendation of both the length and type (typically incarceration or probation) of sentence you believe the offender should receive based on state statutes and the information contained within the PSI.

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Assessment Tools and Guidelines in Community Corrections

5

The philosophy of individualized justice posits that similar offenders should be treated similarly, while different offenders should be treated differently. You can achieve individualized justice by responding to specific offenders with respect to their needs and to the risk they pose to the community and with respect to the nature of the crimes they have committed. To do this we rely on actuarial models that make statistical predictions of offenders' future behavior based on the observed outcomes of similarly situated offenders in the past. Corrections workers thus attempt to operationalize (define a concept in terms of the operations used to measure it) justice by assigning numeric scores on assessment scales according to observations they make relevant to offenders, their behaviors, and their needs. These tools attempt to determine relevant differences so that justice can be done as equitably as possible (Walsh & Hemmens, 2008). Everyone benefits from the more structured and reasoned approach to decision-making made possible by research-grounded tools such as those presented in this chapter (see also Van Voorhis & Salisbury, 2016). The assessment tools presented in this chapter apply mainly to presentence evaluations and to community corrections. (See the discussion of assessment and classification of prison inmates in Chap. 6.)

Offenders benefit by more just and consistent treatment than was previously the case, and the community is better served by a more accurate assessment of the risks offenders pose to it. Many jurisdictions use the assessment and guideline approach to set bail and in prosecutors' offices to screen cases for dismissal or prosecution. It also guides plea bargain arrangements. Some argue that we could save hundreds of millions of tax dollars, with little additional risk to the community, if adequate numerical guidelines were developed to stem this nation's burgeoning jail and prison crowding problem (Carlson, Hess, & Orthmann, 1999; Van Voorhis & Salisbury, 2016).

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This chapter provides an introduction to various assessment tools used in many probation and parole agencies. The increasing number of assessment tools developed recently, however, prevents us from discussing all of them. Instead, we focus on the few that are used by multiple probation and parole agencies across the United States. The processing officers fill out these forms and scales based on their evaluation of the offender. All of the assessment tools covered in the following discussion appear in the Appendices (except for the LSI-R, which is proprietary).

The forms and scales in this chapter are presented in the order that officers in the field encounter them. That is, offenders fill out the social history questionnaire before meeting the officer assigned to the case; the officer then may make use of the structured interview schedule, after which he or she will complete the sentencing guideline. The risk and needs scales are completed after the offender is sentenced to probation or granted parole, as are the treatment plans.

5.1 Social History Questionnaire

The first tool you should become familiar with is the social history questionnaire (SHQ). There are perhaps as many social history questionnaires as there are state or county probation departments in the United States; the one presented in Appendix A is just one of them. The social history questionnaire asks for relevant demographic information such as the offender's address, educational level, family, work history, and so forth. An intake officer or the agency receptionist hands this questionnaire to the offender referred for a presentence investigation. Offenders are requested to fill it out completely before they meet with the presentence investigator. For conducting presentence exercises (discussed at the end of this chapter), students role-playing offenders should complete copies of the form using the data provided in their "offender" PSI. Each item is self-explanatory.

5.2 Felony Sentencing Worksheet

The first instrument typically used by the presentence investigator is some sort of sentencing guideline used to assist him or her to make a sentencing recommendation. The Felony Sentencing Worksheet (see Appendix B) is one of several sentencing guidelines used throughout the nation. This Felony Sentencing Worksheet is a sentencing guideline used by the courts in Ohio. It is a discretionary guideline (meaning that it is not binding on the sentencing judge) rather than a mandatory one. Sentencing guidelines were developed as a compromise between factions in criminal justice who believe either that the punishment received by an offender should "fit the crime" or that punishment should fit the offender and be appropriate to rehabilitation. The guidelines address both of these positions, with the seriousness of the offense weighted more than the character of the offender.

Professionals developed sentencing guidelines to attempt to minimize wide sentencing disparities for similar crimes and similarly situated individuals. They aim to

American Correctional Association Policy on Sentencing

Introduction

Changes in US sentencing policies have been a major cause of an unprecedented increase in the prison population. The sentencing process should attempt to control crime as much as possible, at the lowest cost to taxpayers and in the least restrictive environment consistent with public safety. There should be a balanced consideration of all sentencing objectives.

Sentencing policy today takes many forms. In some venues, legislatures have taken authority over that policy, leaving little discretion in the sentencing of individual offenders to the judiciary. Under these circumstances, “sentencing” discretion is shifted to the prosecutors and takes the form of plea bargaining and charge selection. In others, judges and parole boards retain wide discretion on a case-by-case basis. In still others, sentencing commissions have been given responsibility for defining how offenders are punished. Regardless of the form, sentencing policy directly affects what the correctional practitioner does on a daily basis and to the extent that this policy fails in fairness and rationality; then correctional practice is adversely affected.

As implementers of sentencing policies, corrections professionals have a unique vantage point from which to provide input on their effectiveness and consequences. If corrections does not voice its collective experience on this matter, then sentencing practices nationwide will fail to be as soundly based as they should be in this important public policy area.

Policy Statement

The American Correctional Association actively promotes the development of sentencing policies that should:

- A. Be based on the principle of proportionality. The sentence imposed should be commensurate with the seriousness of the crime and the harm done.
- B. Be impartial with regard to race, ethnicity, and economic status as to the discretion exercised in sentencing.
- C. Include a broad range of options for custody, supervision, and rehabilitation of offenders.
- D. Be purpose-driven. Policies must be based on clearly articulated purposes. They should be grounded in knowledge of the relative effectiveness of the various sanctions imposed in attempts to achieve these purposes.
- E. Encourage the evaluation of sentencing policy on an ongoing basis. The various sanctions should be monitored to determine their relative effectiveness based on the purpose(s) they are intended to have. Likewise, monitoring should take place to ensure that the sanctions are not applied based on race, ethnicity, or economic status.
- F. Recognize that the criminal sentence must be based on multiple criteria, including the harm done to the victim, past criminal history, the need to

protect the public, and the opportunity to provide programs for offenders as a means of reducing the risk for future crime.

- G. Provide the framework to guide and control discretion according to established criteria and within appropriate limits and allow for recognition of individual needs.
- H. Have as a major purpose restorative justice—righting the harm done to the victim and the community. The restorative focus should be both process and substantively oriented. The victim or his or her representative should be included in the “justice” process. The sentencing procedure should address the needs of the victim, including his or her need to be heard and, as much as possible, to be and feel restored to whole again.
- I. Promote the use of community-based programs whenever consistent with public safety.
- J. Be linked to the resources needed to implement the policy. The consequential cost of various sanctions should be assessed. Sentencing policy should not be enacted without the benefit of a fiscal-impact analysis. Resource allocations should be linked to sentencing policy so as to ensure adequate funding of all sanctions, including total confinement and the broad range of intermediate sanctions and community-based programs needed to implement those policies.

This Public Correctional Policy was unanimously ratified by the American Correctional Association Delegate Assembly in 1994. It was last reviewed and affirmed February 4, 2014.

structure judicial discretion in sentencing and to promote consistency by providing judges with sentencing norms based on the past practices of their peers. Implicit in the idea of guidelines is the notion that disparity flowing from legitimate variation (relevant differences) among different crimes and different offenders is acceptable, but disparity lacking just or coherent reason is not (Walsh & Hemmens, 2008). Consider sentencing guidelines as an application of Aristotle’s definition of justice as relying on relevant differences.

The processing probation officer scores the Felony Sentencing Worksheet by assigning the indicated numerical scores based on the legal and social factors addressed in each subsection. Some sections simply require the recording of factual data, such as the degree of the offense, multiple offenses, prior convictions, and repeat offenses. Other sections, covering culpability, mitigation, and credits, require a great deal of interpretation. If you receive a case to assess for sentencing, do not be confused if you and your classmates arrive at different Felony Sentencing Worksheet scores.

Since judgments are called for, the Felony Sentencing Worksheet allows for the intrusion of ideology in its scoring. One study showed that practicing probation

officers differentially score the Felony Sentencing Worksheet according to their ideological convictions, with conservative officers assigning significantly higher scores than liberal officers (Walsh, 1985). Thus, while sentencing by arithmetic is not impervious to ideological intrusion, it does constitute an improvement over unstructured sentencing. An earlier study of the effects of the guideline on sentencing found a predictive accuracy of 85 percent; that is, judges imposed the suggested sentence in 85 percent of the cases, with 8 percent being harsher than indicated and 7 percent being more lenient than indicated (Swisher, 1978). This study occurred a year after implementation of the guidelines. Judges may have been more willing to abide by sentencing guidelines initially because of the novelty effect. We believe that it is of utmost importance to develop value-free guidelines and to make it mandatory that sentences they suggest be heeded except under special circumstances that are fully justified in writing.

After the officer assigns scores and sums both the offense and the offender categories, the officer applies them to a grid on the reverse side of the Felony Sentencing Worksheet at the point at which they intersect. The grid indicates a suitable sentence for offenders with a given offense and offender score. These are suggested sentences only. Do not be hesitant to recommend sentences that are not consistent with the grid if you feel there should be alternatives and you can justify them. In fact, it is probably a good idea for practice purposes to ignore the scoring of the Felony Sentencing Worksheet until after you have decided on a recommendation. You then may score the Felony Sentencing Worksheet and see how closely your decision comes to the suggested sentence.

As a quick exercise, score Bill Bloggs (from the example PSI in the previous chapter) on the Felony Sentencing Worksheet. He was a first offender and thus is scored zero on the “offender rating” section of the sheet. In the “degree of offense” subsection, Bill would receive the maximum points (four) because both of his crimes were first-degree felonies. In the “multiple offenses” category, he would receive two points because he was convicted of aggravated robbery and attempted aggravated murder. In the “actual or potential harm” category, he would receive two points for his wounding of the police officer. His eight points thus far already put him beyond the Felony Sentencing Worksheet’s range for probation. You might also assess two points against Bill in the “culpability” section for “shocking and deliberate cruelty,” but could you justify deducting any points in the “mitigation” category? If not, Bill would get ten offense-rating points assessed against him, a score that places him in the upper-left hand square of the grid.

Sentencing guidelines can be a major tool in more just and sensible sentencing, or they can serve as “scientific” rationales for more draconian penalties. For instance, while federal sentencing guidelines have reduced disparities within the federal system, they have done so by incarcerating an increasing number of more nonviolent criminals (particularly drug users) at tremendous expense to taxpayers (Champion, 2008).

The number of inmates in federal prisons increased by 443 percent from 1985 to 2013, though the federal prison population has decreased slightly each year since (Bureau of Prisons, 2018). The guidelines per se are not responsible for this increase,

but they do provide a type of justification (La Vigne & Samuels, 2012). Your authors remain convinced of the utility of sentencing guidelines and agree with Roger Lauen (1997), former state director of community corrections in Colorado, who wrote:

The passage of sentencing guidelines legislation has been an effective tool in reducing prison use for selected offenders. However, without widespread public support, sentencing guidelines, sentencing grids, and sentencing commissions are unable to maintain their organizational independence and stay removed from the 'get tough' political rhetoric. (p. 113)

5.3 Assessment and Classification Instruments

Just as there are guidelines that quantify the seriousness of an offense and of the offender's criminal history to assist judges in making sentencing decisions, there are instruments that assist probation and parole officers in assessing the risks posed by probationers and parolees and in assessing their treatment/supervision needs. These instruments are called risk and needs assessments. Officials also use them during the presentence process to determine offenders' amenability to community supervision. Risk and needs assessment has evolved through four "generations" of instruments.

First-generation assessments tended to focus solely on offenders' static risk factors, or factors that do not change over time, such as criminal history, history of drug abuse, and childhood experiences. In addition, these assessments were based on the subjective clinical judgment of correctional workers and other professionals such as psychiatrists and psychologists. Consequently, it is not difficult to imagine a situation in which the same offender might receive drastically different assessments depending on the ideologies, experience, and/or temperament of the assessor. Furthermore, research shows that only about 50 percent of predictions of future criminal behavior based on clinical judgments are accurate (Andrews & Bonta, 2016). In other words, clinical predictions of recidivism tend to produce no better results than chance alone.

In the 1970s, a shift to actuarial assessment occurred. These assessments use objective statistical data based on known risk factors to predict the probability of an outcome (in the case of corrections, reoffending). Actuarial tools became known as *second-generation* assessments and constituted a big improvement over clinical judgment. As Gottfredson and Moriarty (2006, p. 180) state: "In virtually all decision-making situations ... actuarially developed predictions outperform human judgments."

Because actuarial assessment by definition uses historical data (offenders' criminal record, history of drug abuse), all risk factors were static and thus included no way of gauging diminished or increased risk over time. Furthermore, first- and second-generation assessments only predicted offenders' risk level, thus providing little direction for treatment decisions (Andrews & Bonta, 2016). These limitations led to *third-generation* assessment tools in the 1980s. Third-generation assessments combine risk and needs scales into a single instrument so that probation and parole

officers can gauge offenders' risk to the community and their treatment needs at the same time. These instruments are more evidence-based and incorporate dynamic risk factors, or those factors that can change, such as employment status, criminal associates, antisocial attitudes, and so forth. Successfully addressing any identified needs while an offender is on probation or parole will also have the positive side effect of reducing recidivism.

One of the most effective third-generation instruments is the Level of Service Inventory-Revised (LSI-R). The LSI-R is a computer-based system that provides ratings of offenders' risks and needs based on the information investigators feed into the system. It addresses 54 variables within 10 domains related to reoffending: criminal history, education/employment, finances, family/marital, accommodations, leisure/recreation, companions, alcohol/drug, emotional/personal, and attitudes/orientation. Domain scores can be used to identify offenders' treatment needs, while the overall LSI-R score is commonly used for classification (risk) purposes (Van Voorhis & Salisbury, 2016). Since its development in the 1990s, the LSI-R has gained popularity among correctional agencies and has been widely validated as an effective assessment tool for both community and institutional corrections populations (Chenane, Brennan, Steiner, & Ellison, 2015). However, its proprietary nature (agencies must pay to use it) prevents a number of financially strapped departments from adopting it.

We are now in the era of *fourth-generation* assessment tools, which emphasize the link between assessment and case management and are based on the risk-need-responsivity (RNR) model. The risk principle asserts that the most intensive treatment should be reserved for the highest-risk offenders, while low-risk offenders should receive little to no treatment. The need principle maintains that treatment should focus on criminogenic (dynamic) risk factors. The responsivity principle emphasizes that if offenders are to respond to treatment in meaningful and lasting ways, correctional workers must be aware of offenders' different development stages, learning styles, and need to be treated with respect and dignity (Andrews & Dowden, 2007). Fourth-generation instruments fine-tune older instruments and address additional risk and needs factors identified by theory and research. An example of a fourth-generation instrument is the Level of Service/Case Management Inventory (LS/CMI), which research has shown is quite proficient in successfully predicting offender risk (Wormith, Stevenson, Olver, & Girard, 2007). Many agencies do not use the LS/CMI at present, however, because it is expensive compared to other instruments.

According to a National Institute of Justice survey (Hubbard, Travis, & Latessa, 2001), the most widely used instrument is the Client Management Classification System (CMC), used by 36.1% of responding agencies (the LSI-R was the third most widely used at 15%). The CMC functions much the same way as the LSI-R (although to our knowledge it is not yet computerized) and has been around for over 30 years. It is tried and true, and last but not least, it is in the public domain (it is free!). We now turn to a discussion of this popular instrument.

5.4 Client Management Classification Assessment Instrument

The Wisconsin Bureau of Community Corrections developed the Client Management Classification Assessment Instrument (CMC) after much study and research (Crooks, 2000). Whereas the social history questionnaire deals primarily with factual demographic data, the CMC offers guidance for exploration of offenders' attitudes and feelings and is useful for supervision and treatment planning. When using this schedule, do not feel bound to repeat the questions exactly as they are printed on the page. There is sufficient leeway to incorporate your own style into the questions and to allow for unusual situations. However, preserve the meaning of each question even when you translate it into your own words. Also, leave the issues addressing the crime and criminal history until the end of the schedule, at which time you should have developed sufficient rapport to make these questions less threatening to offenders. This semi-structured interview schedule is reproduced in its entirety in Appendix C.

In actual practice, the CMC is scored so that probation and parole officers can assign offenders to one of four treatment modalities: selective intervention, environmental structure, casework control, and limit setting (discussed below). Scoring the CMC is a rather complicated procedure for the uninitiated; probation and parole officers attend 3-day workshops and receive extensive follow-up training before they are able to use this system to its fullest. Explaining the system in its entirety is well beyond the scope of this book. In fact, the training material used in these training sessions constitutes a book in itself. Thus, consider the interview schedule included in Appendix C simply as a guide to the type of questions you should be asking your offenders and as an introduction to the CMC system of offender classification. The classifications obtained from scoring the CMC are highly correlated with the classification scheme obtained from the far more succinct risk and needs scales, which we now discuss.

5.4.1 Risk and Needs Assessment Scales

The risk and needs assessment scales to be discussed are part of the Client Management Classification System and are designed to be used in conjunction with the CMC interview schedule. The system consists of two separate scales that assess the offender's "risk" and "needs." Offender risk refers to the probability of reoffending and/or the threat the offender poses to the community. Assessment occurs by assigning numerical scores to the offender on variables known to correlate with recidivism. For example, the earlier one begins a criminal career, the more involved one is in it; the more one turns to chemical substances, the less one is legitimately employed; and the more negative one's attitude is, the more likely one is to reoffend. The more likely offenders are to reoffend, the greater their risk to the community and the more closely they must be supervised. In many jurisdictions, offenders are moved up one level of supervision if they have a history of assaultive offenses.

Appendix D contains the CMC risk and needs scales and a complete scoring guide for each.

Risk factors are of two types: static and dynamic. Static risk factors are those that cannot change (e.g., sex, ethnicity, criminal history). Dynamic risk factors—also called criminogenic needs—are factors that can change (e.g., substance abuse, attitudes, values, behavior patterns). You can divide the dynamic risk factors into stable and acute dynamic risk factors. Stable dynamic risk factors include substance abuse and self-esteem/self-consistency issues that take a long time to change. Acute dynamic risk factors include such things as being under the influence of alcohol or drugs, anger, and deviant sexual arousal, “all things that can change in relatively short order” (Bartol, 2002, p. 417). This does not mean that anger, substance abuse, and deviant sexuality issues are *easy* to change (and most of the time they are not), only that any single manifestation of them lasts a short time.

Offender needs refer to deficiencies in offenders’ personal repertoires and lifestyles that may prevent them from making any commitment to a conventional moral pattern of behavior. Scores on the risks and on the needs sections of the scale tend to be highly correlated. That is, an offender who is high risk tends to have high needs, and offenders with few needs are not high risk. The needs section constitutes the area in which the probation and parole officer’s counseling skills and knowledge of community resources are of great value so that he or she can target needs that will assist offenders to adjust to a prosocial lifestyle. Whenever completing such scales, you always should be mindful of the need for complete accuracy. The safety of the people of the community and the rehabilitative needs of the offender depend on your accurate assessment. Read the instructions carefully before making any assessment.

Based on scores obtained in both sections of the assessment scale, offenders are placed under minimum, medium, or maximum supervision (see Fig. 5.1). These levels of supervision closely correlate with the case management classification system derived from the CMC. Correct assessment of offenders contributes greatly to the efficient use of officers’ time. Caseworkers can spend the time not wasted in “over-servicing” low-risk and low-needs offenders with those who require more attention.

Five cells of the supervision-level matrix represent maximum supervision, three represent medium, and only one cell represents minimum supervision. Only offenders with 10 or fewer risk points and 13 or fewer needs points fall into this minimum category. Do not be alarmed by the number of cells calling for maximum supervision. It has been empirically determined that only about 15% of probation and parole offenders fall into these five cells. About 50% of the offenders will fall into the medium level of supervision, and the remaining 35% will require only minimal supervision (Idaho Department of Corrections, *n.d.*, p. 19). These figures will vary according to the probation/parole granting practices of a given jurisdiction. If, for whatever reasons, a jurisdiction relies heavily on community-based corrections, the number of offenders requiring maximum and medium supervision will be a lot greater than in jurisdictions that only reluctantly grant probation/parole. In the latter type of jurisdiction, the number of offenders requiring minimum supervision may be perhaps 60–70%.

Let us see how Bill Bloggs (from Chap. 4) would do on the risks and needs scales. Going over the risks scale, we would assess Bill only one point (he heavily smoked marijuana in college). However, the “assault factor” automatically would place him up one level of supervision in most departments.

In the “living arrangements” section of the needs scale, we would assign Bill four points due to his “occasional, moderate interpersonal problems within living group.” In the “emotional stability” section, we would give Bill five points: “symptoms limit, but do not prohibit adequate functioning”. Finally, we would assess one point under “agent’s impressions,” for a total of ten points.

If we turn to the supervision-level matrix (Fig. 5.1), we discover that Bill’s level of supervision (without the assault override) would have been minimum. Such a supervision level is clearly untenable for someone who committed the type of crimes that Bill did (this level might be fine if he were being classified for parole rather than probation and if information from prison authorities justified it). Such a possible classification problem underscores two points: (1) that Bill was clearly an atypical case and (2) that the suggestions of these scales, based as they are on the “typical” criminal, are not cast in stone. In the extremely unlikely event that Bill had been placed on probation, you would have been seriously remiss if you had followed these guidelines unquestioningly.

The risk and needs scale we are discussing is one of a number of other “third-generation” scales based on empirical research that incorporate more (and more sophisticated) indices of risk, as well as treatable needs. As Lauen (1997) explains:

Third generation-risk instruments allow practitioners to measure dynamic-risk factors and better illuminate where and how the change process might be enhanced for a particular offender. Offender assessment data derived from well-integrated risk/need tools organizes and profiles populations according to various ‘criminogenic’ needs areas, as well as risk levels. Multiple scales are used so that the assessment can differentiate which need areas are the most urgent and, in so doing, establish case-management priorities, which, in turn, are most likely to result in real reductions in criminal behavior. (p. 126)

Fig. 5.1 Risk and needs supervision level matrix

	5	→	13	14	→	28	29	→	61
0	↓	↓	↓	↓	↓	↓	↓	↓	↓
10									
11									
20	Medium	Medium	Maximum						
21	Maximum	Maximum	Maximum						
37									

A perusal of the risk/needs scales contained in Appendix D will reveal that they address the major non-biological risk factors for offending identified by multiple researchers and summarized by Weibush, Baird, Krisberg, and Onek (1994). These major factors are as follows:

1. Age at first adjudication or conviction
2. Criminal history (number and type of arrests, incarcerations, probation/parole periods prior to current offense)
3. History of extent of drug and alcohol use
4. Education and vocational skills
5. Employment history and potential
6. Family stability
7. Emotional stability
8. Intellectual ability

If used in conjunction with the CMC, the correctional worker also will be able to identify offenders' friends and social network, as well as their attitudes and beliefs regarding crime and life in general. The jury is still out as to whether fourth-generation instruments outperform these third-generation instruments.

5.5 Case Management

Effective case management is an integral part of corrections work. The techniques of case management are borrowed from social work. Social workers have extensive experience in trying to connect (or reconnect) their clients to their communities by securing services for them from a variety of sources, coordinating the efforts of the various agencies providing those services, and monitoring their clients' use of them. According to Healey (1999, p. 2), you can distill case management into five sequential activities:

1. Assessing a client's needs
2. Developing a service/treatment plan
3. Linking the client to services
4. Monitoring his or her progress
5. Acting as an advocate for the client

This chapter focuses on activities 1, 2, and 4. We address the remaining two activities elsewhere in this book.

Healey (1999) also identifies general models for implementing these activities: the strength-based and assertive models. The *strength-based model* delivers services and makes expectations about results based on the client's strengths. Caseworkers first identify clients' strengths (with the help of the clients) and then formulate a management plan so that they can build on those strengths. Andrews and Bonta (2016, p. 245) refer to this as the responsiveness principle of treatment delivery and define it as providing treatment "in a style and mode that is consistent with the ability and learning style of the offender." The *assertive model* requires that the worker delivers the needed services to clients assertively (even aggressively) rather than simply offering those services to them. Applied to correctional clients, case management must be both strength-based and assertive.

Brun and Rapp (2001, p. 279) offer a definition of case management that includes both of Healey's models: "Strength based case management is specific implementation of the overall strengths perspective, combining a focus on clients' strengths and self-direction with three other principles:

1. Promoting the use of informal helping networks
2. Offering assertive community involvement, and
3. Emphasizing the relationship between client and case manager."

Some commentators view this emphasis on case management as a radical departure from previous models of probation and parole practice. Some have even suggested that the National Probation Service in the United Kingdom be renamed the Offender Risk Management Service (Robinson, 1999). Nellis (1995, p. 27) appears to decry the trend, arguing that the rehabilitative ideal of earlier models focusing on offender needs have been replaced by a soulless quest for "accurate prediction and effective management of offender risk." Effective management of offenders must be, of course, the first and foremost concern of correctional personnel, with offender needs being of secondary importance. After all, rehabilitation is desirable primarily because it reduces risk to the community and only secondarily because the offender will benefit from it personally. There is no real antithesis between the rehabilitative ideal and re-inscribing it in a risk management model. After all, an accurate assessment can help determine "who warrants the investment of probation resources (according to the logic of risk) and what needs to be changed in order to reduce the risk of reoffending" (Robinson, 1999, p. 429).

When the offender is placed in the appropriate supervision level, case management proper then begins. Based on all the information you have gathered from the PSI, social history questionnaire, and risk and needs assessments, you now have to formulate a plan aimed at the offender's rehabilitation. It is of the utmost importance that treatment plans represent a balance between the offender's treatment needs and the offender's present coping resources. This is an example of strength-based case management. (We will return to this issue in Chap. 8.) You have identified the offender's needs, so the next task is to prioritize them according to their importance relative to his or her legal difficulties. The supervision planning form (found at the end of Appendix C) will aid you in this endeavor. It asks you to list the offender's strengths/resources and problems/weaknesses. In rank-ordering problem areas, give extra weight to the problems most amenable to speedy change so that the offender can begin to develop an orientation of success.

The officer should be particularly alert to what may be a primary or "master" problem, a particularly debilitating one that may be the source of most of the offender's other problems. For instance, lack of education and employment, poor financial status, and poor spousal relationships are highly interdependent areas that possibly may be mitigated by meaningful vocational training and subsequent employment. Perhaps all these areas, as well as others such as the influence of criminal companions, themselves, are dependent on some form of substance abuse. If an evaluation of the offender's problems leads the officer to believe that most of them are secondary to substance abuse, then the obvious plan is to rank substance abuse as the top priority for change.

With the offender's rehabilitative needs identified and prioritized, draw up a tentative supervision plan according to the form reproduced in Appendix C. The tentative supervision plan includes a problem statement, a long-range goal, short-range objectives, a probationer/parolee action plan, and an officer/referral action plan. For instance, the officer may identify alcoholism/problem drinking and vocational training as the problems needing immediate attention. A second problem, which the CMC may identify, is an offender's lack of marketable skills, which keeps him or her from obtaining worthwhile full-time employment.

The long-range goals, therefore, would be to maintain sobriety and complete vocational training. As we will see in Chap. 7, a good case management plan should be simple, specific, and something the offender must do as soon as possible rather than something he or she should stop doing. The officer may state the short-range goal to be 2 days of sobriety and attendance at the next AA meeting for alcoholism. Then, the officer will formulate a probationer action plan and request that the offender indicate commitment to it by signing it. The officer/referral action plan may state the officer's commitment to the plan by indicating that he or she will attend the first AA meeting with the offender and that the offender is to be referred to an alcohol treatment facility for further evaluation of the extent of his or her drinking problem and for treatment recommendations. The procedure for the second problem area is, likewise, simple and focused.

Implement the reassessment plan after the outcomes of the tentative plans have been determined. For instance, the information received from the alcohol treatment facility may have advised more intensive treatment or concluded that the officer perhaps had overemphasized the offender's drinking problem. In either case, the officer will plan the next supervision phase accordingly. Assuming that the caseworker referred the offender for vocational training, and that this training was successfully completed, the long-range plan now may be to secure and maintain full-time employment, and the short-range plan may be for the offender to file a designated number of applications for employment every day until he or she has secured a job. Caseworkers must reassess and change supervision plans frequently as circumstances dictate.

After 6 months, and semiannually thereafter, there should be a reassessment of the offender's risk and needs. Reassessment may result in a higher or lower supervision category based on the offender's progress or lack of progress in the preceding 6 months. We next see some of the characteristics of the offenders who fall into each of four classifications the CMC describes (paraphrased from the CMC training manuals).

5.5.1 Selective Intervention

Offenders in the selective-intervention category require the least time and present the fewest supervision problems. As the term implies, the supervising officer will intervene in the offender's life only on an "as needed" basis. Offenders in this category usually fall into the low-risk category as determined by the risk and needs

scales. Generally, they have relatively stable, prosocial lifestyles, and their current offense is frequently their first involvement with the law. Their offenses may be a temporary lapse or suspension of an otherwise normal value system. They often show strong indications of guilt and embarrassment. Avoid increasing guilt and criminal identification in these offenders without allowing them to intellectualize or minimize their criminal acts.

These offenders respond best to a warm, supportive relationship with their officers and to the use of rational problem-solving approaches to counseling. Avoid giving the impression to such offenders that you are trying to run their lives for them or that you lack trust in them. Research evidence shows that low-risk offenders actually may become worse if they are overly restricted and “treated” by well-meaning correctional workers. Lowenkamp and Latessa’s (2004) review of the literature found opposite treatment effects for low- and high-risk offenders placed in the same treatment programs; recidivism was reduced for high-risk offenders but was increased for low-risk offenders. Why would low-risk offenders be harmed by treatment? One reason is that you are exposing them to high-risk offenders and you know the old saying about a rotten apple spoiling the whole barrel. Another is that placing low-risk offenders in the types of restrictive programs that high-risk offenders need may disrupt the very factors (family, employment, and other prosocial contacts) that made them low risk in the first place (Andrews & Bonta, 2016).

The message is “leave low-risk offenders alone as much as possible.” If your agency uses a system of minimal contact, such as allowing low-risk offenders to report into the agency by mail or by telephone, make sure that offenders know that you are available to help them through temporary crises or emotional problems that may prompt further criminal activity. Caseworkers should not put these offenders on minimal supervision or write-in status until they deal with any of their treatment needs satisfactorily. Remember, less intrusive supervision strategies tend to work best for these offenders.

5.5.2 Environmental Structure

Offenders who need environmental structure generally fall into the low end of the medium-risk category and require regular supervision. Intellectual, vocational, and social deficits contribute considerably to their criminal activities. They tend to lack foresight, to have difficulty learning from past mistakes, and to be overly dependent on like-minded individuals for acceptance and approval. Usually, they are not committed to a criminal career, and malice as a motivation for criminal activity is rare.

The typical goals to seek with these offenders are to develop and/or improve intellectual, social, and work skills, to find alternatives to associations with criminal peers, and to increase control of impulses. Be more directive and concrete with these individuals than with your selective-intervention offenders. Move slowly to build a success identity for the offenders by balancing your expectations of them with their present coping resources (the subject of Chap. 8). Initially, you often may have to do things with and/or for them (such as taking them job hunting), but take

care that you do not foster overdependence. Many of the offenders in this category can become productive citizens with a warm and accepting officer who knows the available community resources.

5.5.3 Casework/Control

Casework/control means that offenders placed in this category require more intensive casework and that their activities should be more tightly controlled. Offenders in this category are at the high end of the medium-risk and needs scale. They evidence a generalized instability in their lifestyles. They lack goals in their lives and have difficulty with interpersonal relationships and in finding and keeping employment. They tend to have had chaotic and abusive childhoods, which they repeat with their own families. You frequently will find alcohol and drug abuse among these offenders, and many of their criminal convictions reflect this abuse.

The basic goals for this group are much the same as those outlined for the environmental structure offenders, but they are more difficult to achieve because of their substance abuse and greater emotional problems. These offenders require a great deal of your time and considerable coordination of auxiliary programs. You must monitor attendance and involvement with outside programs strictly, and you should allow them to suffer the consequences of their noncompliance, such as short periods in the county jail. Consequently, use all your leverage to promote offender compliance. These offenders will try your patience and professional competence, but a knowledgeable, caring, and no-nonsense officer can turn them around.

5.5.4 Limit Setting

Offenders who need strict limits set for them by their officers are high risk on the risk and needs scale. They are quite comfortable in their criminal lifestyles and demonstrate a pattern of long-term involvement with criminal activities. They delight in their ability to beat the system and tend to minimize or deny any personal problems. They see themselves as normal individuals who simply have chosen a criminal lifestyle for themselves. Indeed, in comparison to the structured-environment and casework/control offenders, they often show quite superior ability to function normally (if not morally) in society.

This ability, of course, is the hallmark of psychopathy. A special intensive supervision officer generally receives offenders in the limit-setting category. Intensive supervision officers usually enjoy small caseloads, enabling them to devote the time necessary to supervise high-risk offenders. Protection of the community through surveillance and strict control (often with the aid and cooperation of the police) of the offenders is of primary concern. Such offenders are extremely manipulative and frequently will test your resolve. They will interpret any failure on your part to act assertively as weakness. Thus, you always must be prepared to confront them with

even minor infractions of the rules. If you do not, they will not respect you, and you can be sure that they will escalate their violations.

These offenders respond best to the techniques of reality therapy (described in Chap. 8) and to rational discussion because their criminal behavior is often more a function of choice than of emotional or intellectual deficiencies. Figuring the cost/benefit ratio of crime as explained in Chap. 10 may be beneficial to these offenders. Since they also tend to be quite energetic and to possess adequate native intelligence, they have capabilities that you can channel into profitable and legal endeavors. Attempt to develop challenging and innovative opportunities to provide them with satisfying alternatives to a criminal lifestyle.

For offenders who have defeated all your best efforts, who have repeatedly sabotaged treatment plans and exhausted existing programs, and who plainly lack any sort of motivation to change, it may be appropriate to discontinue major efforts to restructure their lives. When all else has failed, but you have not initiated formal legal action against them, expect nothing more than legal conformity from them. Make it clear, however, that any legal violation, no matter how minor, will result in official action.

5.5.5 A Final Word About the CMC System

It is important that neither the seasoned officer nor the student see the CMC system as just bureaucratic paper-pushing. It may seem like a lot of extra work to the officer used to supervising offenders in accordance with his or her “intuition” or “experience.” The CMC system is actually an efficiency-enhancing device that ultimately will save time. A study (Lerner, Arling, & Baird, 1986) found that high-risk offenders on CMC supervision experienced 8 percent fewer parole revocations than regularly supervised, non-CMC high-risk offenders. Medium-risk CMC offenders experienced 6% fewer revocations than non-CMC medium-risk offenders. Both these differences were statistically significant. The substantive difference represented by these percentages was 95 fewer parole violation reports—a lot of time spared. More importantly, it meant that 95 offenders were saved from the futility of the revolving prison door because their needs had been identified and efficiently serviced. CMC supervision of low-risk offenders resulted in only 1% fewer (6% versus 7%) revocations than that of the regularly supervised low-risk offenders. This seemingly insignificant difference is more a function of the generally good performance of low-risk offenders than the inapplicability of the CMC system to them. Michael Schumacher (1985), Chief Probation Officer of Orange County, California, is an enthusiastic supporter of CMC:

Probation programs ... can no longer rely upon the assertions of “doing good” for people based upon a subjective model of human behavior. The risk/needs approach provides an objective look at offenders based on characteristics shown to have some predictive value for the success or failure of other probationers. It supports a healthy balance between the peace officer role [and the] social work role. It is a tool that has been a long time coming and shows promise for probation supervision as a major factor in the resocialization of

offenders. Longitudinal research conducted in jurisdictions where this system has been fully implemented has shown encouraging results in the reduction of criminal behavior by probationers. If this system is properly implemented, I am convinced reductions in recidivism rates will result. (pp. 454–455)

5.6 Summary

The proper assessment of correctional offenders has become increasingly important in criminal justice. The various scales, forms, and questionnaires found in this chapter constitute efforts to classify and treat offenders in a more rational and equitable way.

The Social History Questionnaire and the Client Management Classification Interview Schedule are interviewing and assessment aids. They are used prior to sentencing. The Felony Sentencing Worksheet assists you in making sentencing recommendations by providing you with sentencing “norms” based on experience.

The risk and needs assessment scales are supervision aids. These scales provide you with information relating to the risk offenders pose to the community and the needs they have in order to lead a more productive life. They also provide you with the information you need to develop treatment plans for offenders. Treatment plans begin by identifying major problem areas and devising a “tentative treatment plan” based on the need to alleviate these problems. You should reassess these plans as frequently as necessary, or at least every 6 months. The use of the tools contained in this chapter has resulted in a remarkable improvement in corrections supervision over the old “seat of the pants” methods of supervision.

5.7 Assessment Exercises

If your instructor assigns practice presentence investigation interviews, he or she will provide you with actual cases for practice interviews and assessments. If you are role-playing the offender, you will have access to information supplied by the offender. It is the “officer’s” task to elicit this information from the “offender” using the interviewing techniques described in Chap. 3.

If you are role-playing the interviewing officer, you will receive only case materials that are normally provided from sources other than the offender. These include circumstances of the offense, the criminal record, the victims’ statements, and school records. Drawing on the information provided by the offender and other sources, perform an evaluation of the offender, make a realistic recommendation, and formulate a treatment plan. There are no “correct answers.” There are only good or poor evaluations, realistic or unrealistic recommendations, and workable or unworkable treatment plans.

When considering each section in the practice presentence investigation reports, reread the appropriate section in Chap. 4 to determine if you have considered every thing pertinent before deciding on an evaluation and recommendation. Do not

hesitate to recommend imprisonment if you feel that the case warrants such a disposition. However, for the purposes of formulating a treatment program, assume probation placement even if you recommended imprisonment.

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Assessment and Classification in Institutional Corrections

6

This chapter builds on the previous one in which we discussed offender assessment in the context of community corrections. It concerns assessment in the context of institutional corrections; thus, many of the points and issues addressed in Chap. 5 apply here. With over two million inmates in American jails and prisons (Kaeble & Cowhig, 2018), it appears that America is “addicted to incarceration” (Pratt, 2009, p. 2). If this is so, we must be mindful of former US Supreme Court Chief Justice Warren Burger’s famous lines: “To put people behind walls and bars and do little or nothing to change them is to win a battle but lose a war. It is wrong. It is expensive. It is stupid” (cited in Schmallegger, 2001, p. 439).

The first stage in Burger’s war-winning strategy must be (to stick with his metaphor) to gain usable “intelligence” about the “enemy’s” strengths and weaknesses through classification. Institutional assessment is obviously more concerned with security issues when classifying inmates than are probation and parole officers. Classification is simply a method of ordering the way we relate to or deal with objects, situations, or people.

6.1 Historical Overview of Inmate Classification

Early attempts at classification consisted simply of separating men from women and children within prisons. In the late 1700s, the Walnut Street Jail in Philadelphia inaugurated a classification process to separate serious offenders from less serious offenders. Those classified as serious offenders were placed in isolation and were not allowed to work or interact with other prisoners.

In 1804, the Charleston Prison in Massachusetts established a tri-level system of classification based on prior convictions of offenders. Distinctive uniforms

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identified each of the three groups classified by this system, and groups were segregated from one another. Based on this classification, offenders were assigned quarters, prison work, and differential access to various amenities. First-time offenders received the best quarters, job assignments, and food. Second-time offenders were allowed only two meals per day and performed the less desirable work. Third-time, or habitual offenders, did the most menial tasks and received the worst food and accommodation.

In the early 1800s, prison administrators experimented with a variety of new custodial and classification systems. One such system, which provided the model for most prison construction for the next 150 years, was the Auburn Prison, opened in New York in 1819 (Stohr & Walsh, 2018). Prisons based on this model were invariably maximum-security with harsh conditions of confinement. Inmates were kept in solitude except during meals and work, and they had to remain silent at all times. Administrators expended little effort to establish inmate classification as an integral part of prison administration.

The intervention of the courts, as much as anything else, provided the impetus toward better classification systems. As late as 1966, the courts generally avoided interfering in specific classification decisions, recognizing “that discipline and the general management of such open institutions are executive functions with which the judicial branch will not interfere” (*Cohen v. U.S.*, 25F. Supp. 679, at 688 [1966]). Indeed, until this time, the courts took a general “hands-off” philosophy toward most correctional matters and left the day-to-day administration of prisons in the hands of the states (Palmer, 2010). However, as a result of a court action in Rhode Island in 1970, the Federal District Court issued the first order that a meaningful, non-arbitrary classification system be designed and implemented. The court further recognized that inmate classification is a management tool that enables the prison administrator to allocate scarce resources to areas where the greatest good may be achieved. As stated by the court (*Morris v. Travisono*, 310F. Supp. 857 [1970]):

Classification is essential to the operation of an orderly and safe prison. It is a prerequisite for the rational allocation of whatever program opportunities exist within the institution. It enables the institution to gauge the proper custody level of an inmate, to identify the inmate’s educational, vocational, and psychological needs, and to separate nonviolent inmates from the more predatory. (p. 965)

Those of a more radical persuasion want to give inmates a voice in determining their various classifications (Richards & Ross, 2003), but for others, this is pure folly: “Power sharing and asking the confined for their permission to change course [is] not an option” (Marquart, 2008, p. 155). Marquart’s (2008) two decades of studying prisons leads him to assert that the prison staff must run 100 percent of the prison, and no less. We agree with Marquart and add that controlling prisons and their unwilling guests requires proper classification using the latest tools administered by correctional staff who know what they are doing.

Thus, the courts have charged correctional administrators with the task of minimizing the risk of injury to the public, to inmates, and to the correctional staff. This is to be accomplished while placing each offender in the least-restrictive setting

consistent with the safety and security goals of the institution and with the needs of the offender. Before 1980, however, only the federal and California prison systems used objective classification methods, but now all US prison systems do (Shermer, Bieri, & Stock, 2012). As you may well imagine, inmate classification is perhaps the most involved and all-encompassing aspect of inmate supervision because it addresses issues of security, treatment, and the safe and smooth operation of the prison. As Clemens Bartollas remarks in his book, *Becoming a Model Warden*: “The classification of inmates is important in a humane prison. Proper classification can do much to provide a safe and secure facility” (Bartollas, 2004, p. 156).

6.2 Classification Today

Professional practitioners within their respective disciplines have developed elaborate systems of classification relating to the phenomena with which their disciplines deal. These practitioners have gone beyond subjective methods to embrace more objective methods. For instance, psychologists and psychiatrists classify various systems of behavior in a manual called the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5) that allows for the classification of individuals’ characteristics in terms of clinically important factors. It provides a common bond of understanding within the family of mental health professionals. This facilitates management of caseloads and the implementation of treatment modalities.

Unfortunately, the classification of institutionalized offenders is not yet quite as neat and tidy as that provided by the DSM-5. Although the causes and treatment of criminal behavior have been important items in the criminal justice agenda since it was first suggested that there just might be alternatives to flogging, mutilating, and torturing, several reasons exist for the lack of consistency in inmate classification. It is a major imperative that we come as close as possible to making inmate classification reliable, valid, and standardized for the sake of the institution and its staff, the inmates, and ultimately for the sake of society.

Classification, first and foremost, is about making predictions and involves three types of procedures: (1) anamnestic (an unnecessarily fancy word related to memory), which is based solely on an individual’s past behavior; (2) clinical, which is based on expert diagnosis and evaluation, such as the DSM-5, the Minnesota Multiphasic Personality Inventory (MMPI), and other tools to be reviewed in this chapter; and (3) statistical or actuarial, which are based on individual behavior patterns in comparison with similar behavior patterns of others (Austin & McGinnis, 2004).

Problems exist in the classification process because predictions about human behavior are always far from perfect. We have two types of prediction problems: false positive and false negative. A *false positive* prediction is one in which we predict offender risk when there is not any risk, and a *false negative* is predicting no offender risk when there is some risk.

The false-positive situation can be illustrated by sentencing an offender to an excessively long prison sentence based on the his or her past behavior (anamnestic)

without regard to other factors such as age, type of crime, and actuarial information. Subsequently, we prolong this error when we predict that the offender will continue to pose a risk when the risk is no longer present. Classification errors tend more often to be false positive than false negative, indicating the tendency of classification instruments to err on the side of caution (Bench & Allen, 2003).

A randomized experiment conducted by Bench and Allen (2003) suggested that many inmates classified as maximum-security risks can be safely housed in medium custody, which would result in the savings of considerable sums of money. They randomly assigned inmates classified as maximum security either into maximum or medium security prisons. Neither the inmates nor correctional staff (except the prison's warden) were aware of the study inmates' "true" classification. The researchers found no significant difference in the disciplinary records of the inmates treated as medium security but whose "true" classification was maximum and the "regular" medium security inmates. Bench and Allen concluded that the classification label may be more a determinant of inmate behavior ("I'm a medium-security risk and will act like one") than offender characteristics.

However, legal and ethical issues arise from the question of false-positive and false-negative predictions. If offenders who pose a real and present risk to the prison population are not classified in a manner that affords protection to others (false negative), institution security and order are threatened. The experimental group (classified maximum-security inmates assigned to medium security) in the Bench and Allen study did have a higher weighted mean number of disciplinary write-ups even if the mean difference was not statistically significant.

On the other hand, if we err and deprive offenders of rights and privileges (false positive) afforded under the US Constitution and correctional agency policy, we become excessively punitive at a greater fiscal cost to society. In either circumstance, violations of the Eighth (cruel and unusual punishment) and Fourteenth Amendments (due process) to the US Constitution often are alleged. Correctional agencies then may become involved in lengthy and costly litigation, which ultimately must be borne by the public.

A closely related problem deals with predicting individual behavior. As indicated earlier, the complexity of the human organism precludes 100% accuracy in predicting individual behavior. We can classify an individual as belonging to a particular group whose members have the same characteristics. For example, we know that young males have a greater propensity to commit crime than other groups, and we know that the early onset of criminal behavior, the seriousness of the first offense, and the frequency of offending predict future criminality. Thus, the group, as an entity, may present a significant risk to a society; however, the individual offender as a separate sub-entity may not. Consequently, it is very risky, regardless of the classification tool, to predict that a given individual will behave in a particular manner in any given instance.

Unlike classifications within the free world, predictions within the criminal justice system tend to deprive individuals of their liberty and access to goods and services. We have suggested that the decision process for the assignment of individuals to various classification levels is far from perfect. Because of the possibility of loss

of freedom, it is necessary to develop and use classification procedures that remove as much subjectivity as possible so as to be less capricious and arbitrary. Standardized procedures encourage uniformity and fairness for the offender, for the institution, and for the public.

The problem is one of objective classification versus subjective classification. Traditionally, the validity of the various methods used by administrators to assess levels of security or custody to which inmates were assigned has relied on the more subjective evaluation of the DSM-5 criterion, interpretation of the MMPI, and other diagnostic tools used by trained professionals. However, the interpretation of the offender characteristics depicted by the criteria presented and the interpretation made by the evaluator can vary among evaluators. Even minimal differences can result in classification to different custody and security levels, which dramatically limit inmate choices and liberty.

The objective classification of inmates using models that attempt to evaluate inmate characteristics through use of a standardized criterion and variables enhances the validity of inmate classification. The reliability (the consistency of the assessments across different assessors) and validity (how well the instrument predicts what it was designed to predict) of actuarial assessment is significantly higher than that achieved by professional judgment alone (Andrews & Bonta, 2016). By developing objective actuarial models, we are able to reduce the incidence of error and avoid legal challenges under 42 USC §1983 (the section of the US Code that allows offenders to sue state officials who unlawfully deprive offenders of their constitutional rights).

Classification to specific levels of security and custody determines to a great extent the amenities that an offender will be afforded. In *Rhodes v. Chapman* (452 U.S. 337 [1981]), the US Supreme Court held that the Constitution “does not mandate comfortable prisons” but neither does it permit inhumane ones. Court cases have determined that “the treatment a prisoner receives in prison and the conditions under which he is confined are subject to scrutiny under the Eighth Amendment” (*Rhodes v. Chapman* at 349).

In its prohibition of “cruel and unusual punishments,” the Eighth Amendment places restraints on prison officials, who must provide humane conditions of confinement; prison officials must ensure that inmates receive adequate food, clothing, shelter, and medical care and “take reasonable measures to guarantee the safety of the inmates,” *Hudson v. Palmer* (1984); *Washington v. Harper* (1990); and *Estelle v. Gamble* (1976). Indeed, a prison official’s “deliberate indifference” to a substantial risk of serious harm to an inmate violates the Eighth Amendment (*Helling v. McKinney*, 1993) and thus raises a §1983 action. One of the purposes of classification is to assign the inmate to the appropriate security and custody level consistent with the risk presented to the institution, staff, and other inmates, as well as to respond to the needs of the inmate.

42 USC § 1983, Civil Rights Act of 1871

Every person who under color of any statute, ordinance, regulation, custom, or usage of any state or territory, subjects or causes to be subject, any citizen of the United States or other person within the jurisdiction thereof to the deprivation of any rights, privileges, or immunities secured by the Constitution and laws, shall be liable to the party injured in an action at law, suit in equity, or other proper proceedings for redress.

42 USC § 1983. Violation of this statute by a public official can result in a civil action against those officials and their supervisors when acting under the color of state law if they deprive an individual of his or her constitutional rights. Two conditions must be met to make a valid claim under 42 USC § 1983: (1) the public official acted under the color of law that is in the capacity of his or her assigned duties, and (2) the person who was wronged was deprived of some right or immunity guaranteed by the Constitution or laws of the United States.

6.2.1 Security and Custody

As you will note from Fig. 6.1, security levels are of a physical nature. They refer to the environmental factors of perimeter security and use of towers, patrol, and other detection devices. Custodial levels (Fig. 6.2) refer to the degree of supervision the inmate/offender receives. Programs are the activities that are provided, such as educational and vocational opportunities, counseling services, and recreational and hobby activities. Figure 6.2 makes it clear that access to jobs and programs is an inherent function of custodial classification.

6.3 Classification Data**6.3.1 Standards and Principles of Classification**

Classification of behavior in the DSM-5 provides an organized, systematic, and established procedure for assessing offender characteristics. This classification, in turn, allows for differential treatment modalities. In institutional corrections, not all criminals exhibit the same behavior or present the same risk to security. For example, the DSM criteria for a diagnosis of antisocial personality disorder is specific, yet it provides diagnostic discretion for the trained professional to evaluate the individual offender's risk to society.

In the past, we have not normally observed differential approaches to offenders; rather, we have tended to treat all inmates in a similar manner. Now, we have the tools to make distinctions and the rationale of cost savings to do so (Andrews & Bonta, 2016).

SECURITY LEVELS			
SECURITY ELEMENTS	I (Minimum)	II (Medium)	III (Maximum)
Housing	Dormitories, cubicles, or rooms	Rooms and/or multiple cells	Single cells, very secure, with heavy duty hardware
Perimeter Security	None, or single fence; occasional patrol	Double fence; electronic alarm system; patrol of perimeter or towers	Combination of double fence; wall; towers; constant armed perimeter surveillance; and electronic alarm system
Internal Security Measures	Inmate census taken at least 3 times daily	Inmate movement controlled by pass system; formal census at least 4 times daily, plus frequent informal census	Frequent informal census; capability to quickly separate the inmates into groups of 50 or less; directly supervised and/or escorted when outside cell or living area; formal census taken at least 6 times daily

Fig. 6.1 Physical security levels

6.3.2 Reception and Diagnostic Unit

Following a sentence of imprisonment, offenders are transported to the designated facility. For offenders being sentenced to prison for the first time, this is very likely the most frightening experience of their lives. Consider for a moment the confusion and fear that the offender must be experiencing as he or she tries to come to grips with the consecutive ordeals of trial, conviction, sentencing, and arrival at the “big house.” According to Handyman, Austin, and Peyton (2004), all institutions conduct a standard “core” of prison-intake functions, and the standard stay at an intake or reception facility is 40 days for males and 41 days for females. The identified intake functions include:

1. Identifying the prisoner (photographing, fingerprinting, and so forth).
2. Developing the prisoner’s record.
3. Performing medical and mental health assessments.
4. Determining the prisoner’s threat to safety and his/her security requirements.
5. Identifying security threat groups.
6. Identifying sex offenders, sexual predators, and vulnerable inmates.

Upon arrival at the institution, all offenders are considered close-custody inmates pending initial classification. The function of the security staff at this point is to instill the reality of prison security in the newly committed inmate. Armed guards are present, orders are given, and immediate compliance is demanded. Inmates are stripped naked, all their property is seized, and a strip search is conducted. Based on

CUSTODY LEVELS			
ACTIVITY	Minimum	Medium	Maximum
Observation by staff	Occasional; appropriate to situation	Frequent and direct	Always supervised when outside cell
Day movement inside facility	Unrestricted	Observed periodically by staff	Restricted; directly observed or escorted when outside cell
Movement after dark	Intermittent observation	Restricted, with direct supervision	Out of cell only for emergencies; in restraints when outside cell, or as approved by watch commander
After evening lockdown	Intermittent observation	Escorted and only on order of watch commander	
Meal periods	Intermittent observation	Supervised	Directly supervised or in cell
Access to jobs	Eligible for all, both inside and outside perimeter	Inside perimeter only	Directly supervised or in cell
Access to programs	Unrestricted, including community-based activities	Work and recreation, inside perimeter; outside perimeter only as approved by staff	Selected programs/activities inside the facility perimeter, as approved by staff
Visits	Contact; periodic supervision, indoor and/or outdoor	Contact, supervised	Noncontact or closely supervised (1-1)
Leave the institution	Unescorted/escorted	Direct staff escort; handcuffs, with chains and leg irons (optional); armed escort (optional)	Minimum of two escorts with one armed; full restraints; strip search prior to departure and upon return
Furlough	Eligible for unescorted day pass and furlough*	Eligible for staff-escorted day pass or furlough*	Not eligible

*A day pass permits inmate to be away from institution only during daylight hours. A furlough authorizes overnight absence from the facility

This custody classification system is used as a guideline to determine the following:

1. Assignment is made to an institution that provides the level of security consistent with the inmate's custody requirement.
2. Assignments are made to institutional programs that are consistent with custody needs. These assignments include housing, work, and other programs such as education, visiting, and any activity that involves risk to staff, other inmates, or the community

Fig. 6.2 Custodial levels. *A day pass permits inmate to be away from institution only during daylight hours. A furlough authorizes overnight absence from the facility. This custody classification system is used as a guideline to determine the following: (1) Assignment is made to an institution that provides the level of security consistent with the inmate's custody requirement. (2) Assignments are made to institutional programs that are consistent with custody needs. These assignments include housing, work, and other programs such as education, visiting, and any activity that involves risk to staff, other inmates, or the community

who conducts the search, the policy of the institution, and security considerations, this search may include a body cavity search.

The strip search is very likely the greatest known intrusion of one's privacy. Inmates are then ordered to shower, with instructions to apply a delousing agent to all areas of body hair. At no time during these initial orientation processes is an inmate allowed out of sight of a member of the correctional staff. Following the shower, inmates are issued a drab prison uniform and a number. All vestiges of individuality are removed. The inmate has effectively become a nonentity, totally vulnerable and dependent upon his or her keepers. This process is demeaning, but it is unfortunately necessary as both a security and a sanitation precaution. During inmates' stay at the reception and diagnostic unit, security and programming staff closely observe them. Their observations of adjustment and behavior are forwarded to the classification committee for inclusion in their assessments and evaluations.

6.3.3 Tests

During the reception and diagnostic period, inmates are examined by medical staff and are tested in accordance with the policies of the particular state or institution. These tests may include (among others) the Nelson Reading Skills Test, the General Aptitude Test Battery (GATB), the Minnesota Multiphasic Personality Inventory (MMPI), the Human Synergistics Lifestyle Inventory, and the Myers-Briggs Type Indicator (MBTI). We will take a brief look at each of these tests.

6.3.3.1 Nelson Reading Skills Test

The simplest of these tests in terms of inmate understanding is the Nelson Reading Skills Test. It is designed to evaluate the offender's reading grade level and vocabulary level. This test tends to establish offender eligibility for participation in subsequent testing. If the offender does not read and understand written communications at least at the sixth-to-eighth grade level, the results of subsequent testing are invalid.

6.3.3.2 General Aptitude Test Battery

The General Aptitude Test Battery, developed in 1947, is often administered by governmental employment services and is designed to measure aptitudes that have been found to be significant in many occupations. The GATB is not normally administered to anyone who does not read at least at the sixth grade level. Although it was designed to test adults and high school seniors, conversion tables have been devised for converting scores obtained by those reading at less than twelfth grade level.

Areas for which scores are obtained are presented below. Combining specified scores provides a composite score, which is then cross referenced with specific occupational areas, indicating a general aptitude for that field.

1. *General learning ability* (G). The ability to understand instructions and underlying principles; the ability to reason and make judgments.

2. *Verbal aptitude* (V). The ability to understand the meanings of words, the ideas associated with them, and the ability to use them effectively. The ability to comprehend language, to understand relationships among words, and to understand meanings of whole sentences and paragraphs.
3. *Numerical ability* (N). The ability to perform arithmetic operations quickly and accurately.
4. *Spatial ability* (S). The ability to comprehend forms in space. Frequently described as the ability to visualize objects of two and three dimensions.
5. *Form perception* (P). The ability to perceive pertinent details in objects or in pictorial or graphic material.
6. *Clerical perception* (Q). The ability to perceive pertinent details in verbal or tabular material.
7. *Motor coordination* (K). The ability to coordinate eyes, hands, and fingers rapidly and accurately in making precise movements with speed.
8. *Finger dexterity* (F). The ability to move the fingers and manipulate small objects with them rapidly and accurately.
9. *Manual dexterity* (M). The ability to move the hands easily and skillfully.

Combining the G, V, and N scores provides a score related to cognitive abilities. A functional “performance” score is obtained by combining the S, P, Q, K, F, and M scores. Inmates tend to score significantly higher on the performance areas than on the cognitive sections of the GATB.

The importance of educational and vocational training while incarcerated highlights the importance of tests such as these. A meta-analysis of 90 studies linking prison educational and vocational training indicate overall lower rates of disciplinary activities while in prison and lower recidivism rates after release for offenders receiving such education and training (Adams et al., 2004). Adams and his colleagues found that inmates with the lowest levels of education benefited most from participation in academic programs and suggest that this participation and success raises their self-images.

6.3.3.3 Minnesota Multiphasic Personality Inventory (MMPI)

The MMPI, developed in the 1930s, is one of the most widely used personality inventories in corrections. It consists of 550 affirmative statements to which the test taker responds with “true,” “false,” or “cannot say.” A MMPI-based typology of criminal offenders is one of five psychological classification systems used by the Federal Bureau of Prisons (Van Voorhis, 1988).

The MMPI has ten scales relating to ten different clinical disorders:

- Hypochondriasis (Hs) (morbid concern over one’s health)
- Paranoia (Pa)
- Depression (D)
- Psychasthenia (Pt) (neurotic state with irrational phobias, obsessions, and compulsions)
- Hysteria (Hy)
- Schizophrenia (Sc)
- Psychopathic deviate (Pd)

- Hypomania (Ma)
- Masculinity-femininity (Mf)
- Social introversion (Si)

Three additional control scales are built into the inventory. The Lie (L) scale is designed to assess a person's tendency to try to "look good." The Validity (F) scale is intended to reveal confusion and carelessness. The Correction (K) scale is more subtle than the L or F scales. A high K score tends to indicate that the respondent either is highly defensive or is attempting to "fake good." A low K score is indicative of either an attempt to "fake bad" or a tendency to be overly self-critical.

In 1979, Edward Megargee constructed a classification system for youthful and adult offenders based on the MMPI profiles. The scales that he developed allow administrators to obtain computer-generated classifications of offenders arranged in hierarchical models from least to greatest risk. Rather than using the scales of the MMPI, the Megargee model constructs an aggregate composite based on the analysis of scale. Since the University of Minnesota released a new version of the MMPI, Megargee and his team have adapted his model to the new (MMPI-2) version (Van Voorhis, 1994). Some studies have found the Megargee/MMPI-2 to predict prison assault and misconduct, but in terms of post-release behavior, it has found weak or no support (reviewed in Andrews & Bonta, 2016).

6.3.3.4 Human Synergistics Lifestyles Inventory

The Human Synergistics Lifestyles Inventory (HSLI), developed by Dr. C. Lafferty, is another self-report test. People taking the HSLI test are asked to select which statement of two is more descriptive of them. The respondent receives a series of paired statements. Each statement is repeated often, with alternative pairings. A profile is developed of individual lifestyle preferences from the responses. Here are brief descriptions of those preferences.

1. *Humanistic*. Enjoys helping, developing, and teaching others. Regards people as inherently good and accepts them unconditionally. Likes people and understands them. Needs to establish and maintain open, warm, and supportive relationships
2. *Affiliative*. Cooperative, friendly, and open with others. High need for relationships with many friends. Wants to like and be liked
3. *Approval*. Overly concerned with being liked. Bases own opinion of self and things on what others think
4. *Conventional*. A conformist, takes few risks, covers mistakes, and follows rules
5. *Dependent*. Does what is expected without question. Compliant and eager to please. Highly influenced by others
6. *Avoidance*. Tendency to stay away from any situation that may pose a threat. Needs to protect self-worth rather than experience life and growth
7. *Oppositional*. Needs to question things, including resisting authority. Critical tendencies may be a reaction against the need to be close to others. Behavior can be antagonistic, causing defensiveness in others

8. *Power*. Tends to be hard, tough, bossy, and aggressive. Needs to gain influence and control over others to maintain personal security. Authoritarian and dictatorial as a leader
9. *Competitive*. Self-worth is based on winning. Turns many situations into contests. Strong need for commendation and praise. Can be self-defeating because failure is unacceptable
10. *Competence*. Driven, needs to appear independent and confident. Selects high expectation for self to the point that they are unreasonable. Failure to meet perfectionist standards results in self-blame
11. *Achievement*. Feels that personal effort makes the difference in the outcome. Needs to set own standards of excellence and pursue set goals. Willing to take some risks if they may produce positive results
12. *Self-actualizing*. Concerned with personal growth and development. Responsible, confident, relaxed, and unique. Motivated by internal need to accomplish set goals. Perceptive and understanding of others, and accepts life in all its fullness

High scores in a specific series can provide a composite of specific traits. Individuals scoring high in areas 1, 2, 11, and 12 tend to have a realistic view of themselves. Such people are extremely rare within prison walls. Individuals scoring high in areas 3, 4, 5, and 6 are insecure, but mask it to gain approval. They avoid risks and are easily influenced. High scorers in areas 7, 8, 9, and 10 tend to keep people at a distance and show an inability to deal with their feelings and emotions. They have a strong distrust of others. This group is heavily represented in institutional settings.

The Lifestyles Inventory not only is designed to generate personality profiles but also is useful in identifying oppositional aspects of respondents' personalities. If an individual scores high on opposing lifestyle areas, for example, Humanistic/Oppositional, Affiliative/Power, or Approval/Competitive, he or she is attempting to meet competing and incongruent needs. Such attempts will probably result in debilitating intrapersonal conflicts and stress.

6.3.3.5 Myers-Briggs Type Indicator (MBTI)

Developed in 1962, the Myers-Briggs Type Indicator (MBTI) is based on psychoanalyst Carl Jung's theories of judgment and perception. Jungian theory proceeds from the premise that, from an early age, people are predisposed to react to the world in different ways. These preferences of interaction will tend to direct the use of judgment and perception and will influence both what people direct their attention to and the conclusions they draw from their interactions. Employment counseling and testing uses the MBTI extensively (Kennedy & Kennedy, 2004).

The MBTI identifies four separate preference categories. The interaction of the preference categories provides 16 separate groupings or "types" of individuals. These are the four categories.

1. *Extroversion-Introversion (EI)*. This category reflects the individual's basic attitudes or orientation. An extrovert is oriented to the outer world and tends to

focus perceptions and judgments on people and things. An introvert is oriented inwardly and tends to focus judgments and perceptions on concepts and ideas.

Extrovert (E): The extrovert's interests tend to flow to the outer world of actions, objects, and persons. Extroverts have a breadth of interests. Thus, they like variety and action and often are impatient with long, slow tasks, preferring to get the task accomplished so that they may see the results of their efforts. They tend to work fast, often acting quickly, sometimes without thinking; because of the spontaneity, there is a dislike for complicated procedures. Since they are people oriented, they are interested in how other people would accomplish a task; they enjoy the company of others, are good at greeting people, and communicate well.

Introvert (I): Introverts have interests that mainly are directed to the inner world of concepts and ideas. They like to know the idea behind their job and dislike sweeping statements. Where the extrovert has a breadth of interest, the introvert has a depth of concentration, which lends itself to detailed work, and long periods of uninterrupted work on a single project. They prefer quiet environments where they may work contentedly alone; they like to mull things over before they act and sometimes fail to act. Being introspective, and preferring their own company, there is a tendency to have trouble remembering names and faces and they experience some problems in communicating.

2. *Sensing-Intuiting (SN)*. The SN category indicates the individual's perception functions. The sensing process is dependent on observable objects and occurrences, which are processed through the senses. Intuition is based on "gut feelings" about relationships, things, and occurrences and is beyond the scope of the conscious mind.

Sensing (S): The sensing preference places a great deal of reliance on facts, and persons with this orientation seldom make errors of fact and are good at precise work. The person who is a sensing type prefers to deal with the immediate, real, practical facts of experience and life. There is a dislike for problems unless a standard and routine solution exists; they are seldom inspired and rarely trust inspiration. They prefer established routines using skills that they already have learned, in preference to learning new skills. There is a tendency to work steadily through a task to reach a conclusion, and there is a realistic idea of the time involved to finish the task. Although patient with routine details, when the details of a task become complicated, sensing types become frustrated and impatient.

Intuitive (N): The intuitive individual likes solving problems and prefers to perceive the possibilities, relationships, and meanings of experiences. There is a strong dislike for routine details and repetitive tasks especially if the routine or repetitive task requires the expenditure of time to accomplish precision undertakings; however, they are challenged and patient with complicated nonroutine situations. The intuitive type enjoys learning new skills, but not necessarily the use of a new skill. There is a tendency to pursue a task for a short period with a high level of enthusiasm and energy followed by a slack period of low production. The intuitive type follows inspiration, good or bad, often makes errors of fact, and frequently jumps to conclusions.

3. *Thinking-Feeling (TF)*. The TF category is the judgmental index. Thinking allows the individual to reflect on the probable consequences of choices made. Feeling, in contrast, will provide the basis of personal or social values.

Thinking (T): The thinking type relies on logic and analysis to make objective and impersonal judgments and decisions while considering both the causes of events and where decisions may lead. The thinking preference types are relatively unemotional and uninterested in the feelings of others. Thus, they make decisions on an impersonal basis, sometimes ignoring the wishes and hurting the feeling of others without knowing it. They are able to reprimand people and fire them, when necessary; thus, they seem to be hard-hearted. Although the thinking type relates well only to other thinking types, they do have a need to be treated fairly.

Feeling (F): A feeling person subjectively and personally weighs the values of choices and how the choices matter to others when making judgments and decisions. The decisions, therefore, may be influenced by their own or other people's likes and wishes. They tend to be very aware of other people and their feelings and enjoy pleasing others if even in small unimportant ways; thus, they relate well to most people. Feeling-oriented people are sympathetic and dislike telling people unpleasant things; they also require occasional praise. They have a strong preference for harmony, and their efficiency can be badly disturbed by discord.

4. *Judgment-Perception (JP)*. This category relates directly to the extroverted function of a person's life—how he or she deals with the outer world. A person who prefers to use judgment in these dealings will assign either the thinking or the feeling process to situations. However, if the individual reports a perception preference, the perceptive functions of sensing and intuition will dominate in relating to outer-world activities.

Judgment (J): A judging type tends to rigid organization and prefers to live in a decisive, planned, and orderly manner, aiming to regulate and control events. Judging persons work best when they can plan their work and follow the plan. Once they have reached a judgment on a thing, person, or situation, they tend to be satisfied. They want only the minimum essentials needed to accomplish a task so that things may be settled and wrapped up; however, they may decide things too quickly, may not notice new things that need to be done, and may dislike interrupting a current project for one with a higher priority.

Perception (P): Perceptive people are ones who live their life in a spontaneous, flexible manner, attempting to understand life and adapt to the changing situations of life. They may have problems making decisions and may postpone unpleasant tasks. They do not mind leaving things open for alterations. They tend to be curious and welcome new perspectives on things, situations, or people; however, the curiosity causes them to start many new projects which they have difficulty finishing. When beginning a new task, they want to know all about it.

Each of the 16 possible groups—referred to as “types”—is derived from factor analyses of the category scores. Each type has particular characteristics associated

with it depending on which of the bimodal attributes are dominant, auxiliary, tertiary (meaning “third most important”), or inferior functions.

Each letter indicates preferences in a fixed order; the first letter indicates the E-I preference; the second to the preference for the perceptive function (S-N), the third for the judgment function (T-F), and the fourth letter, the JP index, to the function that is typically extroverted; thus, the other preferred function will be introverted. By identifying each function, we are more readily able to understand the dynamics of behavior.

The dominant function is the function that is most used, most developed, and most allowed the freedom to shape the life of an individual. The individual may use auxiliary functions as the need arises and, on occasion, will resort to tertiary and inferior functions.

For example, an ENTJ is an extrovert whose dominant method of relating to the external world is as a thinking type. The J points to the third letter, which is the judgment function, thinking, and feeling, in this case T. The N, on the other hand, points to the second letter which is the perception function, sensing, and intuition. Thus, an ENFP would take an intuitive (N) approach as the dominant method of relating to the external world.

In the case of the first example, ENTJ, since the dominant function is extroverted T, the auxiliary function would be introverted intuitive (N). The third function is the opposite of the second and thus would be sensing (S); the inferior function is therefore the opposite of the dominant function and is feeling, F. By using the same logic, the ESFP functions would be S (dominant), F (auxiliary), T (tertiary), and N (inferior).

This may be translated into an offender profile that depicts the offender as decisive, ingenious, and good at many things. The ENTJ offenders are usually good at whatever they attempt, tend to be well organized, and rely on reasoning, logic, and analysis to control their world. Sometimes they are more positive and confident than their experience in an area warrants. They tend to use their intuitive function to look at the possibilities and relationships beyond what is known. The intuitive function hones the thinking function, but tends to negate the sensing function. It is often necessary for the ENTJ to rely on a sensing type to provide the relevant facts and details. Feeling is the least developed process, and the ENTJ may consciously use and manipulate others without regard for their feelings.

The introspective dynamics differ in identifying the dominant and auxiliary functions. Recall from above that the JP index points to the visible and extroverted function. Thus, if the attitude (E-I) preference is introverted, and the JP index points to the extroverted function, the other preferred function will be introverted. Thus, an ISFP would have a dominant preference of feeling. P points to the perception functions S-N. Since the JP index points to the extroverted, that is, the visible outer-world function, S in this case, the other preferred function, F, must be introverted. Insofar as the E-I attitude is introverted, the dominant preference also must be introverted. The dominant function then is F. Using the same formula and logic described for the extrovert, we can determine that the auxiliary preference is S, the tertiary N, and the inferior is T.

Any further explanation of the MBTI is beyond the scope of this book. Yet, it is very helpful in identifying and understanding offenders' personalities. Once this is achieved, the counselor can assist the offender to develop the tertiary and inferior functions of his or her personality in a wholesome direction. In the case of an ENTP offender, for example, by assisting the offender to deal with routine assignments until completed and by helping to identify flaws in his or her logic which justify aberrant behavior, offender personality development may be enhanced. For further information, refer to the references and suggested readings at the end of this chapter, specifically, Myers, McCaulley, Quenk, and Hammer (1998), and for an abbreviated version, Keirse and Bates (1984).

The results of all of this testing, in conjunction with information extracted from the presentence investigation report, reports submitted by custodial and other staff, and the offender's criminal history, are consolidated by the classification committee to provide a comprehensive profile of the inmate that helps determine risk and custodial levels.

6.3.4 Risk and Needs Assessment

Once all the data has been gathered and consolidated, a classification interview is arranged for the new inmates. The factors that establish the inmates' risk and custody level are explained to them. The psychological, educational, and vocational needs that have been identified during the assessment period also are explained. Inmates are told about available programs and how to get into them.

The final step is the establishment of any override considerations. An override means that unusual factors not addressed in the classification instruments are considered important enough to overrule the determined custody level in favor of another custody option. Areas of concern related to security and maintenance of order include any gang or organized crime affiliations. Areas of concern related to the custodial safety include consideration of any suicidal gestures, the protection of any inmates known to be informants, or the protection of those inmates whose crimes make them targets for abuse, such as child molesters.

The override option provides for both objective and subjective considerations not addressed in the classification instruments. Use care in the exercise of overrides. The committee chairperson should be required to justify in writing the reason for the override action. If the classification instrument is overridden with some frequency, either the classification committee is not properly using the instrument, or the instrument itself is defective and thus invalid. Either condition may result in judicial action to correct the problem.

In the years following the *Morris* decision, referenced earlier in this chapter, several classification models have appeared. The actuarial prediction model summarizes statistical data to predict future behavior. Consensual classification is an incremental process conducted by prison administrators that weighs classification criteria for implementation with individual inmates. Clinically based systems employ psychological test data as predictors of behavior and adjustment.

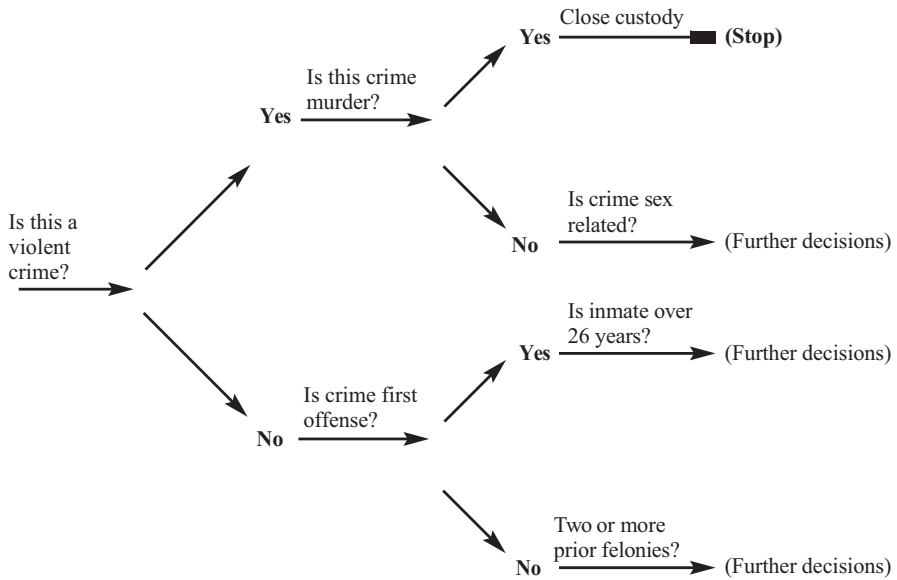


Fig. 6.3 Custody classification decision tree

Decision-tree models are sequential; each decision is based on the evaluation immediately preceding the current choice. Fig. 6.3 illustrates the decision flow. It is not to show the ultimate decision, but it displays the beginnings of the decision flow and its progression. “Further decisions” are based on the criteria being met at each level and will lead the decision-makers to the custody level appropriate for the individual inmate. The additive model combines both actuarial and statistical data to provide cutoff scores along a continuum.

A common feature among models is the relative simplicity of the instruments used to deal with a complex problem. The issues they address are of the utmost importance, first and foremost being the risk that an inmate presents to society and the institution, as well as the needs of the inmate, which should be met to minimize that risk. The risk and needs models discussed below offer a closer look at the classification process. They are the *National Institute of Corrections' Model for Custody and Need* and the *Adult Internal Management System (AIMS)*.

6.4 The National Institute of Corrections' Model

6.4.1 Custody Classification

The instrument identifies eight areas of assessment that, when properly scored, provide for objective custodial placement. To accurately assess the new inmate, the classification committee needs to refer to the detailed classification manual that accompanies the instrument. After becoming thoroughly familiar with the manual

and instrument, committee members need to refer to the manual only to verify adherence to and use of appropriate criteria (Handyman, Austin, Alexander, Johnson, & Tulloch, 2002). As we go through the custody classification sections, we will apply them to Bill Bloggs using the information contained in his PSI report in Chap. 4. This classification instrument can be found in Appendix E.

1. *History of Institutional Violence.* Assault and battery is any overt act toward another person, including another inmate, in which contact was made and injury attempted. If a weapon were used or serious injury occurred, this section is scored 7. In the event of two similar offenses, only the more serious is scored. Bill Bloggs had no previous institutional history. Therefore, unless he assaulted someone at the reception center, he would have a score of 0.
2. *Severity of Current Offense.* A severity of offense scale is provided on the reverse side of the instrument. Although an inmate may be committed for several offenses, only the most severe is scored, for a maximum of 6 points. Bill would get 6 points assessed against him because he committed armed robbery.
3. *Prior Assaultive Offense History.* This section reflects offenders' propensity for frequent violent behavior. Attempts to commit battery (simple assault) are scored regardless of the degree of contact or injury. The maximum score is 6. Bill's assaultive history is minimal in terms of frequency. However, shooting a police officer to avoid capture is extremely serious and indicates that Bill can be dangerous when cornered. An assessment of 6 or 4 points is rather discretionary. In light of the seriousness of his assault, we would assess Bill 6 points.
4. *Escape History.* Any documented escape or attempt within the time framework provided is scored. Any adjudication by an institutional disciplinary hearing committee is sufficient for assessment regardless of any court prosecution. The maximum score is 7. Bill has no escape history. Assess him 0 points.

The first four areas are the primary indicators of the risk that an inmate presents to the security of the institution and the welfare of other inmates and staff. A maximum score of 26 may be obtained. A score of 10 or more requires that the inmate initially be classified to close-custody supervision. A score of 9 or less on the first four classification criteria requires that the last four areas be scored. Bill has had 12 points assessed against him. Thus, he will be placed initially in maximum custody. Assume for the purposes of the exercise that he had 9 or fewer points and score him on the following items.

5. *Alcohol/Drug Abuse.* Abuse causing occasional legal and social adjustment problems is defined as any abuse that has resulted in five or fewer misdemeanor convictions, or interruption of employment within the last 3 years. Six or more alcohol or drug convictions during an offender's lifetime, or commitment to jail or treatment facilities within the last 3 years for substance abuse is considered serious abuse. The maximum score is 3. Bill has no history of drug or alcohol abuse causing him legal and social adjustment problems. He gets 0 points here.
6. *Current Detainer.* A detainer is a legal hold that another jurisdiction has placed on an inmate. Prior to releasing the inmate on parole or at the expiration of a sentence, the institution notifies the jurisdiction that holds the detainer so that

that agency can make arrangements to transfer the inmate to their jurisdiction. Maximum score is 6. Bill has no current detainers. He gets 0 points here.

7. *Prior Felony Convictions*. This is a simple summation of prior felony convictions. Do not include the current offense. Maximum score is 4. Again, Bill is not assessed any points since the current offense is his first.
8. *Stability Factors*. Each item should be verified prior to scoring. This is the only area in which the scores are cumulative, thus resulting in a possible score of “minus” 4. Bill would receive the maximum points for stability factors. He was at least 26 at the time of his offense (“minus” 2); he is a high school graduate (“minus” 1); and he had been employed for more than 6 months at the time of his arrest (“minus” 1). If this section were scored regardless of the custody score, Bill would have a total of $12-4 = 8$ points. This would place him in medium rather than maximum custody. The classification committee well might decide to override the custody classification score and place him in medium custody.

After sections one through eight of the instrument have been completed, sum the scores to provide an overall score that is used to determine custody level. Recall that a score of 10 or more points in sections 1 through 4 results in close-custody classification. If the score in sections 1 through 4 is 9 or less, the score is totaled with the scores in sections 5 through 8. If the final score is 7 or more, the inmate will be assigned to medium custody. If the score is 6 or less, the assignment will be to minimum custody.

6.4.2 Needs Classification

Identification of inmate needs is based on all gathered data and the inmate's own perceptions of his or her programming needs. During initial assessment interviews and testing, staff should elicit from inmates their ideas of what they need to become productive citizens. Areas of primary concern are educational, vocational, and medical needs, mental abilities, psychological problems, and substance abuse problems. The instrument reflects the fact that an individual's perceptions of his or her needs are somewhat subjective. For this reason, it is imperative that a high-quality classification interview is conducted by personnel thoroughly trained in the process (see “Initial Inmate Classification Assessment of Needs” in Appendix E).

Following the risk and needs classifications, the classification committee will summarize the findings. Included in the summary will be the custody level and score, any override considerations and justifications for them, a final custody level assignment, and program and job assignment recommendations (see Austin & McGinnis, 2004 for a more thorough discussion of this system).

6.5 Adult Internal Management System (AIMS)

According to Seiter (2016), the most widely used internal classification system is the Adult Internal Classification System (AIMS) developed by Herbert C. Quay. This instrument differs substantially from the National Institute of Corrections' model. Quay's model relies on observable behavior patterns as assessed by correctional staff and integrates the documented behavioral history addressed by the NIC model. This system of classification was adapted from an earlier model designed by Quay for use in the Florida juvenile correctional system, and the Federal Bureau of Prisons and some states have used it in the form discussed here.

The AIMS model, as shown in Fig. 6.4, establishes five groups based on the behavioral characteristics of inmates. These groups are identified as Groups I and II ("heavy"), Group III ("moderate"), and Groups IV and V ("light"). The terms heavy, moderate, and light allude to prison argot that describes a perceived risk, threat, or the propensity to victimize other inmates or to be victimized. The basic idea behind the AIMS model is that classifying inmates according to behavioral characteristics can greatly enhance differential treatment modalities.

Under the risk classification model already examined, all five of the AIMS groups may be represented in each custody level. The unspoken assumption behind custody classification based on type of crime is that those who commit similar crimes are similar in terms of more general behavioral traits. At all custody levels, there are a wide variety of behavioral types. There are those who are victimized and those who victimize. The vast majority of inmates, however, are found between these extremes.

Heavy		Moderate		Light
I	II	III	IV	V
Aggressive	Sly	Not excessively aggressive or dependent	Dependent	Constantly afraid
Confrontational	Not directly confrontational	Reliable, cooperative	Unreliable	Anxious
Easily bored, hostile to authority	Untrustworthy, hostile to authority	Industrious, do not see selves as criminals	Easily upset, clinging	Passive, seeks protection
High rate of disciplinary infractions	Moderate to high rate of disciplinary infractions	Low rate of disciplinary infractions	Low to moderate rate of disciplinary infractions	Moderate rate of disciplinary infractions
Little concern for others	Con artists, manipulative	Concern for others	Self-absorbed	Explosive under stress
Victimizers	Victimizers	Avoids fights	Easily victimized	Easily victimized

Fig. 6.4 Characteristic behaviors by group (AIMS model)

Also, within each custody level, it is necessary to provide programs that are duplicated at other levels. AIMS classification is an attempt to discriminate more meaningfully among prisoners so that mixing victimizers and victims does not occur and so that programs are not unnecessarily duplicated. This should result in a reduction of prison violence and an increase in program effectiveness.

6.5.1 Correctional Adjustment Checklist

Dr. Quay has devised two very simple checklists, the Correctional Adjustment Checklist (CACL) and the Checklist for Analysis of Life History (CALH) (both can be found in Appendix F). The CALH is “designed to assess inmates on personality dimensions known to relate to their ability to be housed successfully with other types of inmates. Checklist items focus on the inmate’s adjustment and stability during time spent in the community” (Handyman et al., 2004, p. 4). Scores on the 27 items are transferred to score sheets and provide a raw classification score. The raw score then is converted through the use of conversion tables into what statisticians call T-scores. This is not the place to go into detail about the derivation of T-scores. Suffice it to say that they are raw scores that have been mathematically standardized to achieve comparability of scores from distributions of raw scores that are dissimilarly shaped.

To develop the Correctional Adjustment Checklist (CACL), Quay solicited behavioral descriptions from professional correctional practitioners and from mental health professionals with correctional experience. He also incorporated descriptions developed from his own research with juveniles. The checklist contains 41 behavior descriptions. The CACL tends to identify behavioral extremes of aggressiveness or submission.

In practice, line correctional personnel—that is, the staff that has the most contact with inmates—complete the CACL. Then, the form is submitted to the classification staff for scoring. The scores place inmates in either the “aggressive-manipulation” group (Groups I and II) or the “passive-inadequate” group (Groups IV and V). Group III inmates are not identified by the CACL instrument inasmuch as their behavior is generally acceptable within the prison environment.

6.5.2 Checklist for the Analysis of Life History

The source of data for the Checklist for the Analysis of Life History (CALH) is the presentence investigation report. Quay asserts that the descriptions that should be readily available from the PSI report and from the casework interview can be used to gauge the degree of institutional adjustment and program participation of the inmate (1984). The classification staff completes the CALH and assigns inmates to groups based on their scores (Handyman et al., 2004).

After completing both the CACL and the CALH raw-score forms, the classification committee transfers the data to the Classification Profile for Adult Offenders

and converts the raw scores to T-scores (see Appendix F). Then the T-scores are combined to provide a final classification of the inmate.

As former correctional practitioners, two of your authors believe that the AIMS classification method provides an excellent management tool for the differential assignment of inmates to programs. Studies have shown that it discriminates very well among the inmate behavioral types. Group I inmates are involved in serious disciplinary problems more often than those in other groups, and Group III inmates generally are not involved in violent disturbances and present fewer management problems overall. However, we would be loath to substitute it entirely for the risk classification tools provided by the NIC's model.

For example, an inmate convicted of homicide, having no prior contact with the criminal justice system, would be classified as a close-custody inmate under the NIC's model. However, it is conceivable that the same inmate could qualify as a Group III inmate (equated with minimum-custody level) solely on the basis of the AIMS criteria. Given the current public mentality regarding incarceration, it is extremely doubtful that we could justify placing a convicted murderer in minimum custody at initial classification.

6.6 Summary

In this chapter, we briefly looked at what prison classification is, why we classify prisoners, and how it is accomplished. Classification of prisoners is the differential assignment of people to varying levels of security: maximum, close, medium, and minimum. The risk that the prisoner presents to the safe and orderly operation of an institution is the primary influence on the determination of custody level. Custody classification is related to security classification, and the classification level affects an inmate's access to various counseling, educational, vocational, and recreational programs. A general observation is that program access varies inversely with security and custody levels—as security is increased, program access is decreased.

Professional organizations such as the American Correctional Association and the National Institute of Corrections have been influential in the development of classification standards and of models for implementing those standards.

Modern classification procedures have been influenced by the judiciary and by the various human sciences. These influences have resulted in some classification procedures that go beyond the concern for institutional security. Various testing and assessment tools have been developed, which can be used by correctional administrators to evaluate prisoners in terms of their personalities, needs, and potentialities. We briefly examined the GATB, WAIS, MMPI, HSLI, and MBTI instruments.

Numerous classification methods are in use, most of which are hybrids of the two models (NIC and AIMS) presented here. As new data become available through research, we will see the development of more efficient and effective classification systems, just as evolution occurs in the more advanced fields.

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Nondirective Counseling: Theory and Practice

7

Robert Martinson's article, "What Works? Questions and Answers about Prison Reform" (Martinson, 1974), provided supposed corroboration for those who subscribe to a "lock 'em up and throw away the key" philosophy. Many politicians—both liberal and conservative—were so excited about Martinson's alleged findings that they translated the rhetorical "what works?" into the nihilistic "nothing works." Thus, they interpreted the Martinson report as a justification for terminating all efforts to rehabilitate criminals in favor of punishing them, preferably by long periods of incarceration.

Disregarding the fact that Martinson (1979) had the courage to admit that he was wrong in his 1974 article and disregarding the fact that to incarcerate all convicted criminals is financially prohibitive (see Walker's, 2011 analysis of the financial waterfall needed to implement this philosophy), to consign all convicted criminals to prison is both morally inhumane and socially insane. Nearly all incarcerated felons will leave prison someday, and many will emerge harder, crueler, and more savage and bitter than they were before they went into prison. While there are clearly people who should be separated from society, we tend to overdo it in the United States where we had an incarceration rate of 670 per 100,000 inhabitants in 2016, by far the highest rate in the world (Kaeble & Cowhig, 2018). There are another 4.5 million offenders, or 1 in every 55 US adults, under community supervision.

Of course, many of the correctional programs Martinson included in his study did not work for a variety of reasons. Addressing this issue of program failure, Gendreau and Ross (1981), two researchers at the forefront of efforts to revive the rehabilitative ideal, write:

The programs recorded in the literature which have failed (and earned treatment a bad name) did so because they were derived from conceptual models (e.g., psychiatric, nondirective counseling methods, clinical sociology) that made little sense in terms of offender

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populations or were applied to inappropriate target populations or sought to effect behaviors which were unrelated to crime. They failed because they were badly managed, because they were not sufficiently intensive, and because they employed staff who were inadequately skilled, who exerted insufficient effort or who were not aware or supportive of the program's techniques and goals. (p. 47)

What Gendreau and Ross are saying is that rehabilitative efforts must be based on empirical knowledge of criminal risk factors, knowledge of which programs have been shown to change offending behavior, and theories and methods geared to the specific clientele (which does not mean that the methods they mention as ineffective have nothing at all to offer). This knowledge should be applied by caring individuals who fully believe in what they are doing.

Rehabilitative efforts should never be guided by unsubstantiated fads. In an article about what they call "correctional quackery," Latessa, Cullen, and Gendreau (2002) list a number of such fads that ranged from acupuncture to Zen meditation. They even mention one department (which they mercifully did not identify) that based on the belief that male offenders needed to be in touch with their feminine side actually required them to dress in traditional female clothes. We also know of a department that required its clients to partake in "poetry therapy" to "get in touch with their gentler inner feelings." Perhaps the only thing that would change because of such correctional quackery is the emergence of bank robbers in dresses whose stickup notes rhyme.

However, the issue remains: Do rehabilitative programs work? A review of studies assessing probation success rates found tremendous variability in rates ranging from a low of 35% to a high of 70% (Morgan, 1995). Results varied widely, however, depending on the kinds of treatment examined. At least some of that variability is attributable to the different treatment styles of different probation departments. But most of the variability was attributable to supervision styles (how tolerant the department was of minor violations and so on) and to the differing levels of probation eligibility in different jurisdictions. That is, departments that tolerate very few technical violations will tend to have artificially low success rates (and vice versa), and departments that supervise only offenders that the courts deem good probations risks will have artificially high success rates (and vice versa).

Even so, before we can determine that something does or does not work, we first have to define thresholds for defining success (Cohn, 2002). A rehabilitation program is not a machine that either works or does not work when the switch is pulled. Where human beings are concerned, nothing works for everybody, and nothing will ever work for anybody all the time. If it did, we would not be the kind of beings that we are; we would all be programmed robots. So, when we make statements about programs working or not working, we certainly are not demanding that they work for everybody all of the time.

What rate of success is acceptable before we say a program works then: 90%, 80%, 50%, 10%? Of the 231 studies that Martinson included in his review, he found that 48% reported some degree of success. If your criterion for success is a demanding 100%, then, indeed, nothing works. For our part, a finding that 48% of programs

showed success (however, “success” was defined in the original studies) is cause for optimism.

In a later review of rehabilitative programs, Gendreau and Ross (1987) found evidence for a great deal of success. They concluded their review by stating that: “it is downright ridiculous to say that ‘Nothing works.’ This review attests that much is going on to indicate that offender rehabilitation has been, can be, and will be achieved” (p. 395). Other commentators have stated the belief that properly run community-based programs could possibly result in a 30–50% reduction in recidivism (Van Voorhis & Salisbury, 2016), although most meta-analyses tend to suggest reductions more in the 10–20% range (Cullen & Gendreau, 2000). For example, Lipsey and Cullen’s (2007) review of a large number of treatment/recidivism meta-analyses conducted from 1989 to 2006 found that treatment reduced recidivism overall by about 20%. Conversely, research has shown that some “treatment” programs are actually iatrogenic—they can *increase* recidivism (Cullen & Jonson, 2017). Nevertheless, we have enough evidence to dismiss the pessimism of the “nothing works” crowd and explore counseling theories designed to help those caught up in the criminal justice system come to grips with their problems.

In their book *Correctional Theory: Context and Consequences*, Cullen and Jonson (2017) outline “what works” and “what doesn’t work” in correctional rehabilitation. Among the modalities that do not work are punishment-oriented programs (e.g., Scared Straight and intensive supervision programs), character-building programs (e.g., boot camps and wilderness programs), and client-centered, nondirective counseling. In terms of the concerns of the present chapter, the inclusion of nondirective counseling on this list is informative and will be discussed in more detail below. Conversely, Cullen and Jonson argue that successful programs are those that abide by the RNR model and target for change in offenders the “Central Eight” risk factors: history of antisocial behavior, antisocial personality pattern, antisocial cognition, antisocial associates, family/marital circumstances, school/work, leisure/recreation, and substance abuse (see also Andrews & Bonta, 2016). Such programs also provide substantial and meaningful contact between treatment personnel and offenders. The counseling theories presented in this chapter, although nondirective, offer lessons on providing this “substantial and meaningful contact between treatment personnel and offenders.”

7.1 What Correctional Counseling Is Not

To begin with, correctional counseling is definitely not having offenders spout poetry or meditate on their belly buttons. However, there are a number of other things that it is not. According to John Stratton (1975), an experienced supervising probation officer in his insightful essay on “counseling con men,” we have to “Beware of helpers. Helpers are con men who promise you something for nothing. They spoil you and keep you dependent” (p. 125). It is a statement that all who aspire to a helping profession should consider. We enter the so-called helping professions with noble motives, and it makes us feel good to “help” the troubled and the

less fortunate. Yet, the point of helping is not to make us feel good; rather, it is to help offenders to help themselves to feel better in prosocial ways and to become more productive members of society. We should never do for offenders what they are capable of doing for themselves. If we do, we foster offender dependence, an inability to be responsible and to stand on their own two feet, and to use a current buzz word, we “enable” them to persist in their self-destructive and immature behavior. This is not true helping or counseling behavior. Certainly, we can allow offenders to lean on us, but only if they lean on us in order to lift themselves.

However, too many corrections counselors view their role as designed to “straighten out” offenders’ behavior and to “adjust” their attitudes. They attempt to do this through a series of directives and well-meaning “advice.” Indeed, much about correctional casework is coercive in the sense that we must restrain and constrain offenders. Yet, in exercising such restraint and constraint, we will be far more successful if we treat offenders with respect and enlist their cooperation, just as we would if we were engaged in counseling in a noncoercive setting, say, in marriage counseling where there is no authoritative relationship between counselor and clients.

Advice giving also must be avoided in a counseling situation unless specifically requested. As Meier (1989) states: “Friends and family give advice; counselors generally don’t, particularly in the initial stages of relationship building” (p. 19). Even advice from family and friends is usually not too well received or attended to unless it is requested—uninvited advice often irritates and angers. As authority figures, we can force our advice on offenders and even force them to follow through with it, but meaningful and lasting results only can be achieved if offenders are personally convinced of its usefulness. Learning and discovery ultimately can come only from within; that is the real task confronting the counselor.

7.2 What Counseling Is

Counseling, at its most fundamental level, is a means of helping people to adapt to life and social institutions in healthy and beneficial ways. Let us first differentiate the terms between counseling and psychotherapy. Some claim that there is no essential difference between the two terms since their definitions and roles are interchangeable. Further, the theories presented in a text in counseling are the same theories contained in a text on psychotherapy. However, in keeping with our earlier advice to respect boundaries of expertise, we stress the differences between the two.

Psychotherapy is the “upmarket” version of the product and is practiced by psychiatrists or clinical psychologists with many years of highly specialized training. True, they employ many of the same techniques used by those engaged in counseling, but they have a deeper theoretical understanding of causality pertaining to the conditions they are treating (McLeod, 2003).

The term *treating* delineates another important distinction between psychotherapy and counseling. Psychotherapists operate with a pathology interpretation of their patients’ problems; counselors are advised to operate with a deficiency

interpretation of offenders' problems. Psychotherapy differs from counseling in the depth and seriousness of the problems dealt with and in the intensity of the treatment. If we laid all the psychiatrists and psychologists in the world out couch to couch, we would not have near enough to treat all our criminals, the vast majority of whom do not require "treating." That is why, we need counselors.

Counselors attempt to help offenders with specific life adjustment problems and to develop the personality that already exists. Psychotherapists attempt to help their patients by restructuring of the basic personality over a long time. Another way of stating this difference might be to say that psychotherapists deal primarily with intrapersonal conflicts (within the person), whereas counselors deal primarily with interpersonal conflicts (between persons). When an offender is obviously in need of treatment that exceeds your capability as a counselor (e.g., he or she has some obvious mental illness), you should not hesitate to relinquish further handling of the case to those more qualified to deal with it.

7.2.1 Similarity Between Interviewing and Counseling

Counseling is a series of concerned responses offered to offenders who have concerns and problems that adversely affect their functioning. Counseling is essentially an extension of the interviewing process and uses the same communication skills and techniques. However, "techniques" are secondary to the warmth, acceptance, and understanding the counselor brings to the task. Open, warm, accepting, and empathetic counselors operating with different theoretical perspectives are more similar to each other than are good and poor counselors with the same theoretical perspective (Austin, 1999). In other words, all the counseling methods and theories we will examine are only as good as the person putting them into practice. If you work on improving the quality of the self you bring to the counseling process, then the techniques should come easily to you.

7.2.2 Differences Between Interviewing and Counseling

Although counseling is an extension of the interviewing process, certain differences between interviewing and counseling in a criminal justice setting should be emphasized. First, you are more likely to encounter offender resistance during the counseling process than during the interviewing process. During the presentence investigation interview or parole hearing, offenders are fairly anxious to reveal a contrite and cooperative demeanor because they know that you make recommendations. After a case has been disposed of, offenders tend to lose some of their motivation to cooperate along with the anxiety about the disposition of the case. This tendency is a good reason to make the best possible effort to establish a working rapport during the initial interview. If you do not establish such a relationship when the offender is fairly amenable, you will find rapport much more difficult to develop

later. Do not be disheartened if you do perceive a change in some offenders' demeanor following case disposition. Accept it as a professional challenge.

Second, assuming that you are successful in establishing a working relationship with offenders, you are ready to communicate with them at a deeper level in successive counseling sessions by carefully developing an empathetic understanding of them. You no longer have to gather large amounts of data from them, so you are free to concentrate on specific problem areas from the strength-based and responsivity principles. Therefore, counseling differs from interviewing in its depth.

So, what is correctional counseling? William Lewis (1989), a psychologist with many years of experience counseling offenders, defines correctional counseling as the "on-going, positive, interpersonal relationships as the vehicle through which a variety of systematic verbal techniques can be applied to increase the counslee's *feelings* of self-satisfaction, *and* improve his [or her] *actual* social adjustments" (p. 71, emphasis in the original). The correctional worker who can follow these requirements has a positive and integrated sense of self and can serve as a model of growth-inducing interpersonal relationships.

7.3 Counseling Theories

With this brief introduction to counseling, we turn to five of the most popular theories of counseling; two are discussed in this chapter, two in the next, and one with a chapter of its own. Just as it is important to have a grasp of criminological theories to understand criminal behavior in general, it is important to understand counseling theories so that you can understand the behavior of the specific criminals with whom you are dealing. A counselor with over 30 years of experience writes that: "I would find it impossible to function as a mental health counselor without the structure that a good theory provides me" (Weinrich, 2006, p. 161). While theories are very important in our work, we emphasize once again that it is even more important to realize that "the kind of person the worker is, or comes across as being, is more important for the therapeutic success or failure than the theories or methods he or she employs" (Smith, 2006, p. 371).

Counseling theory is something on which to hang your hat. It structures your thoughts and behaviors from the chaos of your offender's lives to identify possible ways that you could deal with it, providing you with "Aha, that's what's going on!" experiences. In other words, theories are frameworks for understanding. Important aspects of counseling will be illustrated in the context of the five theories that most strongly emphasize them. Special attention will be paid to the processes of generating rapport and empathy and to the techniques for dealing with reluctant and resisting offenders.

You may view the large number of theoretical orientations to counseling (and there are certainly far more than the five presented in this book) in two ways. You may consider it to be so much clutter, indicative of a lack of scientific rigor in the field. Alternatively, you may regard it positively as a rich mine of possibilities in which you can dig for counseling gems. No one theory is applicable to all problems

and concerns with which you will deal, and no one theory exhausts the uniqueness of each offender. A sage once said: “Each person is like all other persons, like some other persons, and like no other person.” It follows that certain insights from one counseling theory may be universally applicable, be applicable only some of the time, or not be applicable at all on some occasions. The more theoretical insights you have in your repertoire, the better you will be able to respond successfully to the diverse offenders and problems you will encounter.

Loyalty to any one theory may severely limit your effectiveness by leading you to stretch everything to fit it and/or to ignore whatever will not work. Good counselors develop a unique, flexible, and workable style of their own. Studies of professional counselors find that a large portion (30–40%) view themselves as eclectic or “integrative” counselors (reviewed in Austin, 1999). By developing an eclectic approach, picking and choosing those elements that fit your style, serve your needs, and fit different offenders’ styles and needs, you will begin to discern some of the common threads woven into all theories. The agreement of greatest importance among all theories is the vital necessity of all human beings to love and be loved.

John McLeod (2003) writes that although there is a strong trend toward integration and unification of counseling theories: “It is widely recognized the three ‘core’ approaches of psychodynamic, cognitive behavioral, and humanistic represent fundamentally different ways of viewing human beings and their emotional and behavioural problems” (p. 10). The present chapter focuses on psychoanalysis (a psychodynamic theory) and client-centered therapy (a humanistic theory); subsequent chapters address the cognitive-behavioral approach.

Psychoanalysis and client-centered therapy are nondirective forms of counseling. They put great faith in their patients’ or clients’ ability to discover their own capabilities and find their own directions. Counselors play a relatively passive role and are reluctant to impose their values on patients/clients and provide them with direction. Psychoanalysis and client-centered therapy rarely are used in a correctional setting (but see the extension of client-centered therapy to Motivational Interviewing later in this chapter), primarily because they are too nondirective, because the terminology and concepts are too obscure, and because the methods are difficult for the nonspecialist to apply. Nonetheless, we include them here because of certain unique aspects that can be informative for correctional counseling, which we will outline as we continue.

7.4 Psychoanalysis: In the Beginning Was Freud

Psychoanalysis is the seminal therapy/counseling theory from which all others evolved. Although psychoanalysis is beyond the boundaries of expertise for those of us who are not psychiatrists or psychologists, it contains some very useful insights into the nature of human beings. Whereas the other four theories focus primarily on the present, psychoanalysis puts great emphasis on the role of the past in shaping current behavior. Since so many emotional and behavioral difficulties stem to a large degree from past experiences, it is important to be aware of and explore

offenders' pasts as a vehicle for understanding their presents. However, we reject the notion that the past determines present behavior or that people are "victims" of their past.

According to Fine (1973, p. 16): "The technical task of psychoanalysis has been to elucidate the nature of love." Freud (1961) himself has stated that happiness exists in "the way of life, which makes love the center of everything, which looks for all satisfaction in loving and being loved" (p. 29). The psychoanalyst basically explores patients' childhoods to uncover underlying reasons for their inability to love.

The psychoanalytic theory of the tripartite structure of the personality—the id, ego, and superego—is too well known to warrant extensive treatment here. The *id* is the biological source of the organism's energy and the driving force of the personality. Its only goal is to seek gratification of its urges—to seek pleasure and to avoid pain. The *superego* acts as the counterforce to the id by exercising socially derived moral prescriptions and proscriptions. We call individuals who give free reign to the id nasty names such as "psychopath" or "criminal," and we call individuals with powerful superegos slightly less offensive names such as "neurotic" or "conformist." The *ego* is a type of synthesis of the biological and social demands on the organism; it is an individual's social identity that is exhibited through their behavior (Whitehead & Lab, 2015). Well-balanced people have strong egos and are able to obtain gratification of their id drives within the bounds of moral restrictions placed on them by their superego (their conscience).

The value of Freud's theory of personality lies in the recognition of both the "beast and the angel in man." The bestial side of humanity is the side that most concerns the criminal justice worker. As a criminal justice worker, you are striving to assist offenders in understanding themselves and to enlist that understanding in the task of strengthening the rational ego "so that it can appropriate fresh portions of the id. Where an id was, there shall ego be" (Freud, 1965, p. 80). This emphasis on the ego's control of impulses emanating from the id is reminiscent of Gottfredson and Hirschi's (1990) emphasis on the importance of self-control.

7.4.1 Psychosexual Stages

Psychoanalysis stresses the great importance of the so-called psychosexual stages involved in early character development. These stages represent a series of conflicts between children and their parents. There are three such stages, oral, anal, and phallic, that extend from birth to 5 or 6 years of age. Freud identified two later stages, latency and genital, but did not consider them as important as the first three states as he considered personality to be essentially fully developed by the end of the phallic stage. Each of these stages focuses on erogenous zones of the body, and each stage represents the child's first encounters with external restraints on natural urges coming from the id. These encounters supposedly generate negative feelings in the child, such as hostility, hatred, anger, and destructiveness. Since the display of these feelings invites negative reactions from other people, the child learns to repress

them, resulting in a later inability to accept and express his or her real feelings. This barrier to self-knowledge must be breached in any counseling session.

7.4.1.1 Oral Stage: From Birth to Age 1

The oral stage encompasses the first year of life. This is the period of life in which the child learns love and security and in which the template for the child's basic personality is formed. At the mother's breast, the infant satisfies its hunger and needs for tactile stimulation. These are unconditioned needs (needs which do not have to be learned), the satisfaction of which the infant "loves" because they are intrinsically rewarding. When the infant identifies the source of its pleasure, it develops a love for that source that is stronger than the love of the pleasures the source affords. In this sense, love for mother is a sort of conditioned response due to the continual associations made between her and the pleasures she provides.

The conflict the infant experiences at this stage is weaning because it deprives the infant of a very enjoyable sensory pleasure. The infant interprets the weaning experience as deprivation and possibly rejection. If this stage is not successfully traversed (in other words, if the infant senses that he or she is really being rejected), the person may grow up to be excessively preoccupied with oral activities (eating, drinking, smoking, and so forth). In other words, he or she will develop an oral fixation. (One wonders if Freud's extensive cigar habit meant that he had such a fixation—but then again, he did remind us that sometimes a cigar is just a cigar).

According to Freud, negative behaviors, such as avarice and aggression, are substitutes for what the individual really needs—love. Unloved individuals feel unworthy, unwanted, and unaccepted and are mistrusting and rejecting of others. They cannot accept either themselves or others because they have not experienced acceptance. Early love experiences are a safeguard against this type of negativism. This does not mean that all people who exhibit these negative characteristics have experienced an unloving childhood or that individuals who did experience an unloving childhood necessarily will exhibit them. The theory merely asserts that negative adult behaviors are more likely to characterize those individuals who experienced a childhood marked by a lack of love than to characterize those individuals who did not.

Reread the early life experiences of Bill Bloggs in the presentence investigation report. Can we not see his extreme materialism and bursts of aggressive behavior as stemming from his lack of love during the oral stage of his life? By his own admission, he was quite socially isolated and sought to win Susan's love by purchasing things.

7.4.1.2 Anal Stage: Ages 1–3

In the anal stage, the child first encounters discipline. The child has received a series of admonitions prior to this stage, such as "Don't touch that oven!" or "Stop biting the cat!". However, children encounter "real" discipline in the anal stage. They learn disciplined self-mastery by learning control of bodily functions through toilet training. Toilet training is given such importance in psychoanalytic theory because it is the first time that the children have to suppress natural urges until they can be

satisfied in the appropriate way and in the appropriate place and learn that there are negative consequences for “messing” up.

While the child tends to rebel against the unnaturalness of toilet training, when the training is completed, he or she takes pride in the accomplishment of its mastery. Parents should encourage this sense of mastery by allowing the child to explore and to make mistakes. They should emphasize that it is okay to make mistakes if one learns by them. If parents are constantly critical of mistakes that the child makes, the child will be reluctant to explore and expand. If parents show exaggerated concern and do everything for the child, the child will not develop a sense of independence and autonomy. The children of such parents may be stuck forever in a “no-can-do” mode, lacking the self-confidence to expand their horizons and possessing poor self-concepts. It is easy to view Bill’s parents, especially his father, being hypercritical of him during his formative years, given the description of their personalities provided by Officer Corrick. Bill’s whole life seemed to revolve around doing things to please his father. He did not leave home until he met Susan, indicating a strong sense of dependency. His hanging of the kitten, bursts of extreme temper, and, not the least, his shooting of a police officer point vividly to his inability to express his feelings appropriately.

7.4.1.3 Phallic Stage: Ages 3–5

The phallic stage is a period of early development of conscience and sex-role identification. During this stage, children become aware of their genitals and those of the opposite sex. Masturbation (not in a sexual sense, of course, but more literally in terms of “playing” with oneself) is commonly begun during this stage, and parental response to the discovery of this activity can have serious consequences. If parents are overly moralistic, defining masturbation as something that “nice boys and girls don’t do,” they are setting the stage for the domination of the superego. Such a rigid conformity to puritanical morality also may preclude the enjoyment of intimacy with others later in life because of inadequate sex-role identification.

We have no information about Bill’s experiences during this stage in his life, but it takes no great flight of imagination to see Bill’s father as a real authoritarian moralist where the behavior of others was concerned. Bill did have a great deal of difficulty forming intimate attachments with others, and perhaps his belief that he was a woman in his “previous existence” is indicative of sex-role ambiguity. Bill’s later forced incestuous experiences would have conflicted seriously with any early development of a moralistic conscience. Bill did have, to say the least, a quite unusual view of reality.

7.4.2 Defense Mechanisms

The identification of a patient’s defense mechanisms is an important part of the psychotherapeutic process. Defense mechanisms, which operate at a subconscious level (the individual is unaware of them), function to protect the ego from a threatening reality by distorting it. Defense mechanisms are not necessarily pathological.

We all use some of them to some extent, and they even can be psychologically adaptive in that they serve the self-consistency motive. Only when they become an integral part of a pattern of life leading one to avoid facing reality do they become matters of great concern. The psychoanalytic literature lists numerous defense mechanisms. Any comprehensive listing of them is beyond the scope of this book. We will discuss only those most commonly seen in a criminal justice setting.

Denial is the blocking out of a portion of reality that is threatening to the ego. Sexual feelings and activities often are subject to this defense mechanism. For example, child molesters often will attempt to deny to themselves that the incident ever occurred. This is not simply “forgetting” (repression) but rather refusing to recognize that it happened. Bill’s denial of his enuresis may be seen as an attempt to deal with the residual anxiety felt about being “hog-tied” and whipped when he wet his bed, and his statement that his incestuous experiences was “no big deal” can be seen as an attempt to divorce himself from the possibility that he could have welcomed them.

Rationalization is the process of providing oneself with acceptable reasons for one’s behavior or one’s experiences to soothe a damaged ego. This is a definite favorite of offenders. Bill recited a litany of experiences to make Corrick understand “some underlying reason(s) for my behavior,” thus creating the impression that he was more wronged than wrong. Rationalization helps us to maintain an acceptable self-image by downplaying our own badness and/or inadequacies. We parcel out blame or devalue what we may want but cannot get (“I didn’t get the job because this is a racist/sexist/elitist society and I’m black/a woman/not one of them. Who wants that stupid job anyway?”).

Fixation is being immobilized at an earlier stage of personality development because the more appropriate stage is fraught with anxiety. Many offenders have a childlike attachment to the present because stepping into the future is stepping into the great unknown. Many have developed a pattern of helplessness through their dependence on the welfare system, which is the only financial “parent” many have ever known. To go out and expand one’s capacities and explore one’s potential is not one of the lessons imparted by the culture of poverty. As a criminal justice helper, you are charged with helping offenders to develop a realistic orientation to the future by attempting to enlarge their sense of self-worth and their sense of the possible.

Displacement is the transference of feelings about someone or something onto another person or object because the original person or object is either inaccessible or too powerful. The individual often displaces anger or aggression onto the innocent. Wife and child battering frequently is displaced aggression generated by others too powerful to attack directly. All too often one finds that offenders have much pent-up anger, the source of which they find difficult to identify. Further, they have not learned to express their feelings in appropriate ways, so they vent them on “safe” targets. The psychoanalyst would interpret Bill’s explosive temper and the hanging of the kitten as an expression of the anger he felt toward his father being displaced on nonthreatening targets.

Intellectualization is a process of using arguments to deflect the blame from themselves by pointing out how others should be blamed. Some of the better-educated offenders are quite adept in the use of intellectualization. They often will attempt to assail legal reality by intellectualizing their crimes away. The marijuana dealer who launches into a monolog accusing society of hypocrisy, the petty forger who cites chapter and verse on white-collar crime, and the thief who discourses plausibly on corporate irresponsibility are all examples of people trying to avoid the reality of their own malfeasance. You certainly may accept the legitimacy of their position, but you also must impress on such offenders that the issue is their behavior and not that of others and that they cannot avoid confronting their behavior by trying to refocus the discussion elsewhere.

Projection is the mechanism by which people attribute to others the feelings they refuse to see in themselves. Individuals are often most troubled by the behavior of others when it mimics their own repressed urges. The rough treatment of child molesters in prisons may be viewed as an attempt by other inmates to convince themselves that they could not possibly harbor such evil urges themselves. Offenders who feel that no one understands or likes them, or who harbor hostility toward others, are projecting onto others their negative feelings about themselves, thereby protecting the ego by confusing self with other. So many expressions of hostility and hatred of the world by criminal justice offenders are really expressions of self-hatred. If you can aid offenders to develop more positive feelings about themselves, you will find that they will develop better attitudes toward the world.

7.4.3 Lessons and Concerns

The primary usefulness of psychoanalytic theory for the criminal justice worker is that it provides insights that lead to a better understanding of offenders' struggles with themselves and with the outside world. An understanding of the defense mechanisms is particularly useful in understanding offender resistance to the helping process.

A little knowledge, it has been said, is dangerous. The correctional worker lacks the depth of training necessary to put the techniques of psychoanalysis into practice. To attempt to do so could result in negative consequences. Besides, it is too time-consuming and involved. It is an approach better suited to folks seeking professional absolution for their sins and transgressions and who enjoy richer vocabularies and fatter wallets than the typical offender does. Many psychiatrists and psychologists themselves have turned to more simplified methods to deal with the problems presented to them by the typical offender—methods that generally are more conducive to change because few offenders require total personality restructuring. Sometimes the use of psychoanalysis for relatively minor life adjustment problems is like swatting flies with a baseball bat. This is not, however, to belittle the often-profound theoretical insights into human nature provided by this theory.

7.5 Client-Centered Approach

Carl Rogers developed his client-centered (or person-centered) approach to counseling in response to the deficiencies he perceived in psychoanalysis and behaviorist therapies. According to Austin (1999), Rogers' theory is favored over any other single counseling theory by professional counselors, and he has been ranked first as the most influential psychotherapist by these same professionals (Cook, Biyanova, & Coyne, 2009). Being a humanist thinker, Rogers rejected what he saw as the biological determinism of psychoanalysis and the mechanistic nature of behaviorism in favor of self-determination and what he considered the natural goodness in humankind (Hill & Nakayama, 2000).

Rather than viewing individuals as driven by irrational biological impulses (which Rogers saw as an intimation that humans were basically antisocial) or as simple mechanistic responders to external stimuli (as in behaviorism), this approach sees human beings as basically good, self-driven, and possessing an innate capacity for self-actualization (the capacity to become all that we are able to become). Self-destructive behavior and attitudes arise from faulty self-concepts (the self-concept is central to this theory) and an inability to grasp the fundamental truth that we are free agents in charge of our own destinies. Although the emphasis on innate goodness and self-actualization is somewhat Pollyannaish in that it refuses to see the beast in man, it is ennobling in its enunciation. The basic goal of client-centered therapy is to improve the self-concept.

Rogers (1952, p. 70) defines counseling as “the process by which the structure of the self is relaxed in the safety of the relationship with the therapist, and the previously denied experiences are perceived and then integrated into an altered self.” Client-centered therapy eschews searching for causes and the teaching of counseling techniques in favor of asserting the absolute primacy of the nature of the offender/counselor relationship (Csillik, 2013). What counselors bring to the relationship in terms of the quality of the self is far more critical than what they do with it in terms of technique.

The absence of loving human relationships is the basic reason that isolated, alienated, lonely, and self-destructive offenders require the counselor's assistance. It follows that the offender must form such a positive relationship with at least one other person if you are to accomplish anything meaningful. That one other person is the counselor. Although the burden of discovering the true goodness of the self is placed squarely on the shoulders of the offender in this essentially nondirective form of counseling, the burden of establishing the type of relationship in which it may be accomplished is placed on the counselor: “If I can provide a certain type of relationship, the other person will discover within himself the capacity to use that relationship for growth and change, and personal development will occur” (Rogers, 1961, p. 33). The counselor functions as a midwife, pulling out of the offender the goodness that is already present and awaiting birth.

Can the correctional worker provide the “love” that Rogers feels so important? Unfortunately, the English language is such that the term love is either confined to romantic love or used indiscriminately as an intense form of liking (“I love golf,” or

“I loved that movie.”). William Lewis (1989) tells us how we can meet offenders’ need for love:

A correctional worker can meet the need for love, for example, at the young adult level through such means as courtesy; showing genuine interest and concern; giving instructions in a friendly, respectful way (as opposed to grumpy or profane barking); giving honest praise for work well done; and asking for opinions and respecting them as worthwhile. (p. 28)

Let us define love in the corrections context as “an active concern for the well-being of another.”

The only techniques of client-centered therapy are those we talked about in Chap. 3: engaging in active listening, clarifying, and reflecting of feelings. Evans, Hearn, Uhlemann, and Ivey (1989) characterize Rogers as the “listening counselor.” If you were to watch a client-centered counselor at work, you probably would get the impression that nothing is occurring. The counselor simply listens intensely to the offender while making occasional verbalizations, such as “Yes, please go on,” “Uh, huh,” “Uhm,” and “Once again, please,” and with other signs of approval, such as smiles and head nods. What is going on here is counselee reinforcement in the form of verbal and visual signs of approval, and such reinforcement is considered vital in the counseling process. Offenders tend to talk about those topics that are reinforced, and not to talk about topics that are not. Experiments demonstrate that people’s verbal and nonverbal behavior can be shaped systematically in desired directions by such simple acts of reinforcement as these (Evans et al., 1989).

Rogers was much more concerned with the client/counselor relationship and the personal attributes of the counselor than with techniques. The three main attributes that the counselor must bring to the relationship are unconditional positive regard, genuineness, and empathy.

7.5.1 Unconditional Positive Regard

According to Rogers, many negative self-feelings and psychological problems develop because others place conditions on their acceptance of us. They like us or love us if we are who they would like us to be or if we do what they would like us to do. Since we all want to be liked, loved, and accepted, we tend to conform to these conditions. Our conformity to the expectations of others leads us to an inauthentic self-image. To function as psychologically healthy people, we must set our own standards of behavior and self-acceptance. We have the ability to be fully authentic human beings, but we must first experience this unconditional positive regard from at least one person. For Rogers, the counselor fills that role.

Unconditional positive regard occurs when the counselor communicates to the offender a full and genuine acceptance of his or her personhood, warts, and all. Acceptance must be uncontaminated by judgments of the offender’s attitudes, feelings, or behavior as being wrong or bad. This does not mean that the counselor approves or accepts illegal or immoral behavior; it means that the offender’s

essential humanity is accepted and valued in spite of his or her attitudes and behavior. This acceptance allows offenders to be free to examine their own behavior in a nonthreatening setting. Thus, they themselves may arrive at the conclusion that their attitudes and behavior are self-defeating. Officer Corrick appears to have had a positive feeling about Bill Bloggs while at the same time soundly condemning his behavior in the presentence investigation report.

Unconditional positive regard is an ideal to strive for, and it is not an all-or-nothing requirement. It is unrealistic to think that you can develop this type of relationship with all offenders or even most of them. Any relationship between two people is a chemical mix that may blend well or explode. Some offenders are downright determined to make your life as difficult as possible, and they will read only weakness or patronization into your efforts to establish a positive working relationship. Most, however, will respond to your warmth with warmth of their own. The degree to which you can achieve the kind of positive regard that Rogers talks about is largely the degree of success you will achieve in your efforts to turn around an offender's life. At the very least, you should respect the basic humanity of the offender. Be cautious, however, that the relationship does not become one in which the offender depends on you or that you do not use the relationship possessively to fulfill your own needs for positive regard.

7.5.2 Genuineness

Counselors must be genuine (be completely themselves) with offenders. Counselors must accept and deal with all feelings, whether positive or negative, generated by their interaction with the offender. In short, counselors must be authentic in the presentation of self to the offender. They must avoid pretensions, game playing, and facades. The displaying of false fronts means that the counselor feels a lack of congruence between the real and the public self, which is, according to this perspective, precisely the vulnerable state of the offender. Since it is the task of the counselor to help the offender become more aware of internal incongruities, it is highly desirable that the counselor present an integrated self to the offender. The ultimate aim of self-disclosure exercises for the neophyte counselor is to develop an authentic and congruent sense of self. The goal is that the counselor's authentic self should permeate freely into the offender.

Human genuineness or authenticity exists only on a continuum and must be developed. It is interesting to note the agreement among the giants of the human sciences on this subject of human authenticity. Freud, Marx, and Maslow, despite radically different ideological and theoretical orientations and concerns, all agree that the ability to love and be loved is the key to human authenticity (Walsh, 1986).

7.5.3 Empathy

Empathy is the counselor's capacity for participating in the feelings of the offender. Empathy implies more than an intellectual understanding of the offender's feelings. It goes beyond cognitive knowledge about the offender to fuse with the offender and causes the counselor to experience the offender's feelings as if they were the counselor's own. This implies the kind of gut-level subjective understanding that is granted only to those who have walked in similar shoes. Mayeroff (1971) describes the empathetic ability thus:

To care for another person, I must be able to understand him and his world as if I were inside it. I must be able to see, as it were, with his eyes what his world is like to him and how he sees himself. Instead of merely looking at him in a detached way from the outside, as if he were a specimen, I must be able to be with him in his world, 'going' into his world in order to sense from the 'inside' what life is for him, what he is striving to be and what he requires to grow. (pp. 41–42)

This definition of empathy is like the definition of unconditional positive regard—beautiful in its conceptualization but probably impossible to attain in any absolute sense. Yet, many books on counseling contain statements such as “Respond to the client with empathy.” This gives the beginning counselor the mistaken impression that “getting into” a client's frame of reference is not much more difficult than following instructions such as “Place block A on block B and click into place.” This could be dangerously misleading and falsely reassuring.

7.5.3.1 Developing Accurate Empathy

Is empathy possible between persons of different races, social strata, and educational backgrounds? For example, can a white, middle-class, female, college-educated corrections worker really “participate” in the mindset of a semiliterate street male who is of another race and social class? We believe that it is possible, but only in a limited sense. Such ability does not come naturally or easily. You must work very hard to develop it, both by examining your own values, prejudices, and stereotypes and by assimilating as much knowledge as you possibly can about the causes and reasons why offenders live and behave the way they do.

Your ability to empathize with offenders will increase in direct proportion to the time you spend in these endeavors. Even then, it may be counterproductive to convey to offenders the idea that you “understand” their problems until you have had a number of sessions with them in which you actively have listened to what they have to say. For this reason, we did not stress empathy in the chapter on interviewing, but did stress listening. Active listening is the essential prerequisite to empathy.

Egan (1998) distinguishes between what he calls basic and advanced empathy, both of which he subsumes under the general term “accurate empathy.” “*Basic empathy* involves listening to clients, understanding them and their concerns to the degree that this is possible, and communicating this understanding to them so that they might understand themselves more fully and act on that understanding” (p. 81, emphasis in the original). For instance, basic empathy might involve

communicating understanding of an offender's anger, depression, and anxiety, since these feelings are common to all people, regardless of their unique experiences.

Advanced empathy concerns not only what clients say but also what they imply or leave half-expressed. Skilled counselors "often see clearly what clients only half see and hint at" (Egan, 1998, p. 170). This is what Reich (1956) means by "listening with the third ear." However, we should distinguish its use between in an initial interview setting and in a counseling setting. In an interview setting, your primary task is the assessment of offenders, and your secondary task is to prepare the groundwork for future counseling sessions. You are listening to what offenders are implying or leaving half-expressed to gain the best initial understanding you can of their background.

In the initial interview, it is too early in your relationship to challenge offenders about what you think they are implying or half-expressing. You have very limited knowledge of offenders at that point, trust is not established, and you could be completely wrong in your judgments and interpretations. Even if you are right, offenders may not be ready to verify your insight at this time and may deny it. Once some facet of the offenders' deeply private self has been denied, it becomes more difficult for them to admit it later. It is threatening and frightening to be forced to confront a negative feature of the self that formerly has been repressed. Do not risk erroneous assumptions or provoke the offender's denial by premature attempts at advanced empathy.

Empathy, then, is a series of responses rendered by the counselor with a developed sensitivity to the offender's unique set of feelings about the world and his or her place in it. In effect, you are thinking with offenders rather than about them. We will examine some responses using both forms of empathy in a criminal justice counseling session.

7.5.3.2 Examples of Empathetic Responses

Remember, your responses are never neutral; they are either constructive or destructive. This is particularly important for offenders since they are stuck with you, for better or worse, during their period of correctional supervision. Constructive responses are those that involve offenders in self-exploration so that they may arrive at solutions to their troubles themselves. Fully involving offenders means accepting the reality of their problems and reflecting them back to them.

For example, suppose that Jay, who works as a factory assembler, comes to you and states that he finds his job boring, unsatisfying, and unsuitable for his talents and ambitions. Furthermore, he tells you that he wants to quit. You want him to keep his job, knowing that jobs are difficult to find, that he has financial obligations, and that "idle hands are the devil's workshop." You respond by saying: "Jay, you feel that your job makes you feel depressed and less than worthy and productive. I can understand that because I've had jobs that made me feel that way too. What is it in particular about your job that makes you feel depressed, Jay?"

What have you accomplished in these three sentences? First, you have recognized the reality of Jay's problem and the fact that it is a genuine concern for him. Second, you have reflected his feelings about the problem, thereby making him

aware that you have correctly understood him. Third, you have shown empathy by self-disclosure of your similar experiences. This reinforces Jay's perception of your acceptance of the reality of the problem and gives him a feeling of commonality with you. This will also make Jay more receptive to the plan of action you will decide upon together, since you have modeled the plan in your own life experience. Fourth, you have probed further by the use of an open-ended question asking Jay to identify specific conditions, circumstances, or situations that arouse his negative feelings. Your response has generated a positive atmosphere, which will allow further discussion and exploration, leading, you hope, to a mutually acceptable plan of action for dealing with the problem. In short, you have made excellent use of accurate primary empathy.

Contrast the positive response to Jay's concern with the following negative response: "Jay, you're always complaining about something. This business about your job is all in your head. It does you no good to dwell on it. How can you expect a better job with your education? Besides, you can't quit without my permission, so relax and forget it, buddy."

What have you accomplished here? First, by responding from your frame of reference rather than Jay's, you have denied the reality of the problem and of his feelings about it. Second, you have denigrated him by calling him a complainer and belittling his education. Third, you have distanced yourself from him by (1) showing a lack of concern and understanding, (2) emphasizing differences in educational levels, and (3) emphasizing the relationship of authority that exists between you. Furthermore, by telling him to "relax and forget it," you have guaranteed that he will not. Instead, you will have exacerbated his negative feelings and left him to deal with them in a possibly destructive manner. You can bet that he will not come to you again with his concerns.

In short, Jay will be influenced by the second response just as he would be influenced by the first. The second response, however, generates feelings in Jay that will be destructive to your relationship with him. Your lack of professional concern will make your job more difficult and demanding and may cause Jay to quit his job despite your warning that he cannot. This, in turn, may lead to a technical violation or further criminality. The golden rule of counseling is "Treat offenders as you would wish to be treated."

Suppose Jay responds to your primary-level empathy with the following statements and nonverbal behaviors. Jay is sitting with his folded hands resting on his thighs and looking at you (a nondefensive, open, and trusting demeanor). "Well, Chris, I didn't mind the job so much when I was on days. It's this night shift stuff."

Jay now straightens up, looks away, and raises his voice slightly (some defensiveness, embarrassment, and anger creeping in). "My wife complains that I don't spend enough time with her. We used to go out dancing once or twice a week, but now I can't because either I'm working or I'm too damn tired on the weekend."

Jay sits up straight and grasps the arms of his chair. His face reddens a little, and his speech becomes faster and louder (a strengthening of his defensiveness, embarrassment, and anger). "She goes by herself, though. I don't like that, and I tell her so. We've had quite a few arguments about that crap."

You now come to realize that Jay's job is not the real cause of his depression. His more substantial concern is his wife's dissatisfaction, and his statement contains some significant intimations that he is concerned about the possibility that she may be doing more than just dancing with other men. You might engage in the following dialog with Jay:

Counselor: Are you saying that it is not the job itself that you want to quit but, rather, you would like to get off the night shift? (Clarification)

Jay: Yes, I think things might be better if I went back on days.

Counselor: The night shift leaves you without much time or energy to devote to your wife, and this is causing some friction between you. (Paraphrase.) You are angry and upset because she goes dancing by herself. (Reflection)

Jay: You bet I am! I've told her that it's not right for a married woman to go dancing by herself.

Counselor: Jay, I can understand your annoyance with your wife, and I know that the two of you have talked about it. Why do you think she continues to go when you have told her that you dislike it? (Probe)

Jay: I don't know. We get so mad at each other when we talk about it that I think she does it out of spite. (Angry arguments do have a way of leading one of the participants to act in uncharacteristic ways to "get back.")

Counselor: What do you think she would do if you let her know your feelings without getting upset? (Open-ended question designed to get Jay to think about his wife's possible reaction to a rational discussion of the problem rather than an emotional confrontation.)

Jay: I don't really know. We don't argue that much about other things. I don't mind her having some fun, but dancing? My wife's an attractive woman—I see the way that men look at her. (Jay's reply indicates that, except for this one issue, quarreling is not a major feature of his marriage. He quickly disposes of your question and gets down to his real concern.)

Counselor: You like your wife to enjoy herself, but you find it unsettling for her to do it in this way because she is in the company of other men. (Paraphrasing and reflecting.) Am I hearing you say that you are concerned that one of her dance partners may make a play for her? I wonder if she realizes that she is hurting you this way. (Clarifying your perception of Jay's underlying feeling and using advanced empathy)

Jay: I guess I'm kind of jealous. I really love Carla, and it eats me up inside to think that she might be playing around behind my back. I haven't admitted this to myself before today. I suppose I wasn't too eager to think about it. What do you think I should do, Chris? You've made me realize that I don't really want to quit my job—it pays good money, and I have my restitution and fine to finish paying—but I don't want to lose Carla. (Jay is now asking for your advice, which up until now you have resisted giving. He will be more receptive now that he has explored the problem himself and has explicitly requested advice. You also have led him to identify for himself what he was feeling—jealousy. This is much better than simply coming out and asking him: "Do you feel jealous?" He may have

denied the embarrassing feeling if you rather than he had approached the issue directly.)

Counselor: I do not think it's a question of either quitting your job or losing Carla. I might suggest two courses of action for you to think about. First, you could speak with your boss at work to see if there is any possibility at all of getting back on days, even if it means a different job and less pay. Regardless of whether this is possible, you could discuss your feelings openly with Carla as you have done with me. Do this without any hint of accusation or anger, and you will find that, more than likely, she will respond the same way. Since you seem to enjoy dancing yourself, try to arrange it so that the two of you can go together at least once a week. What do you think about these suggestions, Jay?

This exchange illustrates both basic and advanced-level empathy. The counselor went beyond the initial problem that Jay presented and probed for a deeper concern. The counselor skillfully led him to explore feelings that he was reluctant to admit to himself, and he offered him, at his request, some helpful suggestions for dealing with them. It took a great deal more time than it would have taken to tell him to stop complaining, but he may have gone a long way in helping Jay to save his job and his marriage. Also, he probably has saved himself time and trouble in the long run.

7.5.3.3 What Accurate Empathy Is Not

Now that you have a good idea of what accurate empathy is, it is important to understand what it is not. Empathy does not mean that you should condone wrong behavior. If Jay were to tell you, for example, that he goes out and gets drunk because he can't stand Carla's imagined infidelities, nagging, and denigrating him and then he asks you what you would do in a similar situation, he has put you in something of a spot. He is asking for your sympathy, understanding, and self-disclosure. It is a poor kind of empathy to reply, "I guess I'd do the same thing," even if, in fact, you think that you might do so. Such a reply would imply that you are condoning his behavior. But if you reply that you certainly would not do so, Jay will perceive you as being critical and judgmental. It would be better for you to say, "I'm sure that your wife's behavior makes you feel terrible. I'm not sure what I would do myself. I think perhaps that I would seek marital counseling. Do you think that's a possibility for you?" This reply relieves you of the appearance of condoning the offender's behavior while at the same time recognizing his feelings and offering a constructive alternative to the bottle.

7.6 Motivational Interviewing: Expanding the Client-Centered Approach

Any theory that is of use to anyone must evolve as new information emerges. One of the exciting evolutionary adaptations of Rogers' theory is Motivational Interviewing (MI) developed by Miller and Rollnick (2002). MI is a "client-centered, directive method for enhancing intrinsic motivation to change by exploring and resolving ambivalence" (Miller & Rollnick, 2002, p. 25). It "integrates the

relationship-building principles of humanistic therapy with more active cognitive-behavioral strategies targeted to the client’s stage of change” (Burke, Arkowitz, & Menchola, 2003, p. 843). Motivational interviewing is still humanistic in the assumption that the solution to our problems lies within us and all the counselor has to do is to act as a midwife. Yet, it is also confrontational, but with a difference. It is not the counselor that directly confronts clients; rather, the counselor guides clients to confront themselves. To continue the midwife metaphor, the counselor gently asks the client to breathe a certain way and to continue pushing to bring what is inside into the light of day.

Figure 7.1 presents the basics of Motivational Interviewing in schematic form from the introductory stages to the final goal—behavioral change. While designed around Motivational Interviewing, with slight changes in terminology, the figure can serve as a template for any counseling theory. The top part of the figure is the counselor’s strategy; the bottom parts are the responses the counselor hopes to elicit from the offender. The first two squares represent the preliminary contemplative stages of the process—developing rapport and creating and increasing motivation for change. The second two squares represent the action stages—consolidating the offender’s commitment to change and translating that commitment into actual behavior.

Empathy. The prerequisite for all counseling is the development of a positive and trusting relationship between officer/counselor and offender. If the offender does not develop the necessary trust, the rest of the process will be unworkable for the most part. All that we have previously said about empathy (reflective listening, an attitude of acceptance, educating one’s self about the kinds of problems offenders

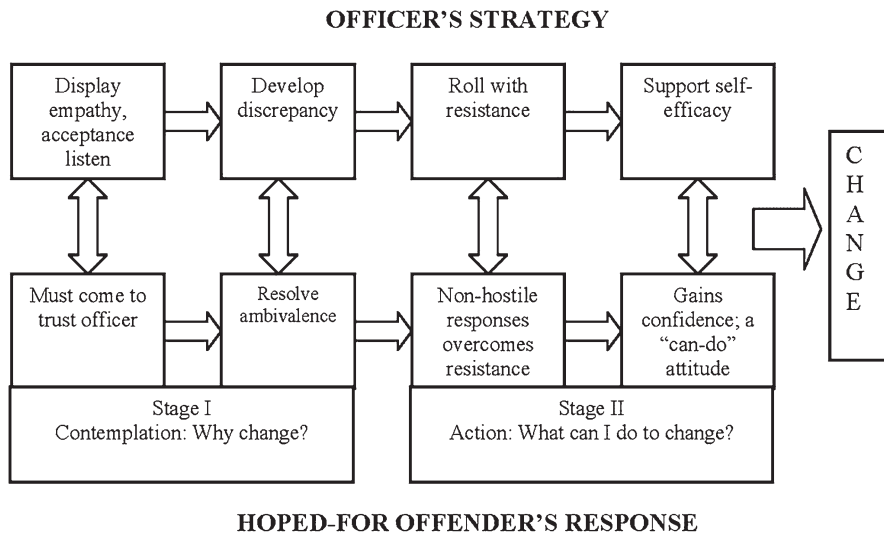


Fig. 7.1 The basics of motivational interviewing: officer’s strategy and hoped-for offender’s response

bring with them) applies here. Motivational interviewing also stresses that the counselor must accept that an offender's ambivalence about change is normal (a reflection of the self-consistency motive) and not pathological defensiveness.

Developing Discrepancy. If the offender appears comfortable and trusting, the counselor can move on to the process of developing discrepancy. An assumption of Motivational Interviewing is that offenders are ambivalent about changing their lives; they want to and they do not want to at the same time. Discrepancy development is all about helping the offender identify his or her ambivalent feelings between how he or she is as opposed to how he or she would like to be. In other words, the counselor/officer strives to increase the psychological discomfort of cognitive dissonance so the offender is motivated to reduce it. As Miller and Rollnick (cited in Clark, 2005, p. 25) put it: "MI considers 'confrontation to be the goal, not the counselor's style.' That is, the goal of helping is to create a 'self-confrontation' that prompts offenders to 'see and accept an uncomfortable reality.'" If offenders can be guided to confront a reality that is disquieting to them by themselves rather than having the counselor/officer point it out, they are more likely to accept it and become motivated to do something about it: "People are more persuaded by what they hear themselves say than by what other people tell them" (Miller & Rollnick, 2002, p. 39).

Roll with Resistance. Now we arrive at the action stages; this is where you will likely meet with resistance. The Motivational Interviewing system says that you must "roll with resistance;" that is, you must avoid arguments by reflecting feelings back on offenders and by turning problems back on them to work out for themselves. Too much resistance probably means that you have moved into the action phase prematurely and that you should retreat to the contemplative stage and try another strategy. Counseling is an art, not a science. People cannot simply throw a switch onto a motivational track; you must know when to move forward and when to move back, and this only comes with lots of experience. Dealing with resistance is more fully developed in the next chapter, as are specific plans of action for change.

Support Self-Efficacy. Finally, we arrive at the stage of supporting the offender's self-efficacy. *Self-efficacy* is essentially the confidence persons have in their self to successfully accomplish what they set out to do. You must reinforce any positive statements made by offenders that indicate a "can do" attitude, and your belief in their ability to change for the better may just become a self-fulfilling prophesy.

7.6.1 Lessons and Concerns

The primary reason for including the client-centered approach in this discussion is its emphasis on the offender/counselor relationship. Certainly, we all attend more to the concerns of those whose good graces we value than of those about whose judgments we do not care. Objective understanding and special techniques and stratagems are not necessary to bring about change in the type of relationship Rogers emphasizes.

Although you can apply client-centered counseling fruitfully in some counseling settings, as evidenced by its great popularity among counselors in general, we have to ask ourselves if it is practical in the correctional setting. Andrews and Bonta's (Andrews & Bonta, 2016) review suggests too much focus on the relationship dimension to the exclusion of establishing anticriminal contingencies is ineffectual and may be harmful. Denise Kinsit (Kinsit, 2000, p. 349) also criticizes this aspect of the theory. She writes that although it provides "a wonderful, enriching [counseling] environment... Do we allow sociopathic criminals to spend hours in therapy providing them insight into their morbid and inhumane delights without any form of direction or confrontation?"

The authors of this book believe that unconditional positive regard, genuineness, and empathy as described here are the qualities we manifest only in a very real intimate love relationship with people who are truly special to us. Not being in such a relationship with offenders we counsel, is there a major conflict between being genuine and expressing the idea to offenders that we accept them unconditionally? Is there also a real danger that we will avoid necessary confrontation with an offender so as not to upset the close relationship deemed to be so important? Do we need to set conditions on our acceptance? Consider substituting "active concern for the well-being of another" for "unconditional positive regard," when using the client-centered approach with offenders.

As a correctional counselor, positive regard for offenders has to be conditional. This does not mean that you refuse to accept the basic humanity of offenders or that you pass unnecessary judgment on their past behavior. What it does mean is that you must place unambiguous conditions on their future behavior and not be afraid to confront them and let them suffer the consequences when they fail to meet those conditions. Empathy, too, must be guided in responsible directions.

Nevertheless, establishing a positive working relationship with offenders is important. Unconditional positive regard, genuineness, and empathy are continuous variables that you present to offenders in varying degrees. The degree to which you present them depends on the quality of your concept of self in interaction with the self-concepts possessed by offenders. While you cannot always be your "genuine self," you should not suffer a sense of personal failure if you feel a lack of acceptance of the offenders or an inability to empathize fully with their view of the world.

The addition of the Motivational Interviewing approach to the basic ideas of client-centered therapy has been welcomed with some enthusiasm in criminal justice (Clark, 2005). Remember that Motivational Interviewing is an approach to treatment, not a form of treatment, and can be applied to any therapy/counseling theory. It has been welcomed because it is directive rather than nondirective in a subtle way in that the counselor craftily steers (directs) the offenders to confront themselves and direct themselves in positive prosocial directions. A meta-analysis of 72 studies using Motivational Interviewing found it highly effective (increasing the rate of change talk and decreasing the resistance to change) over the short term (an effect size of 0.77), which unfortunately decreased to an effect size of 0.30 in 1-year follow-ups (Hettema, Steele, & Miller, 2005). There are no magic bullets in this business.

A final point about the powerful influence of establishing positive relationships comes not from criminal justice or counseling research but from medical research. William Knaus and his colleagues at the George Washington University School of Medicine set out to discover what variable is most important to survival of patients in intensive care units (ICUs). Using advanced statistical techniques, they looked at such variables as technological sophistication, levels of professional expertise of physicians and nurses, prestige of the hospital, research funding, and patient/care-giver ratio. Their examination of 5030 intensive care unit patients in a variety of hospitals across the United States over a period of 5 years found that none of these nominated variables was the crucial one. The crucial variable was the quality of the relationships that existed between doctors and nurses and between nurses and patients. The hospitals that allowed nurses to function semi-autonomously and to interact with patients at an emotional level were the hospitals with the best intensive care unit survival rates (Holzman, 1986). The researchers expressed their surprise at this finding; Carl Rogers would have responded with a knowing smile.

7.7 Summary

Counseling differs from psychotherapy primarily in the depth and intensity of treatment. Psychotherapists attempt to restructure the basic personalities of patients with intrapersonal conflicts, whereas counselors deal with interpersonal conflicts and problems of everyday living. You should be alert to those offenders whose problems exceed your professional ability.

There are similarities and differences between interviewing and counseling. Many of the techniques they use are the same. The quality of the self—your warmth, acceptance, and understanding—is the most important ingredient in both situations. In essence, counseling is an extension of the interviewing process. Counseling requires communication with offenders at a deeper level about more specific issues. You will accomplish this more easily if you have developed a positive relationship with them during the initial interviews.

Freudian psychoanalysis is a theory that offers some profound insights into human nature. It emphasizes the importance of the psychosexual stages of development, especially the importance of love at the earliest stages. The identification of defense mechanisms is useful in criminal justice, particularly denial, rationalization, fixation, displacement, intellectualization, and projection. You will never use the techniques of psychoanalysis in your dealings with offenders in the same way that you will use the techniques derived from other theories. Its usefulness to you as a criminal justice worker lies in its illumination of human nature.

Client-centered therapy shares with psychoanalysis its passive and nondirective approach. This theory asserts the absolute primacy of the offender/counselor relationship. Client-centered counseling rests on three attributes that the counselor should possess and offer to offenders: unconditional positive regard, genuineness, and empathy. Since many psychological problems are the result of conditions that others attach to their acceptance of a person's self-worth, it is vital that counselors

accept those offenders with whom they work unconditionally as individuals of worth. The counselor also must be genuine (be completely himself or herself) and avoid pretensions, dishonesty, and game playing. The counselor's authenticity will provide a model for the offender to emulate. Counselors always should strive to improve their own authenticity.

The final necessary attribute is empathy. It is very difficult to achieve because it implies the ability to participate actively in the mindset of another, to actually walk in the person's shoes. Primary empathy is the communication to offenders of an initial basic understanding of what they are saying. Advanced empathy implies a deeper understanding, a reading between the lines. Empathy is something that is developed only by experience, by learning all you can about human behavior, and by really caring about what the offender is trying to communicate.

Motivational Interviewing evolved from Rogers' client-centered approach and integrates humanistic approaches with cognitive-behavioral approaches. MI maintains that we hold within us the solutions to our problems and all the counselor need to do is lead clients to confront themselves and discover those solutions. The counselor achieves these goals by being empathetic, developing discrepancy, rolling with resistance, and supporting self-efficacy.

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Directive Counseling: Theory and Practice

8

The theories we examined in the last chapter could be described as passive and nondirective: the counselor helps offenders to give birth to their own solutions for what ails them. To be sure, intrinsic motivation is better than extrinsic motivation, but as the hangman once said to the condemned as he placed the loop around his neck: “Good luck.” The vast majority of offenders are not capable of arriving at the solutions we want them to arrive at without a great deal of direction. Giving direction is the action phase of the motivational interviewing model.

The theories presented in this chapter are very active, directive, and didactic, with equal involvement of the counselor and the offender. These theories—transactional analysis and reality therapy—were both formulated by traditionally trained psychotherapists who were dissatisfied with the passive methods of traditional psychoanalysis and the extraordinary length of time required for that type of treatment. Both theories were designed to identify and deal with problem areas quickly and are oriented toward cognitive rather than emotional approaches. The creators of the theories realized that most offenders must be actively assisted in their endeavors to become rational, responsible, whole individuals. They do, however, recognize the tremendous importance of the offender/counselor relationship and of the stages of the counseling process as presented in motivational interviewing.

8.1 The Laws of Thermodynamics and Criminal Offenders

Many learn about the first and second laws of thermodynamics in a physics or chemistry class and remember that they have something to do with energy. The first law is the good news, and basically states that energy cannot be created or destroyed, but it can be shifted around from one type to another. When we eat, we are taking in

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chemical energy that is used up by work or exercise, or is stored as fat. If we use up that energy in constructive ways, we become healthy and strong; if we store it as fat, we are in danger of falling afoul to all types of health problems. All life is about finding ways to use energy constructively.

The second law is the bad news. It tells us that in any closed system, everything tends to disorder and that this disorder can only increase with time. Your refrigerator, your car, you yourself, and the entire planet are closed systems that eventually will experience what physicists call entropy (their measure of disorder). If you take an ice cube out of the refrigerator, it becomes disordered as heat flows out. If you want it to become ordered again, you have to apply outside energy to it by putting it back into the freezer. The refrigerator itself becomes disordered when the electricity goes out; your car will not run without its source of energy, neither will you without your source, and neither will the planet without the ultimate source of all energy, the sun. In other words, if you want to defeat the second law of thermodynamics, you have to introduce outside energy into closed systems.

Why are we discussing the laws of thermodynamics in a counseling text?! The answer is that the second law has a little brother called Murphy's Law, which is applicable to all our lives. Murphy's Law states that anything that can go wrong eventually will go wrong, which is the nonscientist's way of saying that everything tends to disorder. Yet, we have seen that we can thwart the second law in the physical world by putting outside energy into closed systems to make them "go right," even though doing so comes with a price. For example, electricity, gasoline, and food cost money, but the price is worth it. The lesson is that to make things "go right" in our lives, we have to put energy into them. If we want our health, career, family, social relationships, automobile, home, or anything else to "go right," they have to be highly ordered. If we do not put constructive energy into them, they will "go wrong" in so many ways.

Think about it: there are always more possible disordered states than ordered states. If we are complacent and irresponsible about our health, marriages, social relationships, careers, and the upkeep of our possessions, they will deteriorate and dissolve. It is only by diligent attention to detail that we can halt the natural descent into chaos and enjoy well-ordered lives.

Offenders need to be aware of and understand Murphy's Law. Offenders need to know that they can either move forward to meet the challenges of the world in healthy and constructive ways or they can sit in a run-down trailer park gulping Budweisers and sucking on Marlboros waiting for "a break." They must come to know that the very laws of nature dictate that things just simply cannot get better unless they put energy into them to make them get better and that they have to make their own breaks. They must come to know that they are the "outside energy" that needs to be plugged into the things in their lives that affect them. You as the correctional counselor also serve as a temporary alternative source of outside energy holding the second law at bay until such time as offenders are able to marshal enough of it for themselves. The skills and techniques are directive counseling, which is your source of outside energy.

Jack Powell (2004) offers a five-stage model to get offenders to take control of their lives:

1. Willingness
2. Responsibility
3. Knowledge
4. Application
5. Maintenance

The first stage is the realization that offenders must be willing to change. Willingness opens the door to change; it is a choice to change the direction of the energy in their closed system rather than to continue to use energy concocting fruitless excuses. Willingness will come about more easily when you guide offenders to recognize the discrepancies and ambivalence in their lives.

The second stage is the acceptance of the fact that changing their lives is their responsibility alone. They must overcome any dependence on others and empower themselves. The correctional counselor helps them to make the initial decision, but it is the offender's life that is to blossom or wither. Here it helps to approach offenders from a strength-based perspective to build their sense of self-efficacy so that they become self-reliant. The operating principle is contained in the old saying: "Give a man a fish and you feed him for a day; teach him how to fish and he'll feed himself for life."

The third stage is knowledge (here is where you teach him or her to fish). Offenders are often woefully unaware of the steps that they must take to lead a responsible life, even if they desperately would like to lead such a life. Even if willing to change and to take responsibility for doing so, if offenders lack the requisite skills and knowledge to do so, they will fail. Counseling is a way to provide the needed skills and knowledge. Here begins the action phase of the motivational interviewing approach in which you guide offenders to the appropriate programs and classes that will provide them with the specific concrete tools for change.

The fourth stage is applying that skill and knowledge. All the knowledge in the world is useless if it is not applied. We probably all can provide countless examples of people who know that they should not smoke or overeat, but do, or know that they should exercise and get physical checkups, but do not. Knowledge must be applied to keep Murphy's Law at bay. Here you supply some of the extrinsic pressures to augment offenders' intrinsic motivation.

The fifth stage is maintenance. This one is difficult! How many dieters, with all the willingness, knowledge, and application in the world, will relapse after some time? This obviously requires long-term commitment. As they say in Alcoholics Anonymous: "Stick with it one day at a time." Responsible life can be achieved; millions of people have done so, and there is no reason that a fair proportion of your offenders cannot do it also with some guidance from you. Here is where we see how good you the counselor are at rolling with resistance, because relapse is a form of resistance. You will roll with it by acknowledging to the offender the difficulty of staying the course and by getting him or her to revisit all of the arguments for change that he or she hopefully voiced previously. We now turn to transactional theory as one means of helping offenders to achieve that goal.

8.2 Transactional Analysis

Transactional analysis (TA) is the brainchild of Eric Berne, a psychiatrist best known for his book, *Games People Play* (Berne, 1964). TA is generally considered the first counseling theory to emphasize the role of interpersonal (as opposed to intrapersonal) factors in mental health (Nystul, 2015). No matter what the origin of a problem disorder may be, it is always expressed interpersonally (Prochaska & Norcross, 2018). The shift in emphasis from intrapersonal dynamics to interpersonal dynamics is the major departure of TA from the parent theory, psychoanalysis. TA stresses the cognitive and behavioral aspects of personality and places very little emphasis on emotions.

If a person gains emotional insight from TA, it is through the process of gaining intellectual insight and/or changing behavior patterns. Individuals achieve any type of insight or change by examining transactions between themselves and others. A transaction is simply the act of two or more people interacting together; analysis refers to the process of exploring and explaining those transactions. TA shares with psychoanalysis the assumption that human behavior is influenced rather profoundly by the events of early childhood, particularly events that told the child that he or she was loved or unloved.

Berne (1966) feels that the greatest strength of transactional analysis lies in its use of colloquial, simple, and direct terms that everyone can easily understand:

Transactional analysis, because of its clear-cut statements rooted in easily accessible material, because of its operational nature, and because of its specialized vocabulary (consisting of only five words: Parent, Adult, Child, Game, and Script), offers an easily learned framework for clarification. (p. 214)

Offenders using transactional analysis soon acquire an easily understood, non-threatening, and jargon-free vocabulary by which they can interact with the counselor to identify problem transactions. As Jacobs and Spadaro (2003, p. 106) put it: “Since many inmates are not very self-aware and have conflicts with other inmates, their family, and friends, TA is an excellent model to teach in a correctional setting.”

8.2.1 Scripts

Scripts are “memory tapes” that we all carry with us in our heads. The most important scripts are recorded in early childhood because children tend to accept messages unquestioningly, lacking the maturity to do otherwise. The messages communicated by our parents during this critical period contribute strongly to future evaluations of ourselves as worthy (“OK”) or unworthy (“not OK”) people. By the time we become mature enough to question verbal and nonverbal messages regarding our OKness, any questioning is strongly directed and influenced by the powerful scripting we received in our most impressionable years. If the preponderance of

messages told us that we were loved, respected, and appreciated, we will see ourselves as OK. If the preponderance of childhood messages were in the opposite direction, we will see ourselves as not OK. These evaluations of OKness tend to persist throughout our lives—regardless of the messages we receive in later life because of the deeply etched early recordings.

Related to these early recordings is the intense human need for what Berne calls strokes. People hunger for strokes, to be touched both physically and emotionally. If they do not receive these strokes, they will not develop into psychologically healthy human beings. According to Berne, we structure much of our time around the pursuit of positive strokes (seeking assurances that we are loved). Positive strokes lead to positive scripting tapes, and negative strokes lead to negative ones. Transactional analysis theorists believe that to change negative scripts into more positive ones, clients require direction from a strong “parent” figure in the form of a counselor.

Four basic life positions result from our scripting and act as backdrops throughout our lives in our interactions with others.

1. **“I’m not OK; you’re OK.”** This is a position commonly found in children. When they are punished for some transgression, they often feel “not OK.” However, their godlike parents, upon whom they depend, are naturally OK in their little minds. You will find this life position in many offenders, especially among substance abusers. They frequently are depressed and will have what Glasser calls in Reality Therapy a failure identity. At least an offender with this life position will consider you OK, so you can concentrate on building up his or her own OKness.
2. **“I’m not OK; you’re not OK.”** This is the typical scripted life position of an abused child who was led to question the OKness of his or her parents rather early in life. A person like this views the world as a hostile and futile place, for the person is unloved and unloving.
3. **“I’m OK; you’re not OK.”** This, too, is the position of abused children who have questioned the OKness of their parents. However, they somehow have come to view themselves as OK from their own circumscribed perspective of OKness. They tend to be loners and to project blame for all their problems and actions onto others. The psychopath and chronic criminals operate from this life position in its extreme.
4. **“I’m OK; you’re OK.”** This is the life position from which correctional workers must operate. To do your job adequately, you must be convinced of your OKness; to do it well, you must strive to generate the offender’s OKness. The goal of transactional analysis is a relationship between counselor and offender with mutual convictions of “I’m OK; you’re OK.” That is, offenders must divest themselves of the negative scripts left over from childhood and find their own power and OKness.

8.2.2 Games

Games are counterproductive social interactions and are the result of individuals interacting with one another from one of the first three life positions. Transactional analysis views games as exchanges of unauthentic strokes because ulterior motives are behind the strokes. The ultimate payoff in a game-playing relationship in which one's energy is structured around getting strokes (or giving them to those in positions of authority) is a storehouse of bad feelings that serve only to reinforce negative life scripts. It is only from an authentic "I'm OK; you're OK" position that individuals can engage in a meaningful, game-free, interpersonal relationship.

Games are very much a part of criminal justice supervision and counseling. You quickly must learn to identify and expose them, for they are dishonest and destructive. You might even find yourself playing games with the offenders. We already have mentioned one that officers might play in their law enforcement role in the section on interrogation ("Now I've got you, you son-of-a-bitch") when they are using offenders for power strokes. Another one often heard is "I'm only trying to help you," used by those gentler souls seeking acceptance strokes. Both of these games, of course, issue from an "I'm OK; you're not OK" position.

Offenders are very good at playing games—they have had lots of practice. You quickly will find out that they are much better at it than you are (take that as a compliment). A real value of transactional analysis for correctional workers is the ability it gives them to expose these games. Games that you will run into with frequency are "Poor me" (reaching for sympathy and "understanding"), "If it wasn't for..." and "Ain't it/I awful" (false remorse). Correctional workers who are acceptance seekers or who are ineffectual will easily fall for KIUD ("Keep it up, doc"). Such workers are suckers for offenders who tell them that they are doing a great job while continuing to behave irresponsibly. The payoff for KIUD offenders is that their counselors probably will let them get away with an awful lot of misbehavior in exchange for their dishonest strokes.

Yet another game, often seen in prison settings, is HDIGO ("How do I get out of here?"). Offenders soon learn to tell counselors just what they think they want to hear. They learn the latest social science explanation for their behavior and spew it back while shaking with "self-understanding" and "remorse." Of course, self-understanding and remorse are very much a part of your goals for each offender in your charge. However, it is imperative that they learn to distinguish the real goods from self-serving manipulation of the counseling setting. It is easy, and very human, to accept the game as the real thing because it gives you a feeling of success and a verification of your effectiveness as a counselor. Do not fudge the data for quick and easy self-strokes. If you accept the game as the real thing, the offender will have won the battle but will lose the war against his or her criminality.

8.2.3 Parent, Adult, Child

Parent (P), Adult (A), and Child (C), or PAC, are ego states: three distinct systems of feelings and thinking related to behavior patterns. Each ego state perceives reality differently: the parent judgmentally, the adult comprehensively, and the child pre-rationally. We all slip into and out of these states as we engage in our various transactions, with one usually being dominant over the others.

The *Parent* is critical, controlling, and moralizing, just like Freud's superego. There is a good side to the Parent, though. The good Parent is the nurturing Parent who reacts to others with care, dignity, and respect and makes demands that are not overbearing. This is the type of parental figure that the transactional analysis counselor is supposed to be. The critical or examining Parent is domineering, self-righteous, and authoritarian. The person who always operates in the parental mode (the constant Parent) excludes the reality of the adult mode and the playfulness of the child. Freud would probably call such a person "neurotic." You probably will not find the Constant Parent represented much among offenders. If you do, they almost inevitably will be sex offenders against children.

The *Adult* is logical, realistic, and objective. The adult is much better able to judge the appropriateness of when to allow their less characteristic ego states to be expressed than the Parent or the Child because of a more comprehensive and realistic integration of experiences. Like the Parent, though, the constant Adult will enjoy little feeling or spontaneity. Almost by definition, you will not find the Adult among criminal justice clientele. You will find many among your colleagues.

The *Child* is spontaneous, fun-loving, and irresponsible. Many offenders will be of this type. It is perfectly OK to be an Adapted Child, one who enjoys fun and laughter in appropriate ways and in appropriate settings. The problem is the Constant Child, one who consistently excludes the Adult and Parent and refuses to grow up and behave responsibly. The exclusion of these restraining influences means the exclusion of conscience, the total absence of which is psychopathy.

One or another of these ego states predominates in each individual. Berne (1964) denies the apparent equivalence of the ego states to the Freudian id (Child), ego (Adult), and superego (Parent). Berne's ego states are aspects of only the Freudian ego. Further, he states that whereas the id, ego, and superego are "theoretical constructs" (inferred entities not amenable to observation), his ego states are "phenomenological realities" (amenable to direct observation). According to Wood and Petriqlieri (2005, p. 34), "Berne's model of ego states is alive in a way that Freud's is not: One can see, feel, and recognize the shifts between ego states." Let us see how we can go about making these direct observations.

8.2.4 Structural Analysis

Structural analysis is the process of making these observations. Transactional analysis counselors use this tool to make offenders aware of the content and functioning of their ego states. A goal of transactional analysis is that all offenders become an

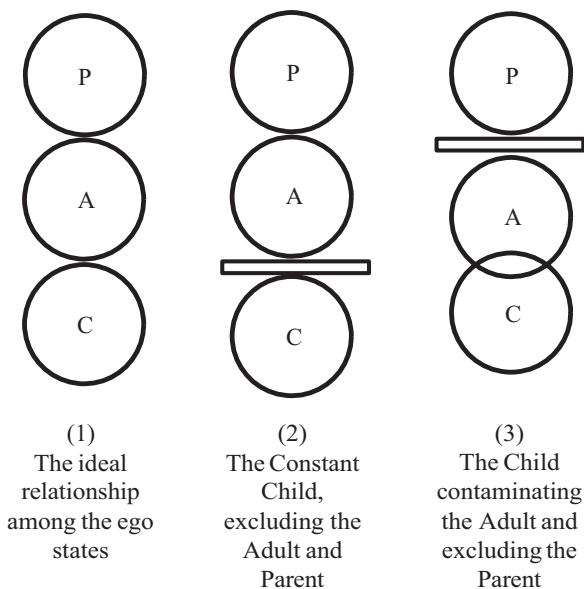
expert in analyzing their own transactions. If offenders become adept at identifying their characteristic ego states, they can understand better their options for change.

Ideally, the Parent, Adult, and Child should be distinctly separate states with clear-cut boundaries, as they are in part 1 of Fig. 8.1. Like the Freudian ego, the Adult holds the executive position but admits the Parent and Child, when appropriate. Two types of problem arise in personality structure as viewed in structural analysis: exclusion and contamination.

Exclusion occurs when ego state boundaries are drawn so rigidly that free movement across them at appropriate times does not occur. The fundamentalist puritan who views all types of sensuous enjoyment as sin, or who lives out his or her life bound by unexamined rules and strictures, is an example of the Constant Parent excluding the Child and the Adult. However, we do not worry much about puritans in our business. We do have to worry about the Child who excludes the Adult and Parent. This type of individual is the complete opposite of the Constant Parent, doing everything that the Constant Parent would not and doing nothing that the Constant Parent does do. Part 2 of Fig. 8.1 illustrates this exclusion.

Contamination occurs when the content of one ego state becomes mixed up with the content of another ego state. We think of contamination in terms of the intrusion of either or both of the Parent or Child states into the rational boundaries defining the Adult state. Contamination of the Adult by the Parent often involves assumptions left over from our early scripting that distort objective thinking. In the chapter on interviewing, this author related how his prejudices regarding proper behavior for women intruded into his Adult when he interviewed the woman charged with sex crimes against children. This contamination ruined the effectiveness of his interview and his subsequent relationship with her. His Child certainly contaminated Bill

Fig. 8.1 Ego states



Bloggs' Adult. He wanted success, Susan, a grandiose wedding, and lots of money. Not too much wrong with that, only Bill wanted it "right now!" The childlike nature of his actions hardly needs belaboring. Contamination is illustrated in part 3 of Fig. 8.1.

8.2.5 Complementary and Crossed Transactions

Transactions between and among individuals can be either complementary or crossed. The ideal transaction is a complementary one. A complementary transaction occurs when a verbal or nonverbal message (the stimulus) sent from a specific ego state is received and reacted to (the response) from the appropriate, or complementary, ego state of the receiver. In TA communication, complementary transactions occur when stimulus and response lines on a PAC diagram are parallel. The lines representing a crossed transaction in a PAC diagram are not parallel.

Crossed transactions occur when a stimulus sent from one ego state meets a response from an ego state other than the expected one. Crossed transactions usually cause trouble in our interpersonal relationships. However, crossed transactions sometimes are called for and are beneficial if the unexpected ego state response leads the stimulus sender to adjust his or her ego state to a more appropriate one.

Figure 8.2 illustrates some complementary and crossed transactions. In part 1 we have Parent-Parent communication. This might be two new probation officers discussing the "ignorance" and "immorality" of "welfare mothers cheating the system." The Adult may never enter into their conversation to explore the whys of the behavior. If one of the officers suddenly shifts into the Adult mode (indicated by the dotted line), the conversation may not be as congenial as when they were transacting at the same level. However, the shift may bring the conversation to a more appropriate Adult-Adult state, at which point the ego states are again complementary. Do not engage in complementary transactions just for the sake of congeniality when you know that some other ego state is more appropriate. As Rogers would say, "be genuine, be yourself."

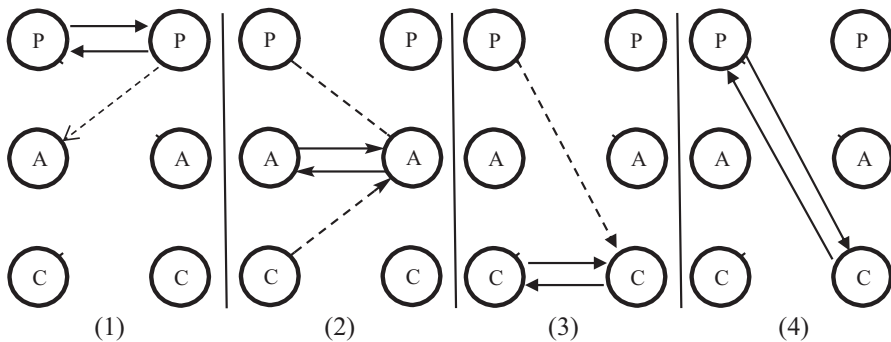


Fig. 8.2 Complementary and crossed transactions

Part 2 represents Adult-Adult communication. This could involve a prison counselor and the offender discussing a problem that the offender may be experiencing from a mutual “I’m OK, you’re OK” position. The counselor does not contaminate the Adult by talking down to the inmate from the Parent ego state nor make light of the problem by joking about it from the Child ego state. The dotted lines indicate these problematic crossed transactions.

Part 3 illustrates a Child-Child transaction. An example of this would be you and your colleagues planning a Christmas party. Obviously, you should never interact with offenders at this level unless the occasion is something innocuous, such as sharing a joke. A crossed transaction in this context could be something like refusing to take part in the office festivities because they are “frivolous,” or responding to the offender’s well-meaning attempt at levity with a cold stare. These responses would both reflect a Critical Parent ego state intruding on what should have been an appropriate Child-Child transaction.

Part 4 illustrates a complementary transaction even though the parties are interacting from different ego states (the lines are still parallel). An example of this type of transaction would be a parole officer chastising an offender about some instance of irresponsible behavior. The officer confronts the offender from a parental ego state, and the offender responds as a child might when caught with a hand in the cookie jar: “You’re always picking on me.” This transaction is complementary because a Parent-Child stimulus has evoked a Child-Parent response. Had the officer confronted the offender from the Adult ego state and asked him or her simply to explain the behavior in question, and had the offender responded from the child state, the transaction would have been crossed.

Remember, any crossed transaction can lead to difficulties in interpersonal relations unless the crossover is purposely designed to shift the transaction to a level that is more appropriate to the immediate situation. In general, crossed transactions usually follow when one party or the other in the transaction operates from one of the first three life positions, which include various combinations of negative “not OK” attributions.

Jacobs and Spadaro (Jacobs & Spadaro, 2003) offer many other examples of transactional analyses and suggest that you go to the transactional analysis website at www.ta-tutor.com for many excellent additional resources relating to the theory

8.2.6 Lessons and Concerns

Transactional analysis simply and effectively illustrates the consequences of feelings one has about the self or about others in everyday transactions. Berne’s genius was his ability to transform complex ideas into colloquial language and easy-to-follow diagrams. Transactional analysis has been accused of being little more than an oversimplification of Freud’s theory (Nystul, 2015), but unlike Freudian concepts, the ideas of transactional analysis can be relayed with relative ease to offenders so that they may analyze their own feelings and behaviors. The emphasis on manipulation and game playing is especially useful for criminal justice workers.

Finally, transactional analysis nicely describes in a neat linear fashion how early deprivation of love leads to a poor self-concept, how a poor self-concept usually leads to a negative image of others, and how these negative feelings lead to poor interpersonal relationships, a common phenomenon among offenders (Andrews & Bonta, 2016).

On the other hand, transactional analysis may possess all the vices of its virtues. There is a danger that an inexperienced counselor simply may see counseling as an intellectual exercise consisting of identifying life positions and doing structural analyses. The very simplicity of the theory invites this type of truncated counseling. It is too easy to hide beneath covers stitched from nifty diagrams and cliché phrases such as “strokes” and “games.” You have to involve the offenders’ emotions and feelings in the counseling process as well as their heads. It is also a theory that makes it easy for manipulative inmates and offenders to con inexperienced (and sometimes even experienced) counselors.

Therefore, use an eclectic approach to counseling. All of the theories have something to offer. Although some offer more than others, none of them offers everything. Used in conjunction with client-centered therapy’s emphasis on the nature of the client/counselor relationship and the other theories we will discuss, transactional analysis could prove to be a powerful counseling tool for you.

8.3 Reality Therapy

Reality therapy, founded by William Glasser (Glasser, 1972; Glasser, 1975; Glasser, 1998), has become a favorite counseling approach among those who work in community and institutional corrections. In fact, Glasser developed the basic ideas of reality therapy in a correctional setting while he was a staff psychiatrist at the Ventura School for Delinquent Girls in California, and it is now practiced in countries around the world (Wubbolding et al., 2004). Thus, unlike other counseling models, it was developed around the realization that corrections workers have a professional responsibility to hold offenders accountable for their irresponsible behavior. Reality therapy also shares with transactional analysis the blissful quality of being relatively easy to understand.

According to Rachin (1974), the principles of reality therapy are common sense interwoven with a firm belief in the dignity of individuals and their ability to improve their lot. Its value is twofold: it is a means by which people can help one another, and it is a treatment technique, applicable regardless of symptomatology. It is simple to learn albeit somewhat difficult for the novice to practice. Experience, not extensive theoretical grooming, is the key to accomplishment.

Reality therapy takes the outstanding features of the other approaches we have examined and integrates them into a single theory that caseworkers and counselors can apply without modification to offenders. Its basic goal is for clients to “get real” and see themselves in charge of their own lives. In agreement with psychoanalysis, reality therapy recognizes that people have basic needs that must be met for healthy

functioning. It also agrees that these basic needs are love and a sense of self-worth.

However, reality therapy does not dwell excessively on these deficiencies. Rather, like cognitive-behavioral therapy (discussed in the next chapter), it moves the offender away from bemoaning past deprivations and concentrates on present self-defeating behavior while teaching the offender how to become a more worthwhile person (Law & Guo, 2015). It is also similar to cognitive-behavioral therapy in that it is didactic, concerned with the present, and action oriented. Unlike cognitive-behavioral therapy, however, it recognizes the problems inherent in calling antisocial behavior “irrational” and substitutes “irresponsible.” This is not just a semantic disagreement. Reality therapy views rationality in terms of positive or negative consequences of individuals’ behavior for themselves. In contrast, reality therapy views responsibility in terms of positive or negative consequences of individuals’ behavior both for themselves and for others.

As we have seen, one can be rational and engage in criminal activity; but one cannot be responsible and do so. The reality counselor will not hesitate, however, to point out self-defeating irrational thinking, just as the cognitive-behavioral counselor will not hesitate to point out irresponsible behavior.

It follows that the reality counselor follows a hard-nosed, no-nonsense approach to offenders: behavior is either responsible or irresponsible, period. However, in common with client-centered counseling, reality counseling recognizes the importance of developing a warm, sensitive, and open relationship with the offender as a prelude to effective counseling. The counselor stresses positive regard (not “unconditional”), genuineness, and empathy without the somewhat syrupy and complex connotations client-centered therapy attaches to them. Reality therapy stresses “a friendly, firm, trusting environment and a series of procedures that lead to change” (Wubbolding, 1995, p. 386).

8.3.1 Theoretical Backdrop

William Glasser believes that those who engage in any type of self-defeating behavior, including criminality, suffer from the inability to fulfill basic needs adequately. If these needs are not met, the person will fail to perceive correctly the reality of his or her world and will act irresponsibly (by “reality” Glasser means that individuals realistically perceive not only the immediate consequences of their behavior but also the remote consequences). To act responsibly, offenders have to be helped to face the reality of the world in which they live, and to face reality, they must be helped to fulfill their basic needs. These basic needs are the need to love and to be loved and the need to feel that we are worthwhile to ourselves and to others. (Glasser later added three other needs to his theory—fun, freedom, and survival—though he still focused on the first two as paramount [Law & Guo, 2015].)

Glasser (1975, p. 11) goes on to describe how these two needs are interrelated: “Although the two needs are separate, a person who loves and is loved will usually feel that he [or she] is a worthwhile person, and one who is worthwhile is usually

someone who is loved and can give love in return.” The person who has these needs met develops a success identity and greater self-efficacy (Law & Guo, 2015). The person who does not have these needs met develops a failure identity, which results in the inevitable descent into disorder.

A failure identity is analogous to what Berne calls an “I’m not OK” life position in transactional analysis, and a success identity is analogous to an “I’m OK” life position. Glasser feels that a person develops his or her basic identity (success or failure) by the age of 4 or 5. If we are loved, and if we are allowed and encouraged to learn, explore, and experience, we will have a success identity. If we are not loved, if we are neglected, and if all our positive efforts are stifled, we will have a failure identity. The whole process of reality therapy can be seen as an effort to help offenders to develop a success identity, to enhance their self-esteem by guiding them from success (however small) to success.

Glasser’s theory nicely ties in at the psychological level with the sociological insights of Hirschi’s (1969) social control theory. The lack of a loving relationship with significant others (attachment) leads to a generalized lack of concern for the expectations and values of the larger society. This unconcern leads to a lack of commitment to a prosocial lifestyle, failure in school and in the job market, and a failure identity. Lacking this commitment, the individual is not involved with enough people with success identities who could model responsible behavior patterns for him or her. Rather, he or she is involved with others with failure identities who justify themselves and their behavior by developing a set of beliefs that are contrary to conventional morality. If early deprivations are severe enough, the individual may develop a psychopathic personality.

Although reality therapy refers to causes of behavior, it stresses that the causal understanding of behavior should not be viewed as excuses for that behavior. Glasser (2004) agrees with the client-centered perspective that individuals are ultimately responsible for their own identity because in all things, “We choose what we do or what we do not do” (p. 340).

Reality therapists fully understand that choices are shaped (limited or expanded) by our genetic makeup and developmental experiences, and by current environmental circumstances, but they insist that only by treating behavior as if it were a free choice makes change possible. Wubbolding and his colleagues (Wubbolding et al., 2004, p. 221) believe that if behavior is a choice, then it is within each person’s ability to change it and that: “This statement can be both frightening and encouraging. It is frightening because if you accept it, you cannot longer blame society for your misery.” Accepting responsibility for one’s own behavior is encouraging and empowering. It enables us to realize that placing the responsibility for behavior on outside circumstances means that one’s being is owned by them and that the only way one can change is if those circumstances change. Offenders must come to reject that notion completely.

Also in common with client-centered therapy, reality therapy asserts that we have a “growth force” within us that strives for a success identity. Reality counseling attempts to activate that force by helping offenders to learn who they are, how to interact with others in a responsible fashion, and how they can be accepted more

fully by others. It charges the counselor to be a continuing model of personal responsibility for the offender. This means, once again, that counselors must work on themselves with the objective of becoming the best kind of person they are capable of becoming.

In an interview with Evans (1982), Glasser enumerates seven steps that the counselor must take to effect meaningful changes in an offender's behavior. We can think of the steps (paraphrased below) as the action phase of motivational interviewing:

1. Get involved with offenders; develop warm rapport; show respect.
2. Understand offenders' personal histories, but deemphasize them in favor of what they are doing now.
3. Assist offenders to evaluate their attitudes and behavior, and help them to discover how they are contributing to their failure identities.
4. Explore with them alternative behaviors that may be more useful in developing a success identity.
5. After the offender has made his or her decisions regarding alternatives, get a commitment in writing to a plan of change.
6. Once the offender makes a commitment, make it clear that excuses for not adhering to it will not be tolerated. Emphasize that it is the offender's responsibility to carry out the plan.
7. Do not be punitive with offenders, but allow them to suffer the natural consequences of their behavior. Attempting to shield offenders from these natural consequences reinforces their irresponsibility and denies the self-directedness of their actions.

8.3.2 The Reluctant/Resistant Offender

The attitudes and techniques of reality therapy are particularly useful in counseling reluctant and/or resistant offenders. Most counseling theories assume a voluntary client who has actively sought out help with various problems, although studies indicate that most clients, even self-referred ones, exhibit some reluctance or resistance at times (Elliott, 2002; Englar-Carlson, Evans, & Duffey, 2014). Some authorities even consider voluntary and welcomed interaction with the counselor as an essential prerequisite to the helping process (Slattery, 2004). Reality therapy makes no such assumption. It recognizes that the majority of offenders are inclined to demonstrate resistance to various degrees, and it hardly needs to be said that none of them is in your office by choice. Consequently, "resistance to counseling by offenders is common" (Shearer & Ogan, 2002, p. 74).

8.3.2.1 Recognizing Reluctance and Resistance

Offender resistance can range from a sullen silence, through game playing by their telling you only what they think you want to know, to outright hostility. Most verbal resistance does not take the form of angry name-calling and challenges. It is more often a series of responses such as "I don't know," "maybe," "I suppose," and "you're the boss." In the vocabulary of transactional analysis, the offender is acting

from a hostile child ego state. Nonverbal resistance can reveal itself in frequent finger and foot tapping, negative nodding, smirky smiles, and arm folding (a gesture of defiance and barrier erection). This type of verbal and nonverbal behavior can be very disconcerting to the beginning counselor who “only wants to help” (transactional analysis’ nurturing parent) and who is desperately trying to be liked.

Since the counselor’s intentions are good, and he or she is doing all the right things learned in Counseling 101 to establish rapport, the counselor finds it very difficult to accept the offender’s reluctance and negativism (the transaction is crossed). All of us enjoy positive feelings, and few of us are very good at dealing with negative feelings, either our own or those of others, because it requires confrontation. Rather than acknowledging and dealing with negative feelings (rolling with them), the beginning counselor often tries to deny, downplay, or redirect them (trying to maintain an inappropriate complementary transaction). The negative feelings must be acknowledged and worked through with the offender (temporarily crossing the transaction so that it can be reinitiated at a more appropriate Adult-Adult level). The process requires extra effort on the counselor’s part; it is all too easy to coast and avoid uncomfortable issues. A counselor with a strong and integrated self-concept is not afraid to encounter negativism and confrontation and will “roll with resistance.”

8.3.2.2 Reasons for Resistance

Why do offenders resist well-meaning attempts to help them? For one thing, they do not come into your office asking themselves what you can do for them. They are much more concerned about what you can do to them. You are a symbol of something that many offenders have spent a good proportion of their lives resisting authority. To cooperate with you may well be an admission of weakness, in their way of thinking, and they are not overly anxious to admit weakness, especially to a representative of “the system.”

Resistance is a form of a defense mechanism designed to protect the ego from the disconcerting feeling of the loss of autonomy (Elliott, 2002). They also may not want to cooperate because what you want and what they want are two very different things. You want them to act responsibly and obey the law; they want to get out of your office and out of your life. The very fact that offenders are in your office involuntarily is enough to generate resistance. The principle of psychological reactance tells us that whenever people’s sense of autonomy is threatened by forcing them in some way to do something, even if they would otherwise have done it voluntarily, their natural inclination is to resist. Finally, you should ask yourself why offenders should want to surrender themselves to a person who they do not yet trust and to a condition they see as manipulative, for purposes with which they do not, at least for the present, agree.

8.3.2.3 Dealing with Resistance

As mentioned in Chap. 7, expect resistance. It may be a signal that you have entered an action phase too soon and that you should return to a more contemplative stage. Nevertheless, the expected has arrived, and you must deal with it. The first thing that

you must do with resisting offenders is to acknowledge their feelings by reflecting them back and giving offenders the opportunity to vent them. You need not share an offender's views of you or "the system" to acknowledge the offender's right to hold them. Arguing back and forth with offenders at this point only will serve to strengthen their resolve. In fact, Elliot (2002, p. 43) contends that "the most important issue in managing offender resistance to treatment is the avoidance of extended debates with offenders." You even may inform them that you do not particularly mind if they feel the way they do as long as they behave responsibly.

Offenders must be reminded that probation or parole (if this is the setting for the relationship) is a conditionally granted privilege and that they cannot be allowed to abuse it. You can inform resistant offenders that you understand their desire to get out of your office and out of your life and that you share this desire with them. That joint objective provides a mutually agreeable starting point. You then can begin to delineate the conditions under which your mutual goal can be successfully achieved. Emphasize that you are responsible for implementing the conditions of probation or parole and that you will not tolerate noncompliance. You also should state that both of you have a vested interest in successful completion of probation or parole; that it, therefore, should be a cooperative endeavor; and that a negative and/or hostile attitude could seriously impede your mutual goal: "Let's help each other out." In the vocabulary of transactional analysis, the laying down of expectations is a Parent-Child transaction, and the treatment contract to be negotiated is an Adult-Adult transaction.

This approach is the one that reality counselors would take. They have not punished the offender by returning hostility for hostility, but have let the offender know that he or she will be allowed to suffer the natural consequences of behavioral noncompliance. The counselor has been strong enough to deal with negative feelings in a constructive way by a judicious use of authority. The counselor has been straight with the offender without being overly authoritarian. The offender has been allowed the dignity of possessing and expressing attitudes contrary to the counselor's but has been told up front that nonapproved (irresponsible) behavior is not permitted. Most offenders much prefer and respect directness rather than sweet-talking and beating around the bush. The counselor has enlisted the offender's help to accomplish a goal both parties desire. Involving the offender in a shared purpose gives meaning to the relationship. The ability to involve offenders in their own rehabilitation is the major skill of doing reality therapy (Powell, 2004).

Jacobs and Spadaro (Jacobs & Spadaro, 2003, p. 120) suggest that reality therapy provides an excellent tool for correctional counselors for getting answers to four questions:

1. "What do you want?"
2. "What are you currently doing?"
3. "Is what you are doing going to get you what you want?"
4. "What is your plan?"

With these questions answered and some form of general agreement between yourself and your reluctant or resisting offender achieved, you can then channel the discussion to specific areas of concern by the implementation of a concrete plan of action. Initial plans should be microscopic in their breadth to maximize the

probability of successful completion. They also should be formalized in writing and signed by the offender and by you in the manner described by the “tentative treatment plan” form contained in Chap. 5.

This step says to the offender, “Your signature attests to your commitment to achieve this goal, and mine attests to my commitment to support you in your endeavor.” Adherence to such a plan begins the process of the development of a “can do” success identity and engenders a sense of responsibility for living up to agreements. Glasser himself has emphasized the importance of commitment: “Commitment is the keystone of reality therapy. It is only from the making and following through with plans that we gain a sense of self-worth and maturity” (Glasser & Zunin, 1973, p. 303). Moreover, keeping the expectations of the action plan modest often overcomes an offender’s reluctance to comply.

8.3.3 Treatment and Supervision Plans

8.3.3.1 Balance

To minimize reluctance, resistance, and the probability of failure, treatment and supervision plans should be balanced with the offenders’ present coping resources. You know these resources—intelligence and educational levels, financial situation, self-concept, strength of interpersonal relationships, and so on—from previous interviews and the needs assessment scale. Similarly, you should be aware of problem areas to be addressed in the treatment and supervision plans. Balanced plans are those whose demands on offenders should neither undertax nor overtax the resources they have available to implement them. Figure 8.3 illustrates the principle of balanced plans.

The diagram has three sections: one balanced and two unbalanced. The upper-left triangle represents an unbalanced condition in which high coping resources are paired with low treatment expectation. The lower-right triangle represents the

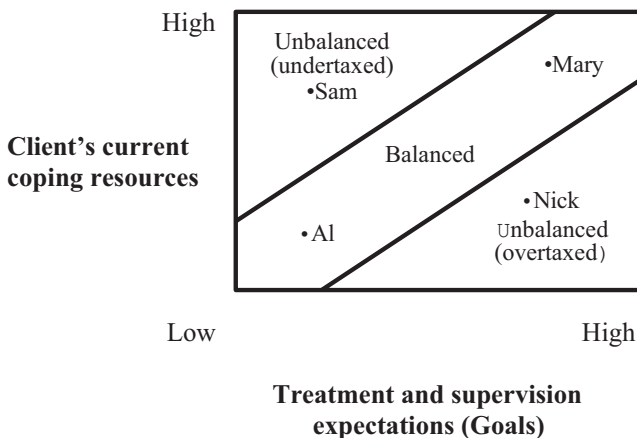


Fig. 8.3 Balancing treatment goals

opposite condition. Sam is in the undertaxed section because he has high coping resources, but low demands have been placed on his resources. Sam will be quite happy and content if you allow him to slide right along without having to do anything toward correcting problems that led to his criminal behavior. Of course, Sam may be a first offender who needs no treatment plan and who is best left alone. However, if there are clear problem areas that may lead him to reoffend, you must take advantage of whatever strengths are represented by his relatively high coping resources for his growth toward responsibility.

Nick's situation is the opposite of Sam's. Heavy treatment demands have been made on his limited coping resources. The dilemma here is that Nick's low level of resources (his intellectual and temperamental capacities) is the very reason that more intense treatment is required. Because his resources are deficient, heavy demands are made on him to correct the deficit. Yet, the lack of resources indicates that he probably will not be able to meet those demands at present. Thus, Nick represents a type of "Catch-22" situation. If you insist on maintaining Nick's present level of treatment, you will be setting him up for resistance and failure and the consequences that go with this. You must lower present treatment demands on Nick so that they are commensurate with his present capacities to cope with them. As his capacities increase, you then may renegotiate more demanding treatment goals with him.

The treatment goals set for Al and Mary are balanced with their present coping resources. Mary is considered to have coping resources equal to Sam's, but she is being challenged to use them for personal change and growth. Al has extremely low coping resources and thus probably needs a higher level of treatment than Mary. However, his present resources are not sufficiently strong to allow for the same level of treatment. As his resource strength increases (i.e., as he slowly builds up a success identity), the demands that you negotiate with him may increase as well. Do not undertax or overtax the offenders' coping resources. Rather, move them slowly toward the ultimate goal one simple step at a time.

8.3.3.2 Simplicity

To change a failure identity to a success identity, a good plan should be:

- Uncomplicated, simple, unambiguous, concrete, to the point: "Attend AA tonight at 6 o'clock."
- Active—something to do, not stop doing: "Attend AA tonight at 6 o'clock," not "Stop drinking alcohol."
- Something that can be done as close to "right now" as possible. "Attend AA tonight at 6 o'clock."
- Entirely dependent on offender's actions for fulfillment, not contingent on the actions of others: not "Attend AA tonight at 6 o'clock if your wife/husband lets you off doing the grocery shopping."
- Something that can be done every day, or as often as possible: "Attend AA tonight at 6 o'clock, and every Tuesday and Thursday at the same time and place for the next month."
- Specific as to what, where, when, how, and with whom it is to be done: "Attend AA tonight at 6 o'clock at St. Anthony Church on Pine Street. You (the

counselor) will pick me up at my home for the first meeting to introduce me to other members.”

The first plan need not be quite as active as this example. It can be something as simple as being on time for the next appointment. Whatever the plan may be, put it in writing, and have the offender and you sign it.

8.3.4 Orientation Toward Progress

Design subsequent plans to build on the offender’s strengths rather than on his or her obvious weaknesses (the strength-based approach). Again, the idea is to build a success identity. Too early an emphasis on major weaknesses creates too great a chance of failure, thus reinforcing the offenders’ failure identity and generates further reluctance and resistance. For instance, if JoAnn lacks a high school diploma and all indications are that she could successfully complete a General Equivalency Diploma (GED) program, show her that you have confidence in her capabilities and try to secure an agreement from her to enroll in such a program. Do not forget, though, to balance this goal with her capacities. Do not insist that she commit herself if she is overly reluctant. Instead, you must persuade her to at least take a placement test. She may well be more receptive to the entire program if the test shows that she could do well. The sense of personal accomplishment, the sense of participating in a socially valued endeavor, the anticipation of legitimate employment, and the idea that the “system” finds one worthy enough to make an investment in time and resources may be sufficient to stop an incipient criminal lifestyle (Walsh, 1985).

The secret of counseling in criminal justice, then, is to temper your necessary authority to direct your offenders’ actions along acceptable avenues while always being aware of, and showing a concern for, their basic humanity. Try to view offender resistance as a normal response to coercion, perhaps even a psychologically healthy one. Examine your own resistance to self-growth and development, and examine your own behavior with offenders to see if you are perhaps doing something to generate resistance.

For instance, you may be a little too directive, too authoritarian, or in too much of a hurry to accomplish your goals. Especially examine the possibility that your goals for the offender are not balanced with the offender’s present level of coping resources. As Newman (1961) stated:

One of the first major accomplishments of treatment comes about when the offender becomes aware, both intellectually and emotionally, that the officer represents not only authority with the power to enforce certain restraints and restrictions but that he [or she] is also able to offer material, social and psychological aids. (p. 38)

We must not forget that counseling is a very difficult and sometimes draining enterprise. You cannot expect to be an expert at it by simply reading a book, but with experience and caring, you will become better and better at it and begin to develop your own style. Treatment is often a “maze,” but the significant point to emphasize

is do something. Shelve the paper work, forget the coffee, get out of the office—and counsel. Risk a little involvement with the human beings on your caseload. Learn, teach, and grow with them in experiencing the most vital quicksilver of all, human behavior (Peoples, 1975, p. 372).

8.3.5 Lessons and Concerns

Reality therapy is a relatively simple method of counseling that stresses responsible behavior, and professionals can apply it fruitfully. Its “one small step at a time” approach to developing offenders’ success identities is particularly useful. Also very useful is its direct and assertive stance that fosters a no-nonsense, but warm and offender-involved, relationship. Its assertion is that, at bottom, the origin of many offenders’ problems lies in early and protracted deprivation of love.

Finally, a number of studies have concurred with Rachin’s (1974, p. 53) conclusion that “Correctional clients who have proven least amenable to conventional treatment methods respond well to Reality Therapy.” For instance, a study from Hong Kong (Chung, 1994) showed that reality therapy for 3 to 6 months prior to release significantly increased self-esteem and a sense of responsibility among incarcerated juveniles who received therapy compared with a matched group who did not.

At times, it may be necessary to resort to the vocabulary of transactional analysis when explaining reality therapy. By doing so, you bring the concepts home more strongly. Offenders also will better understand the supervision and counseling process if you introduce them to this simple vocabulary, which is the great strength of transactional analysis. The integration of this vocabulary into the reality therapist’s repertoire should prove very useful.

8.3.6 Exercises in Primary and Advanced Empathy

The exercise in interviewing in Chap. 3 emphasized listening to what your partner had to say. In these exercises in counseling, you will be taking a more active part. Not only will you be intensely listening to your partner; you will also be communicating to him or her that you understand his or her perspective. You will use all of the techniques outlined in the chapter on interviewing, including the use of paraphrasing, clarifying, and reflecting feelings. Do not be content with vague statements from your partner; make him or her cite specifics.

If you are the student being counseled, choose for discussion a topic of concern to you. Choose one with emotional content, such as the loss of a loved one, the breakup of a romantic relationship, the inability to get along with someone of importance to you, or a perceived personal defect. Such topics make for realistic counseling sessions for both partners. You will gain experience of an offender’s feelings when revealing intimate information, and the counselor will gain some experience in attempting to pull out deep feelings that the offender may be reluctant to express. However, please do not feel obligated to choose a topic that is too painful

to discuss with an inexperienced counselor. This exercise should be both productive and relatively safe. Therefore, you should be given ample time to decide on a topic.

After you have been through a short counseling session, you and your partner should put your heads together and try to identify strategies for understanding and/or ameliorating the problem discussed. Perhaps you could do some structural analyses on the offender's important relationships. Do you see a pattern of crossed transactions? What is the offender's typical ego state? Does the offender agree? Is his or her usual state consistent with what Berne would predict from the offender's history of strokes? How about irrational ideas that he or she may be harboring? If the counselor did not identify them, maybe you now can do it together as a team. Finally, can you together define a simple plan to work on to eliminate the problematic behavior or feelings the offender experienced? You should find these exercises fun if approached from a mutual "I'm OK; you're OK" position.

8.3.7 Counseling "Real" Offenders

The location of both male and female correctional institutions close to Boise State University affords the authors and their students the luxury of going to these institutions to interview and counsel real offenders. However, those not enjoying such proximity can also get the feel of counseling real offenders. If you have written presentence investigations as interviewing and assessment exercises, your instructor may wish to use them as the basis for providing practice in counseling with a criminal justice flavor. The student who initially wrote the PSI again can team up with the same partner to explore more fully the problems and concerns discovered during the PSI process. These problems are many: alcoholism, child molestation, drug abuse, negative self-concept, anger and aggression, and so forth. The student counselor should determine what referrals, if any, might be beneficial for the offender. Explore these problems in turn from each of the two counseling perspectives in this chapter, and then devise some simple "success identity" plans appropriate to the offender.

If you are role-playing the offender, then prior to the counseling session, you should think deeply about being in the offender's shoes (empathy) so that you can present a realistic challenge to your partner's developing counseling skills. Much of your partner's success in this exercise will depend upon how well you are able to capture the feelings of the offender. An added bonus for you will be a greater ability to view the world from the offender's perspective.

8.4 Summary

The laws of thermodynamics have applicability to everything in the universe, including human affairs. When applied to human affairs, the second law has been called Murphy's Law, which states that if anything can go wrong, it will. The point is that everything tends toward disorder unless strong efforts are put forth to prevent

it. We presented the five stages of responsible behavior as a guideline for thwarting Murphy's Law.

This chapter has outlined two counseling approaches often used in criminal justice settings. These theories have a place in corrections because they are relatively easy to understand and apply, emphasize the offender's own responsibility for change, and include equal involvement of offender and counselor.

Transactional analysis is built around five simple words: Parent, Adult, Child (the ego states), game, and script. Much of our behavior is a playback of scripts laid down during infancy and childhood. The type of scripts we have in our heads depends on the quantity and quality of the strokes (love) we received early in our lives. Our scripting leads to the four basic life positions from which we carry out our transactions with others: "I'm not OK; you're OK," "I'm not OK; you're not OK," "I'm OK; you're not OK," and "I'm OK; you're OK." The large majority of offenders will be operating from one of the first three life positions. We must strive to conduct all of our transactions from the "I'm OK; you're OK" life position.

Parent, Adult, and Child are three distinct ego states we slip into and out of during our various transactions. Offenders tend to operate mostly from the Child ego state. Many of them exclude the Parent altogether, and their Adult states frequently are contaminated by the intrusion of the Child. When interacting with offenders, you should be operating from the Adult ego state. You also should strive to get offenders more involved with their Adults.

Reality therapy views self-defeating behavior as being the result of not having one's basic needs adequately met. These interrelated needs are the need to love and be loved and the need to feel worthwhile. People who do not have these needs met tend to develop a failure identity. Your task is to assist offenders to develop success identities by becoming actively involved with them.

Reality therapy is especially useful in dealing with resistant and reluctant offenders. You will often run into this type of offender in the criminal justice field. Offenders resist your help because you are a symbol of authority, and they have spent much of their lives resisting authority. They also resist because they are not in voluntary association with you. You must recognize and confront their resistance rather than ignoring or downplaying it. Allow them the dignity of their opinions, but make it clear that you will not tolerate behavioral nonconformity. Indicate that you will allow them to suffer the natural consequences of nonadherence to the conditions of their supervision.

To minimize resistance, and to develop offenders' success identities, treatment plans must be balanced with their present coping resources. Neither overtax nor undertax offenders' coping resources. Overtaxing invites resistance, and undertaxing is not growth producing. Treatment plans should be as simple and as concrete as possible, and they should be in writing and signed by both parties.

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Cognitive-Behavioral Approaches

9

This chapter deals with cognitive-behavioral approaches to offender treatment. John McLeod (2003, pp. 123–139) asserts that: “The cognitive-behavioural approach represents the most overtly ‘scientific’ of all major therapy orientations”... probably because there is “a strong emphasis on measurement, assessment, and experimentation,”...and because “it stresses that therapists should also be scientists and integrate the ideas of science into their practice.” Changing antisocial and self-destructive behavior into prosocial and adaptive behavior by appealing to offenders’ best interests is the nuts and bolts of correctional treatment. The central goal here is to use to alter offenders’ behavior by altering the thought patterns leading to behavior, motivated by a belief that it is in their best interests to do so.

The idea of criminals thinking differently from the rest of us, however, was something of a radical idea in the 1970s when blaming criminal behavior on factors entirely external to the offender was in vogue. The idea of criminal thinking patterns originated with psychiatrist Samuel Yochelson and psychologist Stanton Samenow, whose failed treatment methods based on “outside circumstances” models with institutionalized offenders, led them to abandon them and develop their own model. In a series of books (Samenow, 1998, 1999; Yochelson & Samenow, 1976), they developed treatment theories based on the tactics and thinking errors of people who make crime a way of life. Samenow (2000, p. 7) states that: “Once we understood the world from the criminal’s point of view and stopped imposing our own theories and explanations, we were able to understand how they perceive themselves and the world.” This approach struck a responsive chord with corrections workers in daily contact with offenders, especially incarcerated offenders.

According to Vanstone (2000, p. 172), cognitive-behavioral methods in corrections are “used to address issues such as self-control, victim awareness and relapse

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prevention, and to teach among other things critical reasoning and emotional control.” Adding to this, Chavaria (1997) points out that cognitive-behavioral programs must teach offenders to recognize (1) their patterns of thinking, feeling, and perceiving; (2) how these patterns support their criminal/dysfunctional behavior; (3) how to make the decision to change these patterns to change their lives; and (4) how to follow the decision to change with a program aimed at developing social competency. This, of course, is easier said than done given what we know about criminal thinking patterns.

Boyd Sharp (2006, p. 16) cites a Calvin and Hobbes cartoon to illustrate a typical line of criminal “stinking thinkin’.” Calvin is speaking to his father, saying:

I have concluded that nothing bad I do is my fault ...being young and irresponsible I'm a helpless victim of countless bad influences. An unwholesome culture panders to my undeveloped values and it pushes me into misbehavior. I take no responsibility for my behavior. I'm an innocent pawn in society.

No doubt this cartoon produced some chuckles from its readers, but such thinking is no laughing matter. If Calvin continues thinking this way, you might see him on your caseload one day. From where does such thinking arise? We might start by noting that we live in a society in which a significant number of people refuse to take responsibility for their own behavior (McDonald's made me fat; Phillip Morris made me smoke), preferring to see themselves as victims.

We might also note that mainstream criminology seems to have made an industry (not intentionally, of course) of making excuses for criminals—“It's society, poverty, racism, capitalism, et cetera and ad nauseam, that is to blame.” These nostrums are repeated in the news media for all to read and digest, and criminals and their defenders are certainly happy to make a meal of them. Defense lawyers pick up the remaining slack by coaching their clients in denial and advising them not to admit anything. Of course, it is natural to want to deny something that can have negative consequences, and lawyers are only doing their jobs, but when respected professionals reinforce criminal denial and excuse making by encouraging it, it becomes very difficult to change. This kind of ingrained pattern of denial is primarily responsible, according to Sharp (2006), for making criminal thinking so difficult to change. Sharp devised a therapeutic community treatment program based on cognitive-behavioral principles within prison walls in Baker City, Oregon. It is a strict, no-nonsense program for mainly alcoholic and drug-abusing offenders based on the premise that offenders are liars, manipulators, sneaks, and egotists. Of course, staff members do not call participating offenders these things directly. However, participants know that staff members perceive them this way because each participant is given a list of 36 thinking errors characteristic of the criminal personality, and a list of tactics criminals use to obstruct their own treatment. These lists let participants know that the staff is well aware of their thinking patterns and behavioral characteristics, and, thus, they would not likely be able to pull the wool over the eyes of any staff member.

The program uses many inmate/counselor contracts, standard educational programs, social skills training, and individual and group counseling. Inmates are in the

program from between 6 and 15 months, and Sharp claims a great deal of success in meeting most of the program's goals. Unfortunately, the only goal not met was a reduction in rearrest rates, which is, of course, the one goal that really matters. Changing criminal behavior is indeed very difficult.

9.1 The Cognitive-Behavioral Approach

Cognitive-behavioral therapy includes a variety of specialized interventions, the common element among which is "an emphasis on broad human change, but with a clear emphasis on demonstrable, behavioral outcomes achieved primarily through changes in the way an individual perceives, reflects upon, and, in general, thinks about their life circumstances" (Wilson, Bouffard, & Mackenzie, 2005, p. 173). Cognitive-behavioral therapy is grounded in the concept that changes in thought processes lead to changes in behavior, and, thus, those thought processes must be changed before behavior can change.

Unlike psychoanalysis, transactional analysis, client-centered therapy, and reality therapy, the cognitive-behavioral approach is difficult to define. Cognitive behavioral therapy is a systematized eclectic theory. As Vennard, Sugg, and Hedderman (1997, p. 5) inform us: "Cognitive behaviourism is not a unified, distinct psychological theory or method but a term given to a range of interventions derived from the following three psychological theories." They identify behaviorism, cognitive theory, and social learning theory as the component parts of cognitive-behavioral therapy. Let us briefly look at these component parts.

Behaviorism is a theory that asserts that behavior is determined by its consequences. The consequences of any particular behavior are either rewarding or punishing to various degrees. If a behavior is rewarding, it is said to have been reinforced and, therefore, likely to be repeated. If a behavior is punished, it is less likely to be repeated. Future behavior thus is contingent on the ratio of rewards to punishments a person has experienced following a particular behavior in the past. Criminal behavior has many consequences that are both rewarding and punishing, many criminals are overly sensitive to rewards and relatively insensitive to punishments, particularly during adolescence (Shulman & Cauffman, 2013). It has even been proposed that criminal behavior is intrinsically rewarding to some chronic criminals because the risks involved arouse the same reward/pleasure systems in the brain that drugs and other substances do (Fishbein, 2003; Gove & Wilmoth, 2003). Behaviorism, however, maintains that the level of sensitivity has been shaped by previous experience and thus can be changed by shaping it in the opposite direction.

In order for many of the techniques of pure behaviorism (classical and operant conditioning) to be effective, the rewards and punishments must be experienced simultaneously with the behavior or immediately following the behavior. As such, these techniques cannot be implemented by correctional workers, particularly by community corrections workers, due to the lag in time between behavior and response. This ability, of course, requires that the therapist have almost complete

control of the environment in which the shaping is to take place (similar to that found in therapeutic communities or sober living communities). Such control is perhaps achievable to some extent inside prisons, but not in community corrections.

The principal behavior is governed by its consequences. That is, offenders must come to understand the maladaptive consequences of their criminal behavior. As it applies to cognitive-behavioral therapy, while it may not be possible to directly reinforce or punish a behavior of an offender, by altering how the individual perceives intrinsic rewards and punishments of an action a community corrections worker may be able to alter future behavior. In a sense, this approach leads to rewards and punishments derived from the individual's self.

Glasser's (1972) use of contracts, discussed in the previous chapter, is an example of the application of this principle. The feeling of accomplishment, rewarded by the positive response of the corrections worker for fulfilling it, is reinforcing, just as allowing the natural consequences of not fulfilling the contract is punishing. In other words, the offender's behavior is the focus, what he or she has done, not what he or she thinks or believes. The assumption is that changes in thinking will follow behavioral change.

Cognitive theorists agree that ultimately, maladaptive behavior has been shaped by experience. However, they assert that at a more proximal level, self-defeating behaviors are the result of unproductive thought patterns relating to these past experiences (Austin, 1999). We can do nothing about past experiences, but we can do something to put the way we think about those things into proper perspective. After all, thinking, not a series of old experiences, is the most immediate precursor of our behavior. We may be able to trace a straight line from those experiences to the way we think about certain situations, but we still can change our behavior in those situations by changing our thinking, for as the Greek philosopher Epictetus (50–130 A.D.) was fond of saying: "Men are not disturbed by things but by the view they take of things." For the cognitive counselor, criminal behavior is the result of faulty, self-defeating views of the world and thinking patterns that lead to offending behavior such as dwelling on the past, egocentric thinking, and "I can'tism," among numerous other thoughts.

Social learning theory is essentially a sociological view of socialization. This theory asserts that behavior is not only learned in stimulus/response, reward/punishment fashion as behaviorists suggest but also learned by modeling and imitation. That is, people observe the behavior of others and come to deem it appropriate or inappropriate for themselves. This has more to do with our view of the person or persons we model ourselves on than with rewards or punishments, although the psychological rewards of successful imitation of valued others cannot be overlooked. A major difference between social learning and cognitive theory is that the social learning considers cognition as only one "link in a behavior-cognition-environmental loop that gives primacy to none of these components..." and that "cognitions are mediators, whereas in cognitive therapy they are causes as well" (Arkowitz & Hannah, 1989, pp. 152–153). The primary contribution of social learning theory to cognitive-behavioral therapy is the teaching of social skills and problem-solving training (Vennard et al., 1997).

Although behaviorist and social learning concepts are incorporated into cognitive-behavioral counseling, what actually is practiced is cognitive therapy with some behavioral and modeling techniques applied, when possible. The theories, both directive and nondirective, that we have examined so far can be seen as cognitive-behavioral in some sense, since they all engage in “talk therapy” with the aim of changing the client’s thought patterns and behaviors.

What differentiates cognitive-behavior therapies from the others we have encountered is that uncovering, challenging, and changing maladaptive thought patterns take on a central role in treatment. Cognitive behaviorists acknowledge that we may be driven to some extent by unconscious processes (as claimed by psychoanalysts), and that our behavior is shaped to some extent by external contingencies (as claimed by behaviorists). However, they assert that most of our behavior is guided by processes of which we can easily be made aware, even though they normally are not a part of our awareness. These processes are the thought processes that define our reality for us. The definitions of reality (our thoughts, attitudes, and opinions about others and about situations) we hold are more important to the way we act than what is objectively real, and these processes of thought are what influences how we act and navigate in the world. This concept is captured nicely in sociology’s famous Thomas’ Theorem: “If men define situations as real, they are real in their consequences” (as cited in Walsh, 2002, p. 121).

A number of studies have shown that cognitive-behavioral therapy is an effective approach to reducing recidivism. Landenberger and Lipsey’s (2005) meta-analysis of 58 studies examining the effectiveness of cognitive behavioral therapy on recidivism found that treatment significantly reduced recidivism. These effects were seen in both adult and juvenile populations. Individuals at the highest risk of offending saw the most success in treatment. In a recent study of cognitive behavioral therapy in community corrections, cognitive behavioral therapy was found to reduce recidivism even after a 12-month follow-up period (Barnes, Hyatt, & Sherman, 2017).

But what makes it work in neurological terms? Neuroscientist Richard Restak, quoting Helen Mayberry, writes: “While drugs work on the emotional areas deep in the brain, cognitive therapy exercises the thinking areas of the brain and thereby effects the [cognitive/emotional] balance from top down. Cognitive therapy exercises the cortex and thereby strengthens the [neuronal] pathways by which the thinking brain influences the emotional brain” (Restak, 2001, p. 144). Linden (2006) reviewed a wide variety of neuroimaging studies that assessed the effects on the human brain of cognitive-behavioral therapy compared with pharmacological treatment (Prozac, Zoloft, and so forth) for such maladies as depression and obsessive compulsive disorder.

Both types of treatment are found to decrease activity in areas of the brain associated with these problems to the same extent “indicating commonalities in the biological mechanisms of psycho- and pharmacotherapy” (Linden, 2006, p. 528). In other words, the malleable human brain functions analogously to muscles, in that certain pathways can be strengthened by use. But just as muscles need constant and progressive effort to produce desired growth so do the brain’s neuronal pathways. Half-hearted, twice-a-week dilly-dallying will not do in the pursuit of either endeavor.

9.2 Rational Emotive Behavioral Therapy

Because cognitive-behavior therapy is not a unified and distinct theory, the approach will be discussed further by focusing on a well-defined and long-lived theory that identifies itself as cognitive-behavioral: rational emotive behavioral therapy. Albert Ellis, who first called it rational therapy, then rational emotive therapy, and finally rational emotive behavioral therapy in 1993, formulated this theory. Ellis is an extremely well-respected person in the counseling field. In 1991, he was ranked as the most influential psychotherapist by Canadian clinical psychologists and second (behind Carl Rogers) by American clinical psychologists (Ellis, 1996, p. 7). He is considered the most influential figure in the cognitive-behavioral revolution in counseling/therapy (Dowd, 2004).

Ellis took issue with the assumptions and practices of both psychoanalysis and client-centered therapy. Psychoanalysis is concerned with the darkness of the unconscious mind and nonrational biological drives. Client-centered therapy zeroes in on the emotional rapport of the client/counselor relationship. Rational emotive behavioral therapy fully recognizes that we share biological drives and emotional states with other species but relegates them to minor importance in favor of cognition, a unique quality of humankind. It also downplays the client/counselor relationship while acknowledging that it is important, nevertheless.

According to rational emotive behavioral therapy, problem behaviors arise from faulty thinking and irrational beliefs, and they can be corrected by helping offenders to understand and acknowledge that their beliefs are at odds with logic. It follows from this assumption that the rational emotive behavioral therapy counselor takes a very active role in the counseling process and considers the quality of the offender/counselor relationship to be secondary to what takes place within that relationship. Rational emotive behavioral therapy counseling is highly directive, didactic, challenging, and often confrontational and painful for the offender.

9.3 The A-B-C Theory of Personality

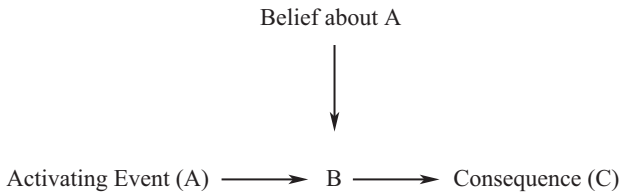
Rational emotive behavioral therapy counseling revolves around Ellis' A-B-C theory of personality (actually, this concept is more a proposition about or model for explaining, people's faulty perceptions than a theory of personality, but we will endure the accepted phraseology). A is the experience of an objective fact, a so-called activating event; B is the subjective interpretation of or belief about that fact, and C represents the consequence, that is, emotional content accompanying the meaning that the experience of the fact (A) has for the individual. Most people view an activating event as causing the emotions they are experiencing ("I'm happy, sad, depressed, suicidal, because he/she asked me for a divorce") in the following way (Fig. 9.1).

Ellis says, there is always an interpretive process that goes between A and C as shown in Fig. 9.2. Rational emotive behavioral therapy counselors use the ABC diagram as a way of monitoring cognitive reactions (thoughts about an event)

Activating Event (A) \longrightarrow Consequence (C)

A leads directly to C

Fig. 9.1 Direct process



A leads to B which leads to C

Fig. 9.2 Interpretive process

similar to the way transactional analysis counselors use the PAC model. The important point for rational emotive behavioral therapy counselors to impart is that A is not the direct cause of C, but rather that B, the individual's belief about A, causes C. If A caused C, then everyone experiencing the same A would experience the same C, which obviously is not the case. The reason that everyone experiencing the same activating event does not experience the same emotional consequence is that the intervening belief about A is different from person to person.

The rational emotive behavioral therapy counselor sees problems of living as resulting from illogical and negative thinking about experiences (the interpretive processes) that the offender reiterates in a self-defeating monolog. The offender is reluctant to let go of irrational beliefs because they serve to protect a fragile ego. ("She's to blame for my depression because, after all, she was the one who asked for the divorce."). This process resembles the Freudian defense mechanism of rationalization—a mechanism that serves the self-consistency motive. Empathizing with the offender's definition of reality in the Rogerian manner, according to Ellis, only serves to reinforce faulty thinking and is counterproductive. Passive listening to an offender's monolog, as in psychoanalysis and client-centered counseling, is replaced by an active and assertive dialog between counselor and offender. Counseling is not a warm relationship of relating partners; it is more akin to a teacher/student relationship, complete with lectures and homework assignments, which is the behaviorist aspect of the theory.

Thus, behavioral change per se is not the goal of cognitive-behavioral counseling. Behavior is considered a symptom of the way we think about things, and the ultimate goal is thus to change the causes (faulty thinking) not the symptoms that are the results of that cause. Changing behavior without changing thinking is

considered temporary symptom relief (like taking pain medication while waiting for your turn in surgery). As Dowd (2004, p. 420) describes it: “Behavior change is used in the service of cognitive change, and the ultimate goal is to bring about a profound philosophical change rather than simple symptom relief.”

This is not to say that behavioral change is not welcome. Behavior is often the cause of attitudes, and if attitudes and behavior conflict, it leads to that unpleasant state psychologists call cognitive dissonance, which extensive research tells us is more likely to be resolved by changing one’s attitudes than one’s behavior (Wood & Wood, 1996, p. 602). Thus, if the new behavior suggested by the cognitive-behavioral counselor leads to more pleasant outcomes for offenders, and they should, since the old behavior was, by definition, causing problems, they will change their attitudes and thought processes in conformity with the new behavior. This is what Dowd means by “behavior change is used in the service of cognitive change.”

It is the counselor’s task to strip away self-damaging ideas and beliefs by attacking them directly and challenging the offender to reinterpret experience in a growth-enhancing fashion. Ellis (1996) added D (Disputing) and E (Effective new philosophy) to his ABC model. Disputing dysfunctional ideas and beliefs and replacing them with a new, healthy philosophy, were always part of rational emotive behavioral therapy, but by “letterizing” those components, Ellis has placed them on a par with A, B, and C. Thus, after uncovering a dysfunctional idea or belief, the next stage is to dispute it.

The rational emotive behavioral therapy counselor operates from the assumption that no matter how well offenders come to understand the remote origins of their behavior, they often are unable to make the vital link between those origins and current behavioral problems. Rational emotive behavioral therapy counselors will rapidly cut short any offender’s attempt to “explain” his or her behavior by asking, “But what are you doing to correct it?” Rational emotive behavioral therapy counselors quickly cut through the quagmire of reasons, causes, explanations, and rationalizations, to nail offenders down to one or two basic irrational ideas considered to be the “real” reason for their disturbed behavior. After those ideas are identified, the rational emotive behavioral therapy counselor challenges the offender to validate those ideas. When the offender cannot validate them, the counselor will point out the lack of a reality basis for those irrational ideas. The focus is on the strength of the offender and on his or her capacity to change rather than extended exploration of the origins of “problems.”

This business of tearing into offenders’ irrational ideas should not be done in a dogmatic or condescending way—“What a damn stupid idea! How can you be so dumb”? It must be accomplished in a way that does not move the offender to dig in defensively or to completely cut you off: “Alex, do you really believe what you’re saying is true”? This is creating a discrepancy for Alex to resolve. As noted in our discussion of Motivational Interviewing, it is better if the counselor can guide clients to dispute the irrational idea themselves by saying something like, “Do you really mean that? Can you think of some other way to interpret what went on that perhaps would not make you feel as if it is a catastrophe?”

If the rational emotive behavioral therapy counselors need backup, many will suggest bibliotherapy, the practice of having offenders read books that the counselor knows will challenge their views. Some offenders also will be asked to keep journals of their relevant daily activities and thoughts. The whole idea is that individuals have indoctrinated themselves with false and irrational ideas about themselves that lead to self-devaluation. The task of the rational emotive behavioral therapy counselor is to re-indoctrinate offenders with more realistic thoughts about themselves, which may include the deflation of an overly inflated image based on their antisocial behavior, through the medium of reality-based logical thinking. Research suggests that by regrounding offender's thoughts in logical reality through rational emotive behavioral therapy, offending should be reduced and reductions in recidivism experienced (Altrows, 2002).

9.3.1 MUSTurbations

Ellis has identified 11 ideas that he considers to be pervasive in our society. These ideas are highly irrational and lead to “widespread neurosis.” He calls these ideas MUSTurbations (or absolutist thinking) and sums them up thus: “I now see that I have given up any addiction to MUSTurbation many years ago—to thinking that I must do well; that others must treat me considerately or fairly; and that the world must provide me with the things I want easily and quickly” (1982). Most of us are addicted to certain of these MUSTurbations to some degree or another.

An examination of some of these ideas will help to identify self-defeating “musts,” “shoulds,” and “oughts” in both your own thinking and that of the offender. Six of these ideas are adapted from Ellis’ delightful book *A New Guide to Rational Living* (Ellis, 1975). These six are especially applicable to offenders (and sometimes to correctional workers as well). As you read them, note that they represent dichotomous thinking of the type: “If people don’t love me, they must hate me;” “I failed my statistics exam, so I must be real stupid.”

1. *It is essential that one be loved or approved by virtually everybody.* We all would like our desires for universal approval to be satisfied, but we do not really need them to be. You would hardly be human if you did not derive intense satisfaction from the positive judgments of others, but preoccupation with your own demands for love and approval may prevent you from seeing the lovable traits in others. Put otherwise, by not concentrating on your demands that you be loved, you free your psychic energies so that you are able to love. Furthermore, if you believe that you are not a worthy person unless you are universally liked, you guarantee that you will be an insecure and self-devalued person because you are chasing an unattainable rainbow. This may lead to maladaptive interpersonal relationships and behaviors.
2. *One must be perfectly competent, adequate, and achieving to be considered worthwhile.* All people fail to achieve some goals. While this is not an issue, deriving your own self-worth from pure success is problematic, particularly in situations outside of your control. This is a trap into which the beginning

criminal justice counselor often falls. A fair percentage of offenders will reoffend regardless of all your efforts to rehabilitate them. If you regard that circumstance as a personal failure, you denigrate yourself and the offenders' capacity to be responsible for their own lives. A perfectionist will never cut it in correctional work. As long as you have done your best, you are a worthwhile person. We all must develop the courage to be imperfect and not to experience failure as catastrophic.

3. *Unhappiness is caused by outside circumstances over which we have no control.* We allow ourselves to be emotionally upset about outside circumstances caused by our mental interpretations of them. Some outside circumstances constitute such a powerful assault on our lives that it is unreasonable not to expect a negative emotional consequence. However, other circumstances are only as defeating as we let them be. The rational person avoids exaggerating unpleasant outside circumstances and looks for the growth potential in them. Many offenders find themselves overwhelmed by relatively innocuous unpleasant experiences and turn to substance use to escape these feelings.
4. *It is easier to avoid personal responsibilities than to face them.* You can hide from your responsibilities only for a short while. When your head does emerge from the sand, the responsibility still is there and may have grown. The rational person knows that it is less painful to attend to a responsibility than it is to deny or avoid it. Offenders are masters at avoiding their personal responsibilities because they often lack the self-confidence to attend to them. It is the counselor's task to make offenders see the logic of the snowball effect of nonattendance to responsibility and encourage a sense of self-efficacy.
5. *One must have someone stronger than oneself on whom to depend.* Many offenders are in a dependency mode. They lack the self-reliance to live a responsible, self-motivated life. An over-dependence on others (including a dependence on chemical substances) places the individual at the mercy of life's crutches. Rational people, while they may occasionally depend on others, minimize other-dependence and take charge of their own life. The counselor should target perceptions of reliance and dependency on external forces.
6. *Past experience determines present behavior, and the influence of the past cannot be eradicated.* Although it is true that our values are largely programmed by our experiences and that it is difficult to overcome their influence, our behavior is not bound by them. The primary focus of CBT is to move beyond old perceptions that lead to behavior and toward new, more effective perceptions that will lead to prosocial behavior. We have the capacity to transcend our experiences (and the mindsets they engender) by accepting and analyzing the effect they have on us and by refusing to be determined by them. Typically, offenders have not recognized their capacity for self-directed change and allow themselves to be blown hither and thither by past and present environmental conditions. It is your job to encourage offenders to examine their experiences, make them realize how they have influenced their negative attitudes and behavior, show them that those past experiences are not acceptable as excuses for present behavior, indicate that

they possess the human capacity to break the chains of experience, and activate them toward the goal of self-responsible behavior.

9.4 Moral Reconciliation Therapy and Reasoning and Rehabilitation

Among the variety of cognitive-behavioral therapies, two of the dominant ones are Moral Reconciliation Therapy and Reasoning and Rehabilitation. Reconciliation is a rather nebulous word marrying the prefix *re*, meaning to “go back again” to the noun *conciliation*, meaning the act of striving or willing. In Moral Reconciliation Therapy, *conciliation* is viewed as a link between cognition and emotion, and thus reconciliation is the act of returning to (or in the case of offenders, gaining) the ability to link thought and affect (Zhu, 2003).

Moral Reconciliation Therapy is based on Lawrence Kohlberg’s (1981) theory that moral development progresses through six stages, with only very few among us reaching stage six. The first two stages are called pre-conventional because they are based purely on “How do I avoid punishment?” and “What’s in it for me?” type thinking. The next two stages are the conventional because people in them are concerned with what others think of them and are thus conformity driven. The final two post-conventional stages (beyond behaving well because that is what others expect from us, but rather behaving morally because of one’s own abstract ethical principles) involves being able to take the perspective of another (empathy).

A number of studies find overwhelmingly that criminals are stuck primarily in the pre-conventional stages of moral reasoning, primarily because of low abstract reasoning abilities and low levels of empathy (Walsh & Ellis, 2007). The developers of Moral Reconciliation Therapy (Little & Robinson, 1988, p. 135) identify a smorgasbord of other deficits that hinder positive change when they write: “clients enter treatment with low levels of moral development, strong narcissism, low ego-identity strength, poor self-concept, low self-esteem, inability to delay gratification, relatively strong defense mechanisms, and relatively strong resistance to change and treatment.” Moral Reconciliation Treatment in prison makes use of a manual of exercises directed at groups of from 10 to 15 inmates who meet twice a week for about 2 h.

Wilson et al. (2005) conducted a meta-analysis of six studies assessing the effectiveness of Moral Reconciliation Therapy. They found that the 5-year recidivism rate for Moral Reconciliation Therapy graduates was 41 percent compared with 56 percent for matched non-Moral Reconciliation Therapy offenders, a modest effect size, but not one to be sneezed at. These studies also found that Moral Reconciliation Therapy participants had lower levels of criminal involvement at all follow-up periods on all indicators of reoffending.

In a more recent meta-analysis, Ferguson and Wormith (2013) analyzed the results of 33 studies examining recidivism following Moral Reconciliation Therapy in institutional and community corrections settings. They similarly found a significant but moderate reduction in offending. These effects were stronger for adult male

offenders. Further, the effects were stronger for Moral Reconciliation Therapy conducted in institutional rather than community correctional settings.

Reasoning and Rehabilitation also begins with the premise that offenders are prevented from behaving prosocially by cognitive and social deficits. Reasoning and Rehabilitation is described by its developers as a program focused on:

Modifying the impulsive, egocentric, illogical and rigid thinking of the offenders and teaching them to stop and think before acting, to consider the consequences of their behaviour, to conceptualize alternative ways of responding to interpersonal problems and to consider the impact of their behaviour on other people, particularly their victims. (Ross, Fabiano, & Ewles, 1988, p. 31)

Unlike Moral Reconciliation Therapy, Reasoning and Rehabilitation does not focus on improving offenders' moral reasoning but on improving their self-control, critical thinking, and interpersonal problem solving. Wilson et al.'s (2005) meta-analysis of Reasoning and Rehabilitation programs found them to significantly reduce recidivism, but not as strongly as Moral Reconciliation Therapy programs. In fact, both programs show only modest effect sizes, but Wilson, Bouffard, and Mackenzie rightly point out that modest effect sizes over large numbers of offenders mean a very large number of crimes not being committed.

9.5 What About Emotions?

According to Dowd (2004, p. 420), rational emotive behavioral therapy and cognitive behavioral approaches are at the same time optimistic and pessimistic. Optimism arises from the demonstrated belief that thinking can be changed even under the most difficult circumstances. "It is pessimistic because Ellis believes that individuals have a strong biological tendency to think irrationally that they can only partially overcome, and then only with effort." In view of this, many people have taken these approaches to task for not being concerned enough with emotion (Slattery, 2004).

The champion of the irrational, Sigmund Freud, was aware that humans are capable of logical thought, which he called "secondary process thinking," but the very term secondary reveals that he believed that we are overly prone to reverting to immature "primary process" thinking ruled by our irrational emotions (McLeod, 2003, p. 135). Thus, when we engage secondary process thinking, which for Freud was most of the time, our thoughts are controlled by our emotions, and are thus reflecting a distorted reality.

Of course, emotions range widely in intensity, and, therefore, widely in their ability to distort our thinking. Self-talk and logic may work fine for "cold" cognitions, but not for "hot" cognitions (thoughts with high emotional content). Many people believe that cognitions and emotions are completely separable phenomena, which they are not. We know from brain imaging studies that thoughts automatically engage emotions and vice versa (Scarpa & Raine, 2003). Because emotion is not "rational," it was once thought that emotional activity was a primitive

evolutionary “throwback” that was opposed to culture and required inhibition, but the evidence today now points overwhelmingly to the position that the emotions perform many functions vital to social and cultural evolution (Beckes and Coan, 2011; Phelps, 2006).

Emotions require rational guidance (not inhibition), just as cognitions require emotional guidance. All cognitions have an element of emotion attached to them, and all emotions have an element of cognition attached to them. It is the social emotions such as shame, empathy, and guilt that prevent many of us from following what might be economically more rational (steal), at least in the short term (Jolliffe & Farrington, 2004), and it is cognitions that tame and modulate less noble emotions such as anger and hatred (Walsh, 2000). Ellis himself wrote that: “RET assumes that human thinking and emotion are not two disparate or different processes, but that they significantly overlap and are in some respects, for all practical purposes, the same thing” (Ellis, 1984, p. 216). Without the emotions of love, shame, empathy, and guilt, the human social world would be a psychopathic jungle (Walsh & Wu, 2008; Weibe, 2004).

Nevertheless, critics do have a point: illogical thought processes are doubtless dealt with more easily when they have little emotional content (are cold) than when they are suffused with emotion (are hot). Yet, a criminal hardly has a deep emotional attachment to his or her lifestyle in the same way that, say, a son has to his mother, a patriot to her country, or religious fundamentalists to their God. Rational emotive behavioral therapy counselors disputing the primacy of one’s mother, country, or God would be confronted with likely insurmountable emotional barriers to change, whereas confronting criminals with the illogical and self-defeating nature of their criminal lifestyle engages thoughts only slightly tinged with emotion. Thus, because thoughts automatically engage emotions, changing beliefs, attitudes, and perceptions also should automatically change the emotional contents of these things. This is why Ellis (1996) changed his original Rational Therapy to Rational Emotive Therapy in 1961.

The following case study illustrates the successful use of rational emotive behavioral therapy with an offender supervised by one of your authors (Walsh). Other examples of specific rational emotive behavioral therapy techniques are given in the chapter on group counseling.

Case Study: Rational Emotive Behavioral Therapy with A Sex Offender

Marc was a tall, good-looking man with an IQ of 119. He also had an attractive wife and a 5-year-old son. Nevertheless, his work record was extremely poor. He was mainly a casual laborer. He never kept a job very long because he always seemed to get into an argument with his bosses and get fired or quit. After losing a job, he would go on short drinking binges and then go on to indecently expose himself (he had two prior convictions for indecent exposure). Despite his rather quick temper, his wife said that he was never abusive to her or their young son.

I first met Marc after his conviction for gross sexual imposition. He had been driving around one day in the rain after a minor drinking bout when he came upon two children—a girl age 12 and a boy age 11—standing at a bus stop in the rain. Marc stopped and offered them a ride, which they accepted. The children later said they had accepted because they had just missed one bus; it was raining heavily, and they apparently felt there was safety in numbers.

After some small talk, Marc took the children into an alley and told them both to take their clothes off. The children refused and started to cry. Marc then verbally abused the children and proceeded to force his hand up the dress of the girl and stick his fingers in her vagina. He also fondled the boy's penis and told them both to keep quiet. The young boy was able to escape and shout for help from a nearby construction team, who apprehended Marc and held him for the police.

Marc told me during his PSI interview that his initial motive was simply to get the children out of the rain (he was trying to make me hear, "I'm really a nice guy, I tried to be helpful"). Once the children were in the car, "I felt an overwhelming urge to expose myself to them" ("I couldn't help myself; I'm a victim of my urges; I need treatment, not punishment"). He admitted frequently exposing himself to children standing at bus stops in the past, and he had two prior convictions for such behavior. He admitted telling the young girl to remove her blouse: "It gave me a feeling of mastery. But I knew she wouldn't do it because of modesty." He denied (there's that awful word) touching the girl's vagina or the boy's penis.

My investigation led me to discover a rape conviction in another state that was not on Marc's FBI rap sheet. He reluctantly admitted this conviction to me but said that he was wrongfully convicted. This turned out to be the truth, much to my surprise. He has been granted a full governor's pardon and \$2,000 compensation for the 3 years he spent in prison for his conviction. Marc's wife informed me that he had told her that he had been frequently raped in prison, which he described as "a whorehouse where the only thing missing was the women." She felt that many of his sexual problems stemmed from his prison experience.

Marc had referred himself to a private psychiatrist after his arrest and bail. This psychiatrist wrote that Marc's pedophilia was of recent origin and that with "intensive psychotherapy it would never reach a chronic stage." He felt that Marc's desire to expose himself to children was caused by "deep-seated resentment of his mother's early rejection of him" and that he was essentially "thumbing his penis" at his mother. The psychiatrist recommended that Marc be placed on probation and that the county pay for his therapy. Marc never told his psychiatrist about his imprisonment, if he had, I wonder if the psychiatrist's focus on Marc's mother (a favorite whipping boy of classical psychoanalysis) would have changed?

For my part, I reasoned that Marc had kidnapped, terrified, and sexually molested two young children and that nothing less than incarceration could be justified. The judge reasoned otherwise and placed Marc on probation on the condition that he continue treatment and spend 60 days in jail. Marc did not continue therapy with his psychiatrist. Instead, he opted to attend group counseling at the county court diagnostic and treatment center.

For a variety of reasons, not the least, I suppose, being his ability to make intelligent conversation, Marc's case fascinated and challenged me. During one session in which we were discussing his prison experiences, he told me that other inmates had ridiculed him about the size of his penis and how this used to devastate him. Further discussion led to his telling me that he had measured his erect penis at what was to him an unsatisfactory five inches. As Albert Ellis might have put it, Marc was "catastrophizing" the size of his penis. Ellis might have gone on to say something like: "Yes, I'm sure you would like to have a bigger penis, but there's nothing you can do about it. It's not your penis size that's getting you into trouble, it's your belief that you must have a bigger penis to be a man. You are miserable and feel inadequate, but you make yourself feel that way by irrational and dysfunctional thinking. Your irrational thoughts are leading you to continue your criminal behavior, and that will land you back in the prison environment where you say all your problems stemmed from."

Not being in Ellis' class, I went on to play Dr. Freud (a definite "no-no" for an untrained person) and suggested the possibility that his urge to expose himself to children may have stemmed from an exaggerated concern for the size of his penis. To a young child, an erect adult penis seems gigantic. Marc acknowledged that perhaps he was trying to reassure himself about the adequacy of his penis by shocking his victims with its erect enormity to compensate for the cruel hazing he received about it from his fellow inmates.

Latching onto what I thought might be a crucial piece of information, I assigned Marc some rational emotive behavioral therapy "homework." I instructed him to go to the public library and check out three textbooks on human anatomy and physiology. From these books, he was to look up information on the size of the normal erect penis. He signed a plan saying that he would do this the following morning. This assignment led to Marc's discovery that 95% of all males have an erect penis of between five and one-half and six and one-half inches, meaning that Marc was just one-half inch short of being within the average range.

This discovery provided for a fruitful evaluation of just how irrational it was for Marc to get himself into so much trouble for the sake of one-half inch of flesh that no one but his wife, and he would ever see if he did not expose himself. He was guided to view his self-esteem in terms of his good looks, his high intelligence, and the love of his supportive wife and dependent child.

Ellis would have added that he will experience anxiety about his perceived inadequacy from time to time and to just accept it as normal. Anxious people tend to get anxious about their anxiety, telling themselves over and over, “I must not be anxious, I must not be anxious!” Being anxious about not being anxious is a self-defeating masturbation (“I must be totally in control of my emotions”). Marc has to learn to accept himself and his anxieties; all that he has to disown are his irrational thoughts, and his anxiety will disappear.

Over the next few months, Marc reported that he had experienced urges to expose himself again. However, he had not done so because he reminded himself of the irrationality of the act and of his responsibilities to his family. Marc successfully completed 3 years of probation without further trouble with the law. I monitored the daily arrest sheet for the two remaining years I spent in probation without ever seeing his name on it. I ran into his wife one day at a shopping center. She told me that everything was going fine, that Marc had been at his job for over a year, that he had drastically cut down on his drinking, and that there did not seem to be any residual sexual problems. Marc’s case was the kind that made me feel proud to have been a probation officer, and, for once, glad that my recommendation to the court perhaps had been wrong.

9.6 Lifestyle Theory

The interesting thing about the cognitive-behavioral treatment approach is that it is the only approach to have a full-blown criminological theory based on its principles. The theory is known as the lifestyle theory and has been primarily developed by Glen Walters (1990), a senior psychologist at the US Penitentiary at Leavenworth, Kansas. Walters’ theory is more psychological than sociological, and since it was developed in a prison setting, it is of particular interest to corrections workers. The term lifestyle appears to have been chosen to let us know that criminal behavior is not just another form of behavior, but rather it is a lifestyle.

Much of the foundation for Walters’ theory was laid by Albert Ellis’ rational emotive behavioral therapy and the “criminal mind” or “criminal personality” concept of Samuel Yochelson and Stanton Samenow. Walters borrowed Ellis’ ABC concept of personality, which makes the point that people wrongly attribute causal power to situations and circumstances when it should be attributed to our beliefs or perceptions about those events. People respond to events according to the meaning that those events have for them, not according to any intrinsic quality of those events. Walters also borrowed and further systematized Yochelson and Samenow’s list of 52 “thinking errors” that help to constitute the criminal personality.

Lifestyle theory contains three key concepts: conditions, choice, and cognition. A criminal lifestyle is the result of choices criminals make, although it is acknowledged that choices take place “within the limits established by our early and current biologic/environmental conditions” (Walters & White, 1989, p. 3). Note that while biological and environmental conditions lay the foundation of future behavioral choices, they do not determine it. Among the most important biological and environmental conditions affecting behavioral choices stressed by Walters are temperament and IQ, as stressed in Agnew’s general strain theory, and attachment, as stressed in Hirschi’s social control theory.

The third concept, cognition, refers to cognitive styles people develop as a consequence of their biological/environmental conditions and the pattern of choices they have made in response to them. According to this theory, lifestyle criminals display eight major cognitive features or thinking errors that make them what they are (Walters, 1990; Walters & White, 1989). Very little can be done to change criminals’ behavior until they change this pattern of thinking. Each of these eight inter-related thinking errors is briefly described:

Mollification refers to criminals’ rationalizations and excuses designed to mollify (soften) the response of others toward them. Mollification is not simply a ploy to fool others; criminals often believe their own rationalizations.

Cutoff refers to the ability of many criminals to discount the suffering of their victims. Feelings of guilt, sympathy, or empathy would render it difficult for them to victimize others, so they cut off such feelings. Firefighters, police officers, and many other professionals who deal with pain and suffering every day also must “steel” themselves to it if they are to do their jobs properly.

Entitlement refers to criminals’ feelings that they are entitled to that which they take from others, be it property of safety and wellbeing. Being self-centered creatures, criminals consider themselves “special” people for whom the rules do not (or should not) apply. They believe that the world owes them a living and that they are simply taking their due.

Power Orientation refers to criminals’ propensity to view the world in terms of weakness and strength. They desire and understand strength and fear and exploit weakness. They want to dominate and control, and they carry a scorecard into every situation to figure who wins and who loses. They may do whatever they have to not to lose, but if they do lose, they will compensate by exploiting weaker individuals.

Sentimentality refers to criminals’ efforts to convince themselves and prosocial others that they are basically good people: “Sure, I’ve made mistakes, but I’ve never meant to hurt anyone.”

Super Optimism refers to criminals’ exaggerated sense of self-confidence in their ability to get away with anything. Many criminals retain the adolescent’s notion of personal invincibility (nothing will happen to me), which is why they have a strong tendency to discount or downplay the possibility of punishment.

Cognitive Indolence refers to criminals’ mental laziness. They are present oriented and concrete in their thinking. They have difficulty understanding abstract moral

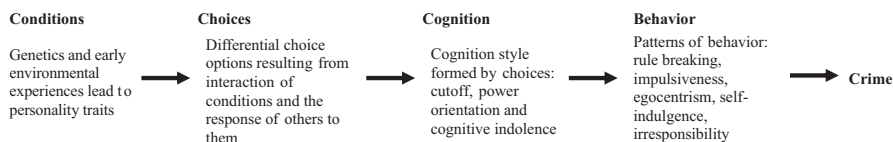


Fig. 9.3 Diagrammatic presentation of criminal lifestyle theory

reasoning, are intellectually immature, easily bored, and crave excitement to fill the shallowness of their inner world.

Discontinuity refers to criminals' inability to integrate their thinking patterns. Their thinking is so compartmentalized that they are overly sensitive to environmental pressures and changes, viewing them as unconnected to any integrated whole. This is why they have difficulty committing themselves to a long course of action such as schooling, training for a skilled occupation, or marriage.

These thinking errors resulting from arrested development of cognitive processes lead to four interrelated behavioral patterns or styles that almost guarantee criminality: rule breaking, interpersonal intrusiveness (intruding into the lives of others when not wanted) self-indulgence, and irresponsibility. Thus, criminality is the result of irrational behavior patterns, which are the result of faulty thinking, which arises from the consequences (reward and punishment) of choices in early life, which are themselves influenced by the individuals' biology and their early environmental conditions.

Note the similarity with Ellis' rational emotive behavioral therapy: cognition causes conduct. The major difference between the two theories is that Walters' theory stresses that cognitions are caused by individual choices that are in turn caused by early biological and environmental conditions detrimental to the moral development. By contrast, Ellis' theory is not overly concerned with biological variables and, in general, considers environmental (cultural) conditions to be different rather than deviant. Furthermore, unlike many sociological theories of criminal behavior that decline to invest different ways of thinking with any evaluative or moral connotations, Walters does, calling them "thinking errors".

Figure 9.3 illustrates the lifestyle progression toward criminal behavior.

9.7 Summary and Lessons and Concerns

Cognitive-behavioral therapy emphasizes that problems arise from faulty operation of that which is unique to humankind: the capacity to think. Ask yourself, however, are emotional problems easily assuaged by pointing out that they are the result of faulty thinking? One philosophical wag opined that the sole function of the neocortex (the thinking brain) is to justify and rationalize the emotions and behaviors generated by the more ancient mammalian and paleo-cortices (the emotional and instinctual centers of the brain, respectively). Freud himself was said to believe that

his “talking cures” were effective only with educated, middle-class patients having well-developed capacities for rational thought. This is not an apt description of the typical offender. Nevertheless, rational emotive behavioral therapy has found a welcome home in corrections.

Are cognitions really more basic and potent than emotions? How often have you realized how utterly stupid it was to feel a certain way, wished very much that you did not, but continued to do so anyway? As Ellis himself frequently points out, we think and emote practically simultaneously, but do we feel bad because we think bad or do we think bad because we feel bad? Certainly, we can change our thoughts regardless of whether they are preceded or followed by our emotions, but we need to address emotions a little more strongly than rational emotive behavioral therapy does. One way of doing this is to acknowledge that the past is more important to the understanding of the present than is admitted in Rational Emotive Behavioral therapy. It is absolutely and obviously true that we cannot change the past, but invariably it insinuates itself into the present through our memory tapes. Unless we understand why this happens, confront it and move on, we will continue to think irrationally.

Some criticize rational emotive behavioral therapy for insisting that rationality and irrationality always be defined from a law-abiding middle-class point of view. The insights of anomie and differential association theories tell us that under certain conditions, crime is a quite rational response (a fit between a goal and the means by which it is sought). Nevertheless, Ellis feels that the counselor’s values and attitudes are legitimate therapeutic tools. Many offenders, but by no means all, can learn valuable self-insights from an active and didactic counselor. This is especially true if the counselor also draws lessons from client-centered therapy and establishes a warm relationship before attempting to confront the offender and having the offender confront himself or herself. Finally, rational emotive behavioral therapy, with its teacher/student relationship, is more realistic and genuine than client-centered therapy in a criminal justice setting, provided that the counselor be seen as a guiding a process rather than prescribing a course of action.

Lifestyle theory’s solid concentration on individuals rather than their past and present environments is welcomed by many practically oriented correctional workers. It provides us with a starting point with which to change criminal behavior with through talk therapy. We can do nothing about offenders’ early conditions or the choices they made in response to them, but we can challenge their cognition. We can attack their thinking errors formed from the rewards and punishment they have experienced in response to their early choices. Many correctional professionals welcome lifestyle, and other similar theories stressing cognitive aspects of the individual, because “they give permission for punishment of offenders, because offenders are responsible for their actions and make purposeful decisions to commit crime” (Williams & McShane, 1994, p. 226).

Note the different conclusions we might draw from anomie/strain theory and lifestyle theory regarding the rationality of offending. The former maintains that offending is fully rational from the offenders’ point of view because it is a means by which they attain goals that are (presumably) otherwise unattainable. Lifestyle

theorists would not deny that criminal behavior is logical in the sense that it provides means/ends fits that follow from certain premises. Nevertheless, it is irrational because the premises themselves (the faulty cognitions) are seriously flawed. Theories that locate the blame for crime outside the criminal do serious harm to society by providing criminals with authoritative rationalizations for their harmful and irresponsible behavior. If criminals can point to external “causes” of their behavior, they may deny and resist any efforts to correct it.

As welcome as the emphasis on the individual is to the correctional worker, lifestyle theory has its problems. Research in this theoretical tradition has been based overwhelmingly on prison inmates, a focus that excludes nonincarcerated felons and noncriminals. We might wonder how many noncriminals evidence the same thinking patterns. We also might wonder if thinking is not overemphasized at the expense of emotion. Additionally, Ellis and Walsh’s (2000, p. 317) survey of the literature found 16 studies showing that moral or prosocial thinking is positively correlated with IQ (the higher the IQ, the greater the moral reasoning), and only one to be nonsignificant. Thus, IQ and temperament may affect the probability of criminal behavior beyond their effects on early life choices. It is all very well to demonstrate that criminals think differently from noncriminals, but science would like to know why they do. However, lifestyle theory is a good “working” theory, and judged on that basis, a good one.

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Group Counseling in Institutional Settings

10

10.1 The Power of the Group

Jails and prisons are not very nice places. They were never meant to be, and they never can be. Whatever euphemisms we dream up for them, they still exist to punish lawbreakers and to separate them from “decent” society. They are prime examples of what Goffman (1961) termed “total institutions.”

Total institutions can be mental hospitals, military training facilities, or any other institution where large groups of people live together under tightly restricted and scheduled circumstances and under the control of a central authority. Total institutions are divided into “managers,” who control, and “subjects,” who are controlled. It is the function of the managers to restrict social interaction between the “subjects” and the outside world. The consequence of such an authoritarian and coercive situation is the development of two antagonistic subcultures within the institution. Social distance between the controllers and the controlled is great, and each group tends to develop hostile attitudes toward the other.

10.2 The Inmate Code

The hostility toward the managers is expressed in an informal set of rules known as the inmate code. Gains, Kaune, and Miller (Gains, Kaune, & Miller, 2000, p. 493) define the inmate code as: “A system of social norms and values established by inmates to regulate behavior within the correctional institution.” The code represents the “model prisoner,” in terms of the values and norms of prison society. Of

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course, it is the inmates who define the values and norms and decide who is and who is not a “model prisoner.” Among the ways of conforming to the inmate code is playing games with controllers (the “hacks,” screws,” and “shrinks”) that we discussed in the section on transactional analysis. One of those rules is “Don’t be a sucker,” a rule that warns inmates against granting overt respect and prestige to prison officers and staff and against trusting them (Ricciardelli, 2014).

This rule does not mean that inmates openly defy prison officials and regulations, because overt acts of defiance may bring down the wrath of the managers on the entire group. Rather, it means never be openly friendly to officials unless you can use them for your own ends, never cooperate at a level beyond that which is necessary to avoid trouble, never volunteer for anything simply for the good of the institution, and never show subservience. Unfortunately, the noncooperative inmate code extends to noncooperation with those members of the prison staff whose function it is to aid and counsel inmates. No wonder it has been said that trying to rehabilitate criminals in prison is like trying help alcoholics maintain sobriety in a brewery. Institutional counseling is the ultimate challenge for the correctional helper.

10.2.1 The Origins of the Inmate Code

According to Edwin Sutherland’s (1939) differential association theory, many criminals develop a set of values and attitudes in opposition to lawful behavior through the frequency, duration, priority, and intimacy of their associations with individuals of like mind. The individuals with whom they most associate, either by choice or by necessity, become their reference group, the group around which they orient their lives and against whose standards they evaluate themselves. When criminals are incarcerated, the power of the reference group over their lives increases considerably because now it is the only group with which they are able to associate. Within this closed community, antiestablishment values are refined and reinforced. In prison, compliance with antiestablishment values and attitudes can become much more of a survival imperative than it ever was on the outside. This is an important point for any new member of the treatment staff working in a prison.

10.2.2 Importation

The importation model of inmate behavior holds that offenders bring with them—or import—to prison the attitudes, beliefs, and norms that shape the prison subculture (Dhami, Ayton, & Loewenstein, 2007; Irwin & Cressey, 1962). Proponents of the importation model argue that the “understanding of inmate conduct cannot be obtained simply by viewing ‘prison culture’ or ‘inmate culture’ as an isolated system springing solely from the conditions of imprisonment” (Irwin & Cressey, 1962, p. 145). In other words, a large portion of the inmate subculture and inmate code is derived from the repertoires—which are often contrary to those of “law abiding citizens”—that offenders possessed before entering prison. It is these pre-prison

characteristics that are responsible, at least in part, for the norms and values found in the inmate code (Drury & DeLisi, 2011).

10.2.3 Prisonization

Not all inmates, however, enter prison with a ready-made set of antisocial attitudes. Many new prisoners, like new immigrants, face a painful process of assimilation into a new culture from which it is difficult to remain detached. The process of assimilating the norms and values of the prison subculture has been termed prisonization (Clemmer, 1958). The basic premise of prisonization is that people who share a common experience, especially one imposed upon them, develop a sense of “we-ness” buttressed by a set of legitimizing attitudes in opposition to those professed by “them.” The first steps in the prisonization process are simple acts of behavioral conformity, which occur regardless of how the inmate feels about performing them. The inmate watches and follows the examples of other inmates because conformity makes life easier, avoids conflicts, and enables the inmate to fit in without being conspicuous. Before the inmate knows it, he or she is speaking the language of fellow inmates and beginning to define the inmate world in inmate terms. It requires only a subtle and minute change to make a stated attitude become a “taken-for-granted” perception of reality. When this process is completed, inmates become “cons.”

The prison subculture often satisfies the inmates’ needs to belong, a need that we all have. To belong, an inmate must be accepted, and to be accepted he or she must live by the inmate code whereby a “wrong” by the standards of the straight world becomes a “right.” To the extent that an inmate abides by that code, he or she becomes a “good convict” and is accepted. For an inmate not to be accepted by fellow inmates could be a very dangerous thing indeed.

According to Gordon Graham (1992), a hard-nosed ex-con who spent nearly 20 years in various prisons and now is president of the Human Development Training Institute, this need to belong by conforming to the inmate code is the biggest stumbling block to inmate rehabilitation (1992). Through hard experience, observation, and much study, Graham concluded that the establishment of a strong personal identity as a “good convict” in prison becomes more strongly etched into the person’s self-concept the longer he (or she) remains in the prison environment.

We all develop a “comfort zone,” which is a set of situations, settings, and circumstances in which we feel confident and comfortable. For instance, a “take charge” police officer might tremble at the thought of giving a lecture to a room full of students, while an erudite professor might tremble if he or she is thrust into the professional world of the police officer. When we are outside of our comfort zones, we get feedback telling us that we are “out of place,” and we often retreat back to the psychological safety of the known. Inmates develop a “comfort zone,” too, but a very constricted one. When they get back onto the streets, they do not fit in; their much sought after reputations as “good convicts” now become liabilities, their worlds have turned upside down (Graham, 1992).

Although all prisoners have to conform *behaviorally*, not all, perhaps not even most, will conform *attitudinally* in the sense that they will internalize the inmate code as right and proper. As discussed above, the attitudes representative of prisonization are not solely responses to prison life but reflect values and norms imported by many inmates into the prison from the free world (Irwin & Cressey, 1962). The degree of prisonization internalized by inmates thus depends on the attitudes and values brought to the institution with them. Unfortunately, the cliché stating that one bad apple spoils the barrel strongly applies in prison settings in which the worst inmates so often set the ambience. Ways to avoid attitudinal assimilation on the part of prisoners who do not necessarily enter prison with strong criminal attitudes are shorter prison sentences and more frequent contact with the outside world.

Prisoners with strong personalities and those who actively strive to remain aloof from the prison subculture do not succumb to prisonization to the same extent that more pliable individuals do, although trying to remain aloof may subject the inmate to ostracism and other dangers (Schmallegger, 2016). Some take on the values and attitudes surrounding them only as a measure of convenience, being fully aware all the time that their conformity is a temporary condition of their confinement. We can help these individuals to counteract the insidious process of prisonization and even perhaps those who have already succumbed, by well-run group counseling sessions. Remember, all counseling is designed to challenge our comfort zones. Becoming a better person (attaining psychological growth) requires that we extend those zones as far as we possibly can so that we can be reasonably confident and comfortable in even the most unusual of circumstances.

10.3 Group Counseling

A major obstacle to effective institutional counseling is the oppositional stance of the inmate code. Inmates do attend counseling sessions, Alcoholics Anonymous and Narcotics Anonymous meetings, and vocational and educational programs. Attendance at these sessions is not a violation of the inmate code. Indeed, prisoners hear much banter in prisons about the necessity to “get into a program.” Unfortunately, the concern for getting into a program is often motivated by efforts to impress the parole board rather than a genuine concern for self-improvement (Berne’s “How do I get out of here?”). If the possibility of the ultimate reward for participation, that of early release, were not a reality, inmates who attended such sessions would be violating the inmate code and branded as “suckers” or “ass kissers.” Consequently, inmates who attend sessions aimed at reforming criminal behavior patterns may spend a great deal of time telling other inmates how they are exploiting the sessions for their own ends.

Nevertheless, social- and evolutionary psychology tell us that people tend to function best, are more influenced, and more influential, operating in groups (Gilbert, 2001). This is certainly true, and we agree with Tim Lacey when he writes that: “group therapy offers a far more realistic environment for individuals to learn about their behavior and to change it than in individual therapy” (Lacey, 2004,

p. 34). Group counseling is an effective way to combat the negative group pressures that hinder rehabilitative efforts because inmates are more likely to listen to their peers than to representatives of “the system.”

Group counseling may be viewed as a type of intellectual jujitsu in which the strength of the group is used against itself. Group counseling uses peer pressure to combat the criminal attitudes and values that many of the group members hold as individuals. The differential association theory of crime stresses the power of peer-group pressure to lead the individual into conformity with antisocial values. Why not use the same pressure for the opposite purpose? If an individual’s behavior is an intrinsic part of the groups to which he or she belongs, we must direct our efforts at those groups if we want to change that behavior.

However, do not imagine that this is an easy task. Morgan, Kroner, and Mills (2006) argue that if you can facilitate group counseling in prison, you can do it anywhere. How does one change the criminal attitudes of individuals in a group that, with the exception of the group leader, consists of criminals? Although it is extremely difficult, and realistically you can expect more failures than successes, it is not impossible. Think about the gratifying success rate of Alcoholics Anonymous (AA) groups. Do you think that it is more difficult to rehabilitate the typical alcoholic or the typical criminal? Objectively, the alcoholic presents the more difficult case. After all, there is no biological urge to commit crimes (not that we currently know of, anyway) in the same sense as there is for the alcoholic to drink. The criminal who desists from committing crime does not suffer painful physical withdrawal symptoms that are alleviated only by committing crime. Criminals are not physiologically punished for stopping their activities the way alcoholics are. On the contrary, they run the risk of punishment for continuing with the activity.

Many criminals enjoy the thrills and excitement of the criminal lifestyle just as alcoholics enjoy drinking, but neither alcoholics nor criminals like the negative consequences of their respective activities. Significant emotional events in their lives, the loss of jobs, spouses, and self-respect and the loss of long periods of freedom constitute powerful motivations for change.

Whatever motivations exist for change must be brought into full consciousness and sharply focused. They then must be carefully cultivated and nurtured. Harking back to our discussion of Motivational Interviewing, discrepancy, dissonance, ambivalence, and tension must be generated in the minds of those whose attitudes are to be modified by forcing them to confront the reality of their behavior. Many criminals are so present oriented that they fail to consider what 5 years in prison actually means. It is the group counselor’s task, with the cooperation of the group, to bring each member to the realization that powerful motivations for change do exist in every one of them. Specific strategies for achieving this in a group setting are presented later in this chapter. If Alcoholics Anonymous can achieve respectable success rates in groups consisting of members who have all experienced the pleasures and the pains of alcohol, there is no reason to feel that groups consisting of those who have experienced the pleasures and pains of crime could not enjoy similar success.

10.3.1 Characteristics of Effective Correctional Group Counselors

What makes a really effective group counselor in a prison setting? Ed Jacobs and Nina Spadaro (2003, pp. 36–39) offer a list of the characteristics they deem necessary. Pay heed to what they say because each of them has a wealth of experience. Ed Jacobs has taught counseling for more than 30 years and has served as a trainer for the Federal Bureau of Prisons and for adult and juvenile corrections in West Virginia. Nina Spadaro was a staff psychologist with the Federal Bureau of Prisons for ten years and continues to train correctional staff in West Virginia. The following are the six characteristics these two experts feel are essential for an effective group leader in a correctional facility.

An Effective Group Leader Understands Prison Culture. You must know what you are getting into; prisons are not monasteries or country clubs. You must understand how the inmate code works and how it influences the behavior of the group toward each other and toward you.

A Skilled Group Leader is Not Frustrated by a Lack of Apparent Progress. If you want to see quick results in a prison setting, you will be sorely disappointed. These folks are not inside for singing too loudly at choir practice, and they are not there to learn to modulate the tone of their voices. You are planting seeds that you may or may not see bloom some time down the road.

A Good Group Leader Cares about People who are Hard to Care About. Again, remember what type of people you are dealing with but also remember the lessons of The Mask presented in Chap. 2. Perhaps some of inmates' nastier characteristics are masks covering up some pretty deep hurts. You do not have to love them—just care about them. If you do not, you are probably doing more harm than good as a group leader.

A Strong Group Leader is Firm yet not Dictatorial. This is “tough love.” Inmates need firm boundaries within a flexible foundation if the group is to accomplish its goals.

An Effective Therapy Group Leader Understands Counseling Theories. This one is a “no brainer.” Theories anchor your efforts in solid foundation, but without them your efforts will sink in quicksand.

A Skilled Treatment Group Leader has Strong Individual Counseling Skills. This is a corollary of the previous characteristic. There are times in a group setting when only the group leader is able to answer and help a person presenting a particularly difficult problem, and there are times when inmates may need to be counseled in private.

10.3.2 The Power of the Group

A group consists of “a number of persons who communicate with one another often over a span of time, and who are few enough so that each person is able to communicate with all others, not at secondhand, through other people, but face-to-face” (Homans, 1950, p. 1). The prison community is not a group in this sense but merely

an aggregate of people in the midst of which the individual could feel terribly alone. None of us likes to feel alone, and we often will go to great lengths to become part of a group. We are very social animals. Group counseling takes advantage of this human need for social interaction by offering inmates a constructive alternative to the antisocial cliques that form in prisons.

Groups possess dynamics of their own that are relatively independent of the sum of the individual attributes of their members. Much of sociology and social psychology revolves around issues of how group life affects individual behavior. Numerous studies attest to the ability of groups to generate a general conformity to their norms, even among reluctant members.

Here we cannot consider in detail the question of why groups possess powers that appear to be greater than the sum of their constituent parts. Suffice it to say that group conformity is more likely if goals are shared, and goals are more likely to be shared if they are democratically determined. As the group leader, meaning the person who initiates the process and who gives the initial direction and initial suggestions, the counselor is in a position to strongly influence the nature of the goals. Inmates realize, of course, that the ultimate goal is to reeducate them into conformity with society's standards and expectations. Therefore, they are not likely to choose topics that they perceive as being too directly related to this end. As a group counselor, you must make haste slowly. If inmates are to learn new values and unlearn old ones, they will do so only by the process of self-exploration that is of their own choosing.

10.3.3 Planning for Group Counseling: Goals and Operating Philosophy

Group counseling theory takes as a sacrosanct principle that having a plan is critical (Jacobs, Masson, & Harvill, 2002). The first task in the planning for group counseling is to formulate in your own mind the specific aims and goals that you want the group to pursue. Your operating philosophy should be something like that of a professor who has a certain core content of knowledge to impart to the class but who remains flexible enough to let the students dictate the pace of the class. Much student interest and participation is lost in classes where professors refuse to follow a train of thought brought up by a student because "We have to finish Chapter 10 by Thursday." Group interest and participation similarly can be stifled if you do not maintain an attitude of structured flexibility.

10.3.4 Selection of Members

Your next task is the selection of group members from the pool of volunteers. For various reasons, there is rarely any lack of volunteers for group counseling in prisons (Juda, 1984). You simply should not throw people together to see what will happen, an all-too-frequent practice in prison settings. An examination of the

offenders' classification scales and their psychological profiles obviously will aid you in this endeavor. For instance, it would be extremely unwise to allow anyone in the group who is psychopathic, especially if the counselor is inexperienced. Psychopaths are brilliant game players who will use the group for their own nefarious ends, and counseling tends to make them somewhat worse because they learn more ways to push peoples' buttons (Lee, 2007). Needless to say, if the group is to be centered on a specific problem, such as alcoholism, drug addiction, or sexual offenses, then inmates should be selected on the basis of problems they have in the specific area rather than on other considerations.

Each prospective member of the group then should be given an individual screening interview. This practice is laid down as one of the ethical guidelines of the Association for Specialists in Group Work (1980):

The group leader shall conduct a pre-group interview with each prospective member for purposes of screening, orientation, and, in so far as possible, shall select group members whose needs and goals are compatible with the established goals of the group; who will not impede the group process; and whose well-being will not be jeopardized by the group process.

Corey (1983, p. 102) posits that the following questions concerning suitability can be explored in about a half-hour interview with each candidate:

1. Why does this person want to join the group?
2. How ready is the person to become actively involved in the process of self-examination that will be part of group?
3. Does the candidate have a clear idea about the nature and purpose of the group? Does he or she have a view of what is expected?
4. Are there any indications that the person might be counterproductive to the development of the cohesion in the group? Might this group be counterproductive to the person?

Such a screening interview not only permits you to choose group members who you feel will strengthen the group's possibilities of success, but it also allows you and individual offenders to become acquainted with one another. Moreover, it gives offenders the opportunity to decide for themselves whether they want to be part of your group after all. Thus, you have a double screening process, yours and theirs. Without the dual checkout process, you and the offenders are on a blind date, and we all know how disastrous blind dates can turn out to be. Except when counseling is mandated, inmates should never be forced into a group against their will. To do so will prove very counterproductive (Alexander, 2000).

10.3.5 Components of Group Counseling

Gazda, Duncan, and Meadows (as cited in Mahler, 1973) provide a clear definition of group counseling:

Group counseling is a dynamic, interpersonal process focusing on conscious thought and behavior and involving the therapy functions of permissiveness, orientation to reality, catharsis, and mutual trust, caring, understanding, acceptance, and support. The therapy functions are created and nurtured in a small group through the sharing of personal concerns with one's peers and the counselors. The group counselees are basically normal individuals with various concerns which are not debilitating to the extent of requiring extensive personality change. The group counselees may utilize the group interaction to increase understanding and acceptance of values and goals and to learn and/or unlearn certain attitudes and behaviors. (p. 101)

By analyzing the component parts of the definition, we can get a feeling for the process of group counseling, what it is, and how it should be conducted.

- *Group counseling is a dynamic, interpersonal process*, alerts you to the fact that the process is active, productive, forceful, and energetic. It is not static but full of continuous verbal movement toward purposeful goals. It can be dynamic only if members of the group put real concerns and problems before the group for open evaluation and discussion. Interpersonal means that it is an activity that takes place between or among two or more people. Advocates of group counseling feel that members learn and/or unlearn attitudes, values, and perceptions better in a group setting because it is similar to their natural interpersonal world (Lacey, 2004). Relating to peers is more consistent with normal socialization experiences than relating to a counselor in a situation that can be reminiscent of the teacher/student relationship. Most of all, “interpersonal” means sharing.
- *Focusing on conscious thought and behavior* indicates that the topics explored are attitudes and behaviors of which the group members are fully aware and which are problematic. Group counseling is not group therapy. Group therapy is more likely to deal with subconscious motivations. Individuals who conduct it usually have advanced degrees in psychiatry, psychology, or psychiatric social work. The difference is analogous to the distinction made earlier between psychotherapy and individual counseling. Like psychotherapy, group therapy goes into great depth, and it is a process that may last months or years. Group counseling is very short, by comparison, and may be conducted by individuals with minimal specialized skills. Remember, the concerned amateurs of Alcoholics Anonymous conduct the most successful group counseling in the world. Remember also that the personal attributes of the counselor are more important to success than the depth of the counselor's knowledge of the complexities of mental health.
- *Permissiveness, orientation to reality, catharsis, and mutual trust, caring, understanding, acceptance and support* are attributes that the counselor must strive to foster in the group. This is no easy task with a prison group! Permissiveness does not mean that the group is allowed to act out, to bully weaker members, or to be otherwise disruptive. It means that the group should be democratic in its choice of problems to discuss, that no one member should be allowed to monopolize the floor, and that no relevant topic should be denied a hearing.

Neither does “permissiveness” mean that the group is run without some basic ground rules. As with the formulation of treatment plans in community corrections,

the rules should be determined in concert with the group. However, group counseling is a guided-group experience. Accordingly, during the initial screening interview, the counselor will indicate a series of expectations about what will go on in the group. The counselor basically wants group members to examine their impulses in an atmosphere of acceptance to help them make connections between those impulses and their criminal behavior. Groups function much more effectively if each member is aware of the expectations and has been given an opportunity to participate in their formulation. A democratically determined group structure outlining purposeful goals goes a long way toward developing a feeling of “we-ness” in the group. The essential elements of group interaction—each individual “I,” the “we” of the group, and the “it” of the goals—must form an integrated “I-we-it” triangle if the process is to be useful (Anderson, 1984, pp. 13–15).

Take care, however, that democratically derived decisions regarding group topics and issues are not at odds with institutional requirements, are socially acceptable, and are fit for individual members of the group. Neither group nor counselor pressure should be used to cajole individual members into conformity. As Bennett, Rosenbaum, and McCullough (Bennett, Rosenbaum, & McCullough, 1978, p. 89) state: “We cannot continue to coerce offenders into conformity. We must provide those experiences necessary to individual adjustment and a meaningful life. For most people this comes through opportunities for intellectual and emotional growth. Why not for offenders?” Why not indeed?

- *Orientation to reality* refers to awareness on the part of all group members that the goals of the group are directed toward the rejection of unrealistic and irresponsible values and behavior and the substitution of realistic and responsible values and behavior. Realistic and responsible here are consistent in meaning with Glasser’s usage in his reality therapy. The general goals of a prison group are improved self-awareness, genuine problem sharing, an awareness of the self-defeating nature of a criminal lifestyle, improved coping skills, and an understanding of the benefits and possibilities of the straight life (Luke & Kiweewa, 2010; Ricks, Kitchens, Goodrich, & Hancock, 2014). Specific goals are determined by the makeup of the group (e.g., alcohol abusers, exhibitionists, and so forth).
- *Catharsis* refers to the release and ventilation of repressed emotions associated with painful experiences. Psychoanalysts feel that much guilt, anger, aggression, and hostility are the result of repressed emotions. If these pent-up emotions can be liberated—that is, brought into consciousness and explored—then much of the negativism they generate will dissipate.
- *Mutual trust, caring, understanding, acceptance, and support* are attributes conspicuously absent among prison inmates at anything beyond a superficial level. However, they should not be considered impossible to generate in a prison setting. By and large, inmates do not possess these attributes because they rarely have encountered them in their lives. If you, by your example, can foster such an environment, if you can demonstrate being accepting, understanding, and caring, chances are that some of it will rub off. Here is one inmate’s report of her experience in group counseling: “I have felt needed, loving, competent, furious, frantic,

anything and everything, but just plain loved. You can imagine the flood of humility, release that swept over me. I wrote with considerable joy, 'I actually felt loved.' I doubt that I shall soon forget it" (cited in Jarvis, 1978, pp. 197–198).

- *The therapy functions are created and nurtured in a small group*, says that the size of the group is an important consideration. A group of too few members, say three, is comfortable for the group leader to handle, but it is not very practical in terms of the efficient management of time and resources. Groups this small also have two additional disadvantages that often seem to occur: two members forming an alliance against a third, or members feel too much pressure to speak and thus feel uncomfortable (Jacobs et al., 2002). Having too many members renders the group unmanageable for the leader. The group begins to act like a class in school, directing communications primarily at the group counselor. This tendency defeats the whole purpose of being in a group. The more people there are in a group, the easier it becomes for some members to hide and avoid discussing their problems. Even if no one wanted to hide, there is just so much "air time" to go around, and the multiplicity of topics may prevent focusing where it is desirable. A generally accepted optimal group size is between five and eight members (Jacobs et al., 2002).

Even a group of this size can be intimidating and difficult to manage for new counselors. In a one-on-one situation, counselors have the feeling of being in control, because they have to attend to only one individual. It is not unusual for inmate groups to test new counselors by ganging up on them. Having something of a vested interest in maintaining current self-concepts, in demonstrating independence and noncooperation, and in displaying bravado, group members often feel that the best defense is offense.

Confident and self-assured counselors recognize and deal with this obvious game-playing by indicating to the group that they know what is going on, and asking the members why they feel that they have to do it. Counselors never should go on the defensive, but rather, should toss the ball right back at the group, without emphasizing their moral authoritative superiority over the group.

- *Through the sharing of personal concerns with one's peers and the counselors* points to the exchange of self-disclosure and feedback among members of the group. This is the essence of group counseling. The success or failure of the group depends almost entirely on the meaningfulness of the self-concerns disclosed and the nature of the feedback.

However, prison is a place where it is often necessary to shut off one's emotions, where inmates are supposed to "do their own time," and where to reveal personal concerns is to open oneself up to possible abuse, derision, or even blackmail. Consequently, inmates in a group session may go to great lengths to lead the group communication away from themselves and toward others, or to general topics. Such ploys may be in evidence in any group setting, but they are especially so in the prison setting. You must learn to identify them and confront members with them, at the same time recognizing the motivations behind them. A prison group is not an encounter group for which members have paid considerable sums of money to seek

“self-actualization.” You will be setting yourself up for disappointment and failure if you fail to empathize with the special concerns about self-disclosure within a prison setting.

There are several ways to handle the lack of self-disclosure within the group. It is wise not to expect or to attempt to facilitate self-disclosure at all during the first session. Simply give the group members an opportunity to warm up to intergroup communication by venting general nonthreatening concerns. Inmates must sense at least a modicum of trust and acceptance before they will risk self-disclosure.

An excellent institutional counseling strategy is to begin the first session with an explanation of Berne’s theory of structural analysis. Its easy terminology and simple diagrammatic presentations of Parent-Adult-Child (PAC) interactions provide a useful shared framework from which all participants can analyze what will go on during future sessions. The various ego states and their transactions can be drawn and explained on the blackboard. You may be surprised how much more easily group members will pick up on game playing and how it quickly will improve understanding when you use this very powerful anchor of shared discourse. However, some experienced prison counselors feel that the transactional analysis approach is not very useful in prison settings beyond the early sessions that introduce terminology. The very simplicity of the approach is tailor-made for inmates who may want to use it to manipulate fellow inmates and even counselors.

After one or two “getting acquainted” sessions, you may make a statement to the group similar to the following: “You know, we’ve been talking for quite some time together now, but I haven’t heard any of us touch on the topics of ‘self’ or ‘I’ yet. Will somebody volunteer to explore the question ‘Who or what am I?’ with us?”

The first attempt at self-disclosure should be reinforced positively by the use of nonthreatening and nonjudgmental feedback from the counselor. Feedback should reflect the feelings of the discloser, making sure that the reflection is based on accurate perceptions rather than on inferences. If, for instance, Frank responds to your request to explore the question “Who am I?” with the response, “I suppose that by society’s standards I am a failure, a no-good screw-up,” he is making a statement about his perceptions of how others on the outside view him. You should not infer that he perceives himself that way by asking him why he is a “screw-up.” Rather, you should ask him if he agrees with that perception and why he does or does not. Such feedback could lead to an animated group discussion of values and attitudes held by group members.

As a member of the group, the counselor should be prepared to model self-disclosure for the group. Needless to say, the counselor must feel that he or she is fair game in any session and must be prepared to answer uncomfortable questions in an honest and forthright manner. It is not unusual for inmates to test the counselor by asking pointed questions such as “Did you ever steal anything?” Almost everybody has stolen something at one time or another, even if it was only a candy bar or a company pen.

You must not attempt to give the impression that you are a “goody two-shoes” by denying that you have, thereby modeling dishonesty for the group. You could take advantage of such a question by describing how guilty you felt afterward and asking

other members of the group how they feel when they steal and how they themselves have felt when others have stolen from them. You also can use the opportunity to describe your ideas of responsibility, emotional maturity, and respect for self and others and discuss how your values have enabled you to lead a basically happy life. Again, this should not be delivered in a preachy style calculated to impress the group with your moral superiority.

- *The group counselees are basically normal individuals with various concerns, which are not debilitating to the extent of requiring extensive personality change* is a reminder to respect the humanity of the group members. Do not think of them as being sick, evil, beyond help, or radically different in any way from yourself. They are basically unloved individuals with deficiencies that prevent them in one way or another from functioning in a socially acceptable way. Inmates who do have crippling and debilitating concerns do not belong in group counseling. Think of all group members as possessing wholesome potentialities that only need to be recognized and developed. The distortions of reality you encounter are the result of faulty thinking rather than pathological blockages. Your basic task is to reeducate toward responsibility, not to psychoanalyze.
- *The group counselees may utilize the group interaction to increase understanding and acceptance of values and goals and to learn and/or unlearn certain attitudes and behaviors* simply restates the goals of any counseling session, group, or individual. It is a guided effort to change a failure identity into a success identity through self-disclosure and feedback. The only difference emphasized here is that group counseling makes use of peer feedback and modeling.

10.4 Specific Topics and Strategies for Group Counseling

The goal of group counseling is to guide offenders toward change by exploring and assessing their values, attitudes, and behaviors. What follows are some specific strategies for getting started. Additional exercises may be similar to the exercises at the end of some of the chapters in this book, such as exploring general attitudes and values.

10.4.1 Counting the Cost of a Criminal Lifestyle

From the perspective of some criminals, crime may be considered a rational pursuit in the sense that there is a logical fit between the attainment of ends and the means used to achieve them. That is, it gets them what they want at a price that they think they can afford. This group exercise is designed to challenge that perception of rationality through certain cognitive-behavioral techniques. From any objective viewpoint (i.e., going beyond the offender's subjective perception of immediate rationality), for all but the "kingpins" of crime, crime simply does not pay in the long run.

You can help your group members discover this for themselves by having them create an inventory of their estimated criminal gains (assuming property offenders) obtained for the crime(s) for which they are doing time. You might go even further by asking them to list their gains from undetected crimes committed during the period between their current arrest and any previous arrest. The list should contain actual cash gains and the “fenced” value of any property taken. A list compiled by an offender who did 40 months in prison for three burglaries is presented below. This individual also included in his inventory ten other burglaries for which he was not caught.

Cash	\$400
Stereos	\$150
TV's	\$75
Jewelry	\$200
Tools	\$20
Miscellaneous	\$180

Total	\$1025

After these lists are completed, divide the monetary gains from crime by the amount of time spent in prison (take along a calculator). For instance, the person in this example received a “paycheck” from his criminal activity of \$1025, for which he did 40 months in prison. Therefore: $\$1025/40 \text{ months} = \25.62 per month , $\$0.82 \text{ per day}$, or $\$0.10 \text{ per hour}$. The group members will be quite surprised when they discover how little they have been “working” for per hour! Few of the offenders, if any, have ever thought along these lines. This revelation should create the discrepancy and ambivalence vital to Motivational Interviewing, as we discussed in Chap. 7. You then may proceed with what should be an animated discussion of just how smart it is to work for ten cents per hour.

Drive the point home by calculating the possible gains the person would have if he or she had spent 40 months in noncriminal activity. Ask each individual to speculate about what portion of his or her prison sentence he or she reasonably could have been expected to work at a regular job on the outside. If our individual doing 40 months stated that he would have worked only about one-quarter of the time, multiply this time by the take-home pay he would have received at minimum wage (about \$1100 per month). Thus, $\$1100 \text{ times ten months} = \$11,000$. Add to this approximately \$200 per month he may possibly have received in unemployment benefits during his periods of unemployment (say 6 months), and we reach a total of \$12,200. This is hardly a princely sum but considerably in excess of his \$1025. Even if you add the fruits of a criminal lifestyle in the form of prison wages (an average of about \$0.86 per hour; Sawyer, 2017) for those lucky enough to have a prison job, the contrast will be only slightly diminished.

Other less tangible, but sometimes more important, costs and benefits associated with a criminal lifestyle can be discussed in the group. To start this discussion rolling, have each member divide a sheet of paper into two equal sections. Have them label one column benefits, and the other costs. Rather than doing this on an individual basis, consider dividing the group into two sections, one to brainstorm about

Benefits	Costs
<ul style="list-style-type: none"> • Lots of leisure (not working) • The street reputation • Doing what I want, being free to be my own man • Lots of girls think I'm cool • The laughs • Putting one over on the system Money for nothing 	<ul style="list-style-type: none"> • No regular paycheck, little money to spend • The boredom of sitting in a cell • The worry caused to my parents • Having the screws decide almost all I do and when I should do it • No women in the joint • Police hassle and arrest • Can't get a job because of record • The whole prison experience • Appearing in court and paying fines • This prison is a long way from home, so I rarely see my parents • My wife divorced me and married another guy while I was away

Fig. 10.1 What do I gain from a life of crime?

the benefits of crime and the other to do the same about the costs of crime. They might arrive at a set of costs and benefits like that shown in Fig. 10.1. Some may even list as a benefit of crime the sheer thrill of committing it.

Other costs and benefits are possible, but almost invariably you will find that members will be able to think of a lot more costs than benefits. Discuss this discrepancy with them, as well as the inconsistency of such items as “being free to be my own man,” on the one hand, and having every movement dictated by the “screws” on the other. You even may go further and invite them to rate each item on a scale of one through ten according to how positive they consider each benefit of crime and how negative they consider each cost of crime. They then can sum the columns to arrive at their own numeric evaluation of the costs and benefits of their lifestyles. Since they will have listed the items themselves, as well as deciding what numeric score to assign to them, this exercise can be a powerful tool in getting your group members to realize how destructive to themselves their lifestyles are.

10.5 Role Reversal and Empathy Training

Criminals rarely think of the feelings of their victims. One of the ways to encourage such thought is to ask them to compile a list of feelings that they think the victims of their latest crimes may have experienced as a consequence of those crimes. The lists may contain such feelings as anger, revenge, fear, and outrage. Ask the group members if they feel that these responses of the victims are justified. This exercise should not be conducted in the spirit of “How would you like it if ...?” Most members long ago will have been inured to such moralizing.

Yet, it is highly likely that most group members will have been victims of crimes themselves in the past. Ask them to recall the feelings that they had about their victimizers on those occasions. Also, have them explore feelings they had when a family member or close personal friend was victimized. Such a discussion should lead to the general conclusion that even criminals value justice and “law and order” when the offender/victim roles are reversed. You might even play devil’s advocate making justifications for hypothetical crimes you have committed (say money laundering) and have offenders challenge your rationales and excuses.

10.5.1 Sentencing Exercises

Without being explicit, you can further emphasize their beliefs in conventional morality by engaging in the type of sentencing exercises you have been asked to do as students. That is, you could provide the group with hypothetical criminal cases and have the group decide on appropriate penalties for them. You will find that inmates will present arguments similar to those of probation officers at sentencing staffings (meetings at which officers decide together on an appropriate sentencing recommendation) and that they often can be considerably more punitive in their sentencing decisions! What group members will be doing implicitly in these exercises, without fully recognizing it for the moment, is revealing and reflecting on some of their anticriminal and prosocial values.

10.5.2 Reattributing Responsibility

Criminals share with the rest of us a penchant for systematically biasing causal attributions of responsibility for what happens to them. It is generally true that when something good or praiseworthy happens to us, we locate the causal agent in ourselves: “I was able to accomplish this goal because I’m a pretty dependable and clever kind of person.” When something bad or blameworthy happens to us, we tend to attribute it to circumstances beyond our control: “I’m branded a criminal because I was never given a chance. My parents beat me and never took an interest in me. Nobody’ll give me a job, so I have to steal.” In the first instance, we take a free will perspective by offering “reasons” located within the self for having accomplished a goal. In the second instance, we tend to take a determinist position by offering “causes” external to ourselves that guarantee, “It could not be otherwise.”

Such attributions of responsibility are normal, albeit not desirable. They function as defense mechanisms to protect our self-images. Like all other defense mechanisms, they can become pathologically destructive if we deny all responsibility for the negative things that happen to us. Unfortunately, many criminals are remarkably creative in inventing and exaggerating the power of circumstances deemed beyond their control to justify their criminal behavior and their inability to follow the straight and narrow. Your task is to demonstrate the irrationality and lack of responsibility inherent in this attitude. We are not dead leaves blown here and there by

environmental winds. We do have a hand in what happens to us, and we do possess the capacity to bring those events under our control.

To explore this way of thinking with your group, ask them to draw a large four-celled square like the one in Fig. 10.2. Instruct them to list in the windowed cells (1) what good things in their lives are the results of their own actions, (2) what good things in their lives are the results of circumstances outside their control, (3) what bad things in their lives are the results of their own actions, and (4) what bad things in their lives are the results of circumstances outside their control.

The odds are that you will see the great majority of responses in the upper-left and lower-right cells of the square. You might begin the discussion by asking members to volunteer reasons why they have placed a given event in a given cell and then open up those reasons for discussion. You can steer the discussion around to the concept of human autonomy, guided by the insights of Ellis' rational emotive behavioral therapy. Emphasize that the subjective reality of free will is extremely useful for individuals if they are to believe that they are capable of initiating actions that will lead to self-improvement. Individuals who insist that they are the directors of their own lives, that they alone are responsible for what they will become, and that they can overcome almost anything through sheer acts of will are people who will achieve far more than their less active peers who seek excuses for their failures outside of themselves.

Of course, things do happen to us that are beyond our personal control. Individuals who blame themselves for events that are clearly outside of their power to influence suffer from low self-esteem (Ickes & Layden, 1978). The objective of this exercise is not to move everything into the top two cells. It is rather to explore ways in which some of the bad events could have been brought under the individual's control. The exercise also is designed to enhance the self-esteem of those who masochistically attribute all negative events to themselves and who may tend to attribute the positive events in their lives to outside influences. The idea is expressed in Reinhold Niebuhr's Serenity Prayer: "God grant me the serenity to accept the things I cannot change, the courage to change the things I can, and the wisdom to know the difference."

There are numerous other exercises you can conduct in group counseling. Jacobs and Spadaro (2003) offer a large number of them in their book specifically devoted

My Life		
	Good things that have happened to me	Bad things that have happened to me
The result of my own actions		
The result of circumstances beyond my control		

Fig. 10.2 Reattributing responsibility

to the topic. If you are a new, or even a veteran, prison counselor, you cannot afford to miss this dynamic and powerful book.

10.6 Difficult Group Members

Despite the screening process designed to gather together a relatively homogeneous group, and despite all the other things you have done to assemble a smoothly running group, you probably will run into members who will be disruptive and/or uncooperative in one way or another. Their behavior may not necessarily be intended as disruption or noncooperation. To prevent such members from hindering the progress of the other members of the group, quickly identify and deal with disruptive behavior. Even if noncooperative behavior affects only the person not cooperating, you should identify and deal with it. Some of the more usual types of difficult members are described below. Although we begin with the resister as a separate type, all other types are also resisters in one or more respects. Yet, some resistance to change is natural, and as previously pointed out, necessary for health and stability (Harris, 1995).

10.6.1 The Resister

Since all group members have volunteered and all have had the opportunity to screen themselves out of the process, you can assume that the resister is experiencing ambivalence about the process. He or she has made a commitment in theory to explore himself or herself but finds it difficult to do so in practice. Because we dealt at some length with resistance when we discussed reality therapy, we will not explore it in detail here. Most authorities on group counseling feel that resistance is easier to deal with in a group setting than it is in an individual setting. This will be particularly true if you have provided the group with a common discourse for identifying resistance, such as structural analysis as outlined in transactional analysis. For instance, in a piece about resistance in groups that has not been said better in the half-century since it was made, Bry (1951) states:

The first and most striking thing in handling of resistance in groups is that frequently resistance does not have to be “handled” at all, at least not by the therapist. The group is remarkably effective in dealing with this phenomenon. Early in the experience of each group, considerable effort is directed toward demonstrating what resistance is and how to become sensitive to its appearance in others as well as oneself. The group members as well gradually develop ideas as to how to deal with resistance and how to use it productively. In cases of protective talking, sooner or later a group member usually gets sensitive to its resistance character and starts complaining about the “beating around the bush.” (p. 112)

10.6.2 The “Expert”

The “expert” in a group knows the answer to everyone’s problems in the group and is not above liberally dispensing advice on how to deal with them. This behavior can be intimidating to the group leader if the advice giver really is an expert or if everyone believes him or her to be. One of the authors of this book once had a physician in a group of child molesters who knew what was wrong with everyone in the group but himself. He had a doctoral degree, versus this author’s master’s degree (at the time). The author felt himself relinquishing the group direction to the doctor. Rather than trying to understand his motivations, the author eventually confronted him with a reminder of who was the group leader and of the fact that he was an offender, and that, unlike the doctor, the author had “dealt with hundreds of sex offenders.” In other words, the author reduced himself to the doctor’s level by puffing up his sense of importance as an “expert” in his own right. This was a very poor way of handling the situation.

Instead, the author should have realized that this man’s conviction as a child molester had severely damaged his self-respect and that he was trying to regain some of it by demonstrating his superiority. An empathetic recognition of this would have led to a more sympathetic and understanding resolution of the problem he posed to the group. It is highly likely that he continuously gave advice to divert attention from his own problems, from letting others help him face and cope with his painful situation. Perhaps, he genuinely even felt that his advice would be helpful to his fellow members. We all know how unwelcome unsolicited advice is. The group is not meeting for exchange of advice but for self-exploration. When a group member offers advice to another member, you might say something like this to the advice giver: “Charlie, it is obvious that Derek’s problem is of concern to you, and you are concerned enough to offer some suggestions about what he might do.”

Without pausing, you could then address Derek as follows: “Derek, when you have difficulty in coping, do you like to have someone who cares enough to suggest what you might do? Do you feel that Charlie’s suggestion could be of use to you?” These responses indicate to Charlie that you have interpreted his offered advice as a genuine attempt to help Derek with his problem; you have not put him down. You also have given Derek an opportunity to respond to Charlie’s advice giving, plus a chance to explore his problem further. Derek probably will put Charlie in his place if he feels he needs to, that is part of the group process of getting feelings out into the open. It is important that any necessary putting down be left to the group members rather than to the group counselor. Only after “experts” are confronted with the unacceptability of their behavior will they start to explore their own problems.

10.6.3 The Monopolizer

The monopolizer shares many of the characteristics of the resister and the expert. He or she tends to be a self-centered recognition seeker who wishes to rule the group. Motivations for monopolizing the group discussion are very similar to the

motivations of the expert. Monopolizers really may feel that they are the only ones present with anything meaningful to contribute. However, the monopolizing may be a conscious tactic to steer the group away from discussing uncomfortable topics and toward topics of the monopolizers' choosing: "the best form of defense is offense." Either way, the negative effects on the group are the same.

Bry's statement about the resister is likely to be applicable here. Sooner or later, someone will pipe up with "Why don't you give somebody else a chance to speak?" When a statement such as this emerges, say something like the following to the protester: "Debbie, you feel angry at Lindsey because you feel that she is not interested in what others have to say and that she may be avoiding topics that are not comfortable for her. Am I right?" If Debbie indicates that you have accurately reflected her feelings, you might go on to say to Lindsey: "Lindsey, do you see yourself as monopolizing the conversation? Wouldn't you really like to listen to what others have to say and perhaps learn more about yourself and about others?" Monopolizers lack the important skill of listening. They need feedback from the other members about how their behavior is affecting others, even if the feedback results in a temporary sullen withdrawal from group participation.

10.6.4 The Withdrawn Member

Withdrawn group members either are engaging in passive resistance or may be lacking in confidence and/or the verbal skills to express themselves effectively. They hide in the group and are quite content to let the monopolizer, or anyone else, have the limelight. The group counselor should resist putting such persons on the spot by calling on them as a teacher calls on students in a classroom. As part of the group, however, withdrawn members are fair game for other members to approach. Be ready to help out the withdrawn person on such occasions so that being on the spot does not become too painful.

One way to simultaneously draw out the withdrawn member and minimize his/her embarrassment is to do "rounds." This means addressing each member of the group in turn and asking relatively simple open-ended questions. This tactic also prevents one or two people monopolizing the whole session (Jacobs et al., 2002).

You might decide that you have made a mistake in allowing the withdrawn person to participate in the group or that the person has made a mistake in deciding to participate. The fact that the person is present, however, can be taken as a sign that he or she desires some form of counseling. You can determine this by the use of a session-evaluation form containing the question: "Would you like an individual session with me?" If the answer is "yes," that person can withdraw from group counseling and enter individual counseling. If it is "no" and he or she continues in the group, make every effort to include that person in the discussions.

10.6.5 The Masochist and the Sadist

Masochists are persons with low self-esteem and ingrained dependency needs who purposely set themselves up as targets for the displaced aggression of others. They doubt their ability to be loved, respected, or accepted by others. Since they desire companionship and relationships, however, they feel that the only strategy available to them is to put themselves into the hot seat where they are the victims of bullying, teasing, receiving sarcasm, and being the butt of bad jokes. They often become welcome targets for sadistic members of a group, and others may follow the sadist's lead to avoid personal exploration.

The group leader should quickly identify both the masochist and the sadistic bully. The feelings of both parties should be reflected so that other group members can suggest better methods for each to relate to others. Under no circumstances should you allow a group member to be set up as a constant target for unproductive criticism and hurtful comments. When other group members realize that such bullying is not acceptable to you, they will rally to the defense of the masochist. They can be relied on to put down the offending party. Allow them to do this for as long as it seems useful. However, if fisticuffs threaten to replace the spoken word, as they may well do with an individual who relies on bullying to get his or her way, bring the put down to an end. You may offer the offending party an "out" by suggesting that he or she perhaps really did not mean to be hurtful: "Isn't that true, Mike?"

10.7 Advantages and Disadvantages of Institutional Group Counseling

There are a number of theoretical and practical reasons why group counseling may be considered superior to individual counseling in an institutional setting. It will not be preferable for all offenders, for some clearly benefit more from private individual sessions. Likewise, many correctional workers are more comfortable conducting private rather than group sessions. Summarized below are the major advantages and disadvantages of group counseling in an institutional setting.

10.7.1 Some Advantages of Group Counseling in Institutions

1. Time constraints and personnel shortages make it an efficient method of counseling a number of individuals with similar problems at the same time.
2. Groups with prosocial purposes offer inmates a constructive alternative to anti-social inmate cliques that form in response to the need of human beings for social interaction.
3. Because of the sharing of problems with the group members, members learn about alternative coping strategies.
4. Inmates can learn these alternative strategies, which also can be tried out in the abstract by involved discussions with those others who have experienced them.

5. Well-led and democratically run groups tend to develop a feeling of togetherness and “we-ness.”
6. This sense of belonging can enable group pressure to change the attitudes of individuals in the direction of the group’s purposes—to change antisocial attitudes into prosocial attitudes.
7. Unlike one-on-one counseling sessions with a representative of the “system,” group counseling lessens the possibility that an inmate will be intimidated by a perceived authoritarian relationship.

10.7.2 Some Disadvantages of Group Counseling in Institutions

1. Some offenders may be reluctant to explore intimate feelings in the company of peers, although they desperately may want to do so. Some individuals feel much more comfortable speaking in private with an authority figure. Handle this situation by passing out evaluation forms that contain a question such as “Would you like to arrange an individual session with me?” Concerns that have surfaced in the offender’s mind during a group session then can be given voice in private.
2. Much time can be wasted pursuing meaningless topics. The snag here is that we can realize that they are meaningless only after they have been fully expressed. Only experience will tell you when to cut off such topics and redirect the session along more meaningful avenues. However, this lost time is more than compensated for by the time saved in counseling a number of individuals at one time.
3. Closely allied to point two is the danger that the means become accepted as the goals. If the group counselor succeeds in generating discussion without reference to where the discussion is leading, nothing much is accomplished. The discussion is the means, not the goal. Group counseling always must be geared to realistic goals.
4. Some group members may take advantage of the numbers in the group to hide. We all are aware of students who select large classes and then sit at the back of the room to avoid class participation. They are missing out on much of the educational experience by doing this. Likewise, offenders who hide miss out on much of what could be meaningful to them. By the use of the same evaluation form, the counselor can determine if a given person is merely a hider or one who really wishes to address problems but who is shy in groups.

10.7.3 Exercises in Group Counseling

One of the best exercises for getting the feel of group counseling is to repeat the exercise in the section on reattribution of responsibility. Since social psychologists tell us that almost everybody has the tendency to systematically bias causal attributions, this exercise will be more realistic for you than exercises such as counting the cost of a criminal lifestyle because you will be dealing with real issues rather than role-playing criminals.

The instructor may wish to act as the group leader, or he or she may wish to assign this task to someone. Just as in a real group situation, the group leader can begin the process by asking one of the other members to volunteer to explain a life event and to state where he or she has placed it in the 2×2 square. The discussion among group members then can begin to explore whether that event (good or bad) could have been brought more under the control of the individual.

This is obviously a time-consuming exercise, and it is likely that not everyone in the class will have the opportunity to offer a life event or serve as the group leader. Given the time constraints, go into some depth with one or two individuals rather than to try to cover everybody superficially. Therefore, the instructor may wish to examine everyone's summary of life events prior to commencing the exercise, select one or two of the more interesting ones, and ask those people to volunteer.

10.8 Summary

Time and cost considerations make group counseling in institutionalized settings attractive. This does not mean that group counseling is "second best" to individualized counseling. Group counseling actually can be more beneficial for some offenders than individual counseling. Group counseling uses the power of the group to achieve its aims. Group counseling offers inmates a constructive alternative to the antisocial cliques that develop in prisons and can function to offset the power of the inmate code. Through the process of sharing, inmates can learn about alternative coping strategies from others who have "been there." A properly run group can develop a feeling of "we-ness," which is not always possible in individual counseling.

It is important to select group members carefully and to plan what is going to happen before starting any new group counseling program. Even more important are the characteristics that the group counselor brings to the enterprise. These characteristics are taken from the excellent book on inmate group counseling written by Jacobs and Spadaro (2003).

In almost any group setting, there will be members who are disruptive. You can minimize their effect through the proper selection of members based on assessment information and one-on-one interviews with prospective members, but disruptive members, intentional or otherwise, will remain. Group members themselves will take care of much of the disruption, but you retain the ultimate responsibility for recognizing and dealing with disruption.

Disruptive members should be dealt with in a dignified and caring manner. It is possible that disruption is a clear signal that the person doing the disrupting should not be in the group. Approach that person with an offer of individual counseling with you. The insights of transactional analysis, rational effective therapy, and reality therapy were presented as discussion topics. The "counting the costs" exercise may be particularly beneficial. Include predetermined topics like this in your counseling strategies. It is too easy to mistake animated discussion on irrelevant topics for progress. Group counseling must have a goal to aim toward. However, any

relevant topic raised by a group member should be explored. And, do not forget, you as a member of the group are fair game for discussion.

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Using Community Agencies and Volunteers in Case Management

11

11.1 Community Resources

Providing individual and group counseling for offenders is far from sufficient for good case management. Often the process of changing offending behavior requires accurately assessing offenders' concrete, physical, here-and-now needs and knowing how to go about helping them to meet these needs—and not necessarily deconstructing faulty thinking and attitudes.

The professional correctional worker knows that more concrete help for the offender is often needed and knows where to find it. Attempting to move the offender toward a more responsible lifestyle is a difficult task that you need not bear alone. Case management consists of you indirectly delivering services by using networks of collaborative providers (Hanser, 2014). Indeed, no single professional has the expertise needed to provide all the services required by all offenders, so many of whom have multiple problems. As Delany, Fletcher, and Shields (2003, p. 66) put it: “Without some level of collaboration among agencies, the odds of relapse [into drug or alcohol abuse] and recidivism, which often leads to repeated institutionalization, are high.”

According to the philosophy of restorative justice, corrections is a community problem, and you should consider yourself to be in partnership with the various community-supported agencies in the rehabilitative endeavor. Probation and parole departments simply do not have the resources to provide for all the needs of offenders. As Carlson and Parks (1979) see it:

It is the task of the probation [or parole] officer to assess the service needs of the probationer [or parolee], locate the social service agency which addresses those needs as its

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primary function, to refer the probationer [or parolee] to the appropriate agency, and to follow up referrals to make sure that the probationer [or parolee] actually received the services. (p. 120)

In other words, corrections workers may be viewed more as brokers of community services than as counselors. The broker and counselor roles may be of equal importance, although in some cases one role may be more important than the other. In terms of the emerging case management emphasis in corrections, correctional workers should find themselves as a member of a team of professionals bringing their skills and expertise to bear on creating treatment and service plans for offenders (O'Connor & Bogue, 2010). The corrections worker, having legal authority over the offender, must be the lead person and coordinator of these services (Latessa & Smith, 2015).

Unfortunately, many correctional workers are unaware of the help that is available to offenders (and to themselves) within the community. To make proper use of community agencies, you should gain a thorough knowledge of them and an understanding of their functions before you need them. Only with this knowledge and understanding can you decide on the appropriate referral for the specific need. Correctional workers' ability to provide extended and effective services to offenders is proportional to the scope of their knowledge of available resources in the community. This type of knowledge is helpful in the supervision of all offenders, but it is particularly important for parolees because they have to be integrated back into the community after long absences.

With this in mind, here is a brief overview of the types of community resource agencies available in most cities. (This list is not exhaustive; your community may include other agencies that could be used to address offenders' needs.) However, it is important for those who work with offenders to develop their own list of local and state resources.

11.1.1 Mental Health Centers

The mental health center is the community resource with which the criminal justice worker is probably most familiar. Many jurisdictions have a diagnostic and treatment center staffed by social workers, psychologists, and psychiatrists, specifically to assess offenders' mental health and functioning. They deal with competency testing, presentence and postsentencing evaluations, and parole testing and treatment. Specialized individual, group, and family counseling also are provided at many of these centers. Staff in these centers already may be aware of offenders you refer to them and may have had difficulty treating them because, as we have seen, many mentally ill people are resistant to treatment. However, compliance has been found to greatly increase when the person is ordered to comply under threat of criminal justice sanctions (Lamb, Weinberger, & Gross, 2004).

In addition to centers run for and by the court system, there are the more general mental health centers. These centers may be the preferred referrals for the offender

because they are not a part of the criminal justice system. Whatever the case may be, you must develop the ability to recognize symptoms of mental illness and/or specific diagnostic and treatment needs that may be best dealt with by a referral to a mental health professional. Never underestimate or downplay symptoms displayed by offenders that lead you to suspect serious mental problems. You may be right or you may be wrong, but err on the side of caution and refer.

11.1.2 Substance Abuse Centers

Recall that the great majority of offenders have some sort of substance abuse problem, a fact that makes it imperative that you be fully aware of centers that deal with substance abuse issues. Substance abuse centers can be either private or public agencies. They include hospitals, chapters of Alcoholics Anonymous and Narcotics Anonymous, Volunteers of America, methadone centers, halfway houses, and residential centers specifically designed for offenders. For offenders who are veterans of the US Armed Forces, various Veterans Administration hospitals provide excellent inpatient substance abuse treatment free of charge. Many health insurance policies cover the cost of drug and alcohol treatment. If you have offenders who have either of these problems and who are lucky enough to still have a job, check out their insurance with them. It is amazing how often this possibility is overlooked by both officers and offenders.

11.1.3 Educational and Vocational Guidance

Since many convicted criminals tend to be unemployed high school dropouts, education and vocational training should be high on the list of offender needs. Community high schools offer General Equivalency Diploma (GED) preparation classes free of charge, as well as offer some vocational training for minimal fees. One drawback of GED classes at local high schools is their use of traditional teaching methods. Usually, students are taught as a group without much attention paid to individual levels of ability. Because of this problem, some probation and parole departments set up their own GED programs based on individualized instruction in which students are able to proceed at their own pace without regard to classroom norms. One such program was evaluated and found to significantly reduce recidivism (Walsh, 1985). All probation and parole departments should start a program such as this. Money to employ a part-time teacher need not come from tight departmental budgets. The evaluated program was adequately funded by small grants from local churches and other concerned organizations.

Departments of Vocational Rehabilitation, found in many states, provide many opportunities for vocational testing and guidance, on-the-job training, counseling, and a number of other valuable services for qualified applicants. Since these programs operate within the prison system and in the community, they are sensitive to the special needs of offenders. They provide offenders with counselors who can

assist them with job interviewing and other work-related skills. Correctional workers should become fully acquainted with these particularly useful agencies.

State employment agencies duplicate, with somewhat less success, many of the functions of Vocational Rehabilitation departments. Additionally, they maintain lists of currently available employment in the area. In this age of technology, however, it is becoming increasingly difficult to take advantage of the employment office's ever-decreasing job list without adequate vocational preparation. (See *9 to 5 Beats Ten to Life: How to (Re)Enter Society* by Mike Davis, available from the American Correctional Association [2009], for other suggestions to help offenders.)

11.1.4 Welfare Agencies

The local welfare department administers various federal, state, and local welfare programs. Most offenders are better acquainted with "the welfare" than are their officers, but many are not aware of the range of programs available, although recent welfare reforms have severely restricted available funds. In addition to general relief and food stamps, this agency administers aid to the disabled, medical assistance, and aid to the elderly and offers family counseling, to name just a few programs. It is useful for probation and parole officers to have a contact at the welfare department who will expedite matters when the need for offender assistance is severe. Such an occasion may arise when a homeless and penniless offender has been released from jail or prison or when young men or women are thrown out of their family home with only the clothes on their back.

Most communities have an agency that specializes in finding accommodations for the homeless. In cooperation with the welfare department, it may provide the offender and his or her family with permanent or temporary accommodation. It often is able to provide the offender or spouse with homemaking skills, such as family planning and balancing a tight budget. Temporary shelter for the real down and out can be found at various religious and secular "missions." These places offer meals, counseling, companionship, as well as accommodations.

11.1.5 Some National Volunteer Groups

A wide variety of regional, national, and even international volunteer groups either specialize in correctional helping or have programs and supply services useful for correctional clientele. Some of these organizations almost definitely have branch offices in your area. If they do not, perhaps a real service you could provide for your department and your community would be to contact these organizations and find out how you might start one. There are far too many organizations to list here, so only those that are national in scope (serving the entire United States as opposed to single counties or states) will be listed. The information given is current but may change, and you can always visit their websites. The American Correctional

Association's website (www.aca.org) lists contact information for these and other organizations designed to help offenders and their dependents.

National Volunteer Groups

Association for Justice-Involved Females and Organizations (www.ajfo.org) Prison Fellowship

www.prisonfellowship.org
44180 Riverside Parkway
Lansdowne, VA 20176
(800) 206-9764

This nationwide evangelical prison ministry provides seminars and Bible studies focusing on spiritual renewal. Inmates also are offered a correspondence program with pen pals on the outside and post-release mentoring, which pairs a volunteer with an ex-offender.

The Salvation Army

www.salvationarmyusa.org
615 Slaters Lane
P.O. Box 269
Alexandria, VA 22313
(800) 725-2769

This organization works in 130 countries and provides spiritual and practical assistance to inmates and ex-offenders. The Salvation Army offers Bible studies and individual counseling to inmates and provides support services to inmates' families through its corps community centers. Ex-offender services include drug aftercare, employment services, GED preparation, parenting skills, English as a second language, AIDS counseling, and mental health programs.

Volunteers of America

www.voa.org
1660 Duke Street
Alexandria, VA 22314
(703) 341-5000

This organization provides inmates throughout the United States with spiritual guidance and opportunities for success. Volunteers of America services include a restitution program, a program for female offenders that houses them with their children, and electronic monitoring for pretrial defendants.

The National Resource Center on Children and Families of the Incarcerated

<http://nrccfi.camden.rutgers.edu>
405-7 Cooper Street
Room 103
Camden, NJ 08102
(856) 225-2718

The mission of the NRCCFI is to raise awareness about the needs and concerns of the children of the incarcerated and their families by disseminating accurate and relevant information and research; guiding the development of family strengthening policy and practice; training, preparing, and inspiring those working in the field; and including the families in defining the issues and designing solutions.

Resources for Victims

Victims have for too long been the most neglected concern of the criminal justice system. The concept of restorative justice has brought them once again to our attention. Although correctional workers are not trained to address the concerns of victims, one of the things that you can do is to put them in touch with professionals who are aware of the various resources available to them. The following is a list of toll-free numbers of various victims' rights groups:

The National Center for Victims of Crime

www.victimsofcrime.org

2000 M Street NW, Suite 480

Washington, D.C. 20036

(202) 467-8700

This nonprofit organization promotes victims' rights and victim assistance. The center provides programs and services to organizations helping victims and criminal justice-related organizations and provides information and resources to the media and the public.

Violence Against Women Resources

www.vawnet.org

6041 Linglestown Road

Harrisburg, PA 17112

(800) 537-2238

Vawnet.org is a project of the National Resource Center on Domestic Violence. This site provides materials on domestic violence, sexual assault, and stalking for criminal justice professionals, sexual assault and domestic violence victim advocates, and other multidisciplinary professions and community partners who respond to these crimes. The materials on this site were developed by organizations with expertise in violence against women.

Childhelp

www.childhelp.org

4350 E. Camelback Road

Building F250

Phoenix, AZ 85018

(480) 922-8212

“Childhelp® exists to meet the physical, emotional, educational, and spiritual needs of abused, neglected, and at-risk children. We focus our efforts on advocacy, prevention, treatment, and community outreach.”

Mothers Against Drunk Driving

www.madd.org

511 E. John Carpenter Freeway

Irving, TX 75062

(877) 275-6233

MADD provides free supportive services to the victims and survivors of drunk and drugged driving, as well as underage drinking.

Child Welfare Information Gateway

www.childwelfare.gov

(800) 394-3366

This is a service of the Children's Bureau, Administration for Children and Families, US Department of Health and Human Services. It provides access to information and resources to help protect children and strengthen families. It offers a wide range of topics from prevention to permanency, including child welfare, child abuse and neglect, foster care, and adoption.

National Organization for Victim Assistance

www.trynova.org

510 King Street

Suite 424

Alexandria, VA 22314

(800) 879-6682

This is a private, nonprofit organization of victim and witness assistance programs and practitioners, criminal justice agencies and professionals, mental health professionals, researchers, former victims and survivors, and others committed to the recognition and implementation of victim rights and services. It provides information and referrals for victims of crime and disaster.

National Organization of Parents of Murdered Children, Inc.

www.pomc.com

635 West 7th Street

Suite 104

Cincinnati, OH 45203

(513) 721-5683

POMC provides support and assistance to all survivors of homicide while working to create a world free of murder. POMC makes a difference through ongoing emotional support, education, prevention, advocacy, and awareness.

11.1.6 In and Out Referrals

You will not always be able to determine the offender's needs and problem areas by yourself. Quite often other agencies—the police, courts, prosecutors, clergy, neighbors, family members, and concerned citizens—will provide information regarding their needs and problem areas. Your task is to act as a broker or go-between matching the complaint or concern referred to you with the appropriate action. You are the

hub of a multiagency service delivery wheel whose task is to keep the offender “rotating” on the road to recovery. The appropriate action will be a referral of your own to another specialized agency. Figure 11.1 is a flowchart illustrating the inflow and outflow of referrals.

11.1.7 Using and Engaging the Community

The criminal justice system cannot fight the war against crime alone. The police have long recognized that the greatest asset any police department has in its battle is the confidence and cooperation of the community (Hanser, 2014). Police departments also have discovered that certain members of the community are willing—and often anxious—to aid the police by forming neighborhood watches, engaging in citizens’ patrols, or even acting as volunteer officers (police reserves or auxiliaries).

Although the possible roles that members of the general community may play in corrections are not as readily identifiable as their roles in law enforcement, they exist and are much more diverse. We in corrections should follow the example of law enforcement and recognize the tremendously valuable resources that lie untapped in the ordinary men and women who live in our communities. While many agencies and institutions make good use of volunteers, there is always room for new programs and new volunteers. These individuals usually want nothing more out of their efforts than to know that they are helping their community to be a safer place to live by helping those who have victimized it.

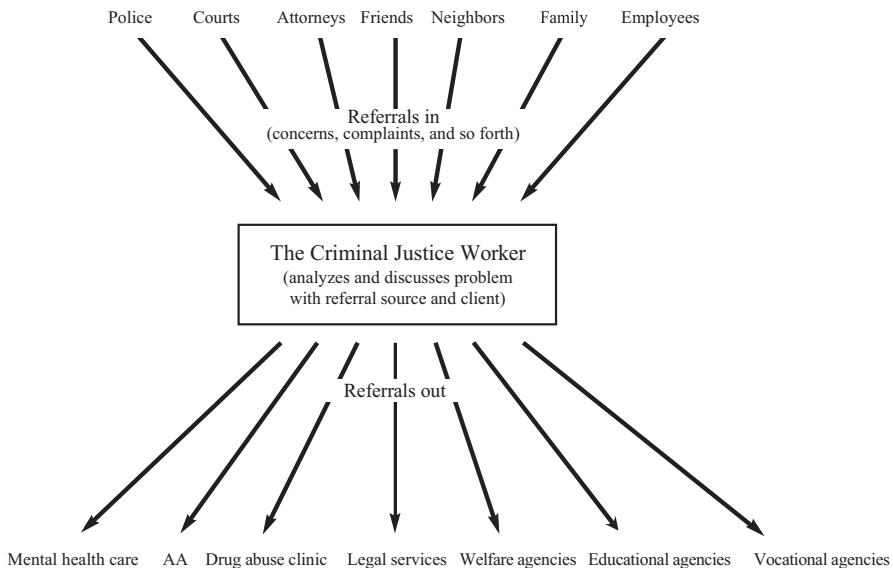


Fig. 11.1 Flowchart of in-and-out referrals

Volunteers who assist professionals to combat community problems are critical to a health community. A particularly useful publication for departments thinking about implementing a volunteer program, or for improving and already existing one, is provided by the US Department of Health and Human Services entitled *Successful Strategies for Recruiting Training, and Utilizing Volunteers: A Guide for Faith- and Community-Based Service Providers*. Chapters in this free online publication examine planning and recruiting, training, managing, and evaluating volunteers. The booklet also discusses background checks for volunteers, sample mission statements, and volunteer application forms and agreements. These various topics and subtopics are reproduced in Fig. 11.2.

11.2 Victim-Offender Reconciliation Programs

Victim-offender reconciliation programs (VORPs) are an integral component of restorative justice philosophy (Stohr & Walsh, 2018). Many crime victims are less vindictive than commonly supposed and are seeking fairness, justice, and restitution as defined by them (restorative justice), rather than revenge and punishment as defined by the state (retributive justice). In many cases, this can be reasonably accomplished to the satisfaction of all involved.

Central to the victim-offender reconciliation process is the bringing together of victim and offender in face-to-face meetings mediated by a person trained in mediation theory and practice (Stohr & Walsh, 2018). These meetings are designed to iron out ways in which the offender can make amends for the hurt and damage caused to the victim. The participation of both offender and victim must be voluntary for the process to work, although there is considerable underlying pressure for offender participation in their realization that formal court procedures are the default option for failure to participate.

Umbreit (1998) describes the goals and purposes of victim-offender reconciliation programs:

With the assistance of a trained mediator, the victim is able to let the offender know how the crime affected them, to receive answers to questions they may have, and to be directly

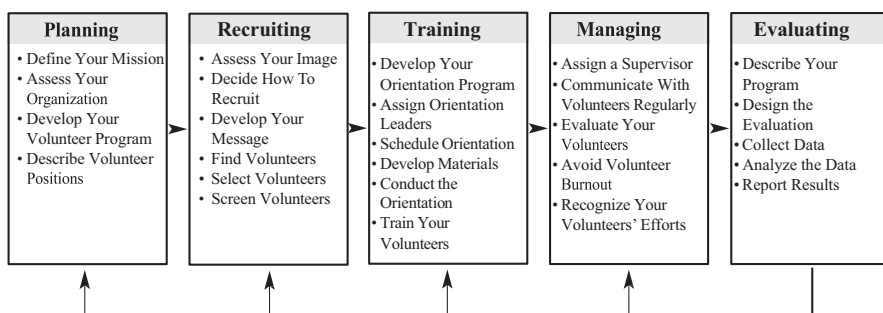


Fig. 11.2 Steps in developing a successful volunteer program

involved in developing a restitution plan for the offender to be accountable for those losses. The offender is able to take direct responsibility for their behavior, to learn of the full impact of what they did, and to develop a plan for making amends to the person(s) they violated. (p. 14)

At the end of the mediation session, the mediator assists the parties in developing a contract agreeable to both, which is signed by them and by the mediator, laying out the terms arrived at (such as a schedule of payments). The mediator will monitor the terms of the contract and perhaps schedule further face-to-face meetings. At the satisfactory completion of the contract, the mediator will make a report to the court.

Rarely are victim-offender reconciliation programs used for personal violent crimes—it would be difficult, for instance, to imagine any degree of restoration for the survivors of a murder victim. Such programs work best when the crimes involved are property crimes such as burglary, theft, fraud, and vandalism.

In his study of 1131 mediation settings, Umbreit (1998) found that 95% resulted in a negotiated restitution plan. In addition, 80% of victims involved in the programs indicated that the experience was satisfying to them and they would do it again. Similar positive results have been reported in Britain (Marshall, 1990), Germany (Trenczek, 1990), and Canada (Pate, 1990). Umbreit (1994) sums up the various satisfactions expressed by victims:

1. Meeting offenders helped reduce their fear of being revictimized.
2. They appreciated the opportunity to tell offenders how they felt.
3. Being personally involved in the justice process was satisfying to them.
4. They gained insight into the crime and into the offender's situation.
5. They received restitution.

Victim-offender reconciliation programs are an excellent method of involving the community in the corrections process. Volunteers trained in mediation techniques can relieve overburdened professionals of much of the work of formally dealing with relatively minor property offenders as well as gain personal satisfaction in helping reconcile the offender and the victim. According to Coates (1990, p. 130): "This participation fosters a significant community stake in VORP as a way of dealing with crime, as well as sensitizing community members to the human nature of crime." In other words, crime signifies a breakdown of social bonds; victim-offender reconciliation programs are efforts to repair those bonds by bringing people together to work on them. However, do not forget that this model does not suit all victims, especially those who feel that the wrong done to them cannot so easily be "put right" and want the offender punished (Olson & Dzur, 2004).

11.3 A Community Resource: Volunteer Speakers' Program

Some years ago, the Lucas County (Ohio) Adult Probation Department instituted a successful program to help offenders deal with various problems of living. It provided some useful services for offenders. The program was modeled after the Texas Pre-Release Program designed to prepare inmates for release into the community.

Both the Texas program and the Lucas County Adult Probation Department are based on the recognition that much recidivism could be traced to an inability to cope with what most of us would consider relatively mundane problems.

Inability to cope was, in turn, traced to simple ignorance rather than any lack of native ability or debilitating mental health problems. Consequently, the department developed a Citizens' Volunteer Speakers' Bureau to provide probationers with much-needed guidance and advice on matters of daily living. Each volunteer, and the department itself, never experienced any difficulty recruiting specialists in his or her field. The department's easy successes in getting concerned speakers point to the vast amount of talent "out there" just waiting to be tapped.

The program worked by first identifying offenders with simple problems of living and getting them to agree to attend a 4-week cycle (two nights per week) of informal "resource information" talks conducted by the specialists. If such a program is initiated in your department, you should not require or demand that offenders attend. Insistence could be counterproductive. You should intimate, however, that you will view their attendance very positively as being indicative of their desire to help themselves. Typical topics and sources of speakers are presented in Fig. 11.3.

Unfortunately, the program was never formally evaluated for its effectiveness, but the general consensus was that it was extremely helpful to offenders dealing with the problems of living addressed by the various speakers. Officers also learned a great deal about the community resources available to help them help offenders. However, the original Texas Pre-Release Program was formally evaluated. According to Clark (1975), it significantly reduced recidivism among former inmates of the Texas prison system. It is a program well worth instituting in your department or agency.

Week #	Subject	Speaker or Source
1.	Job opportunities and employment aids Finding and keeping a job Social Security benefits Unions and employment	Employment bureau Local employers Social Security Administration Union representative
2.	Sensible spending and budgeting Sensible borrowing Insurance needs Your welfare department	Financial counselor Credit union representative Insurance representative County welfare department
3.	The family Human relationships Responsible citizenship Veteran's benefits	Family counselor Human relations counselor Leaders in civic affairs Veterans Administration
4.	Personal health Alcohol and drug abuse Educational and vocational opportunities Mental health and general assistance agencies	State and county health departments AA and NA members Bureau of Vocational Rehabilitation Mental health professionals

Fig. 11.3 Community resource information speakers' program

11.4 Volunteer Officers in Corrections

Being a volunteer officer is quite different from being a volunteer who provides some useful service to inmates and offenders. As is a reserve police officer, the volunteer probation/parole officer is invested with many (sometimes, all) of the powers and responsibilities of the professional officer. In some jurisdictions that define their probation and/or parole officers as law enforcement officers, volunteer officers are deputized or sworn in (McShane & Krause, 1993). The practice of probation began with volunteers and, to a somewhat lesser extent, so did parole (Petersilia, 2011). Volunteers in probation and parole can be a tremendous aid to the professional officer going far beyond filing cases and licking stamps. One of the authors began his career in probation as a volunteer before accepting a paid position. With proper screening for suitability, initial and ongoing training, and proper matching of offenders and volunteers, volunteers can be a most useful addition to any community corrections endeavor (Champion, 2005).

Of course, the successful volunteer program must be well planned and must have the support of the professional staff. As McCarthy and McCarthy (1984, p. 377) put it: “poor staff-volunteer relations are a frequent cause of program failure,” and “positive staff-volunteer relations are essential for program success.” As with many areas in which volunteers are involved, the professional staff may view volunteers as “amateurs” sticking their noses in areas in which they have no expertise. There should be a solid training program for volunteers and education for the professionals about the positive things that volunteers can do to help them. Such a program can take care of any staff-volunteer relationship problems.

When good staff-volunteer relationships exist, professional staff tend to be quite positive about volunteer involvement. Lucas’ (1987) evaluation of a volunteer program offered the following conclusion:

Overall, officers were quite pleased with the quality of volunteers’ performance. Their ratings suggested satisfaction with VIC [Volunteers in Corrections] service in every activity included in this assessment. While all of the areas examined received average performance ratings of “good” or better, officers were particularly pleased with volunteer services directly delivered to offenders (e.g., high ratings for operation of treatment programs and counseling), as well as volunteers’ direct interactions with officers regarding offender progress. (p. 73)

What kind of person is a volunteer, or what kind of person should the volunteer be? According to Henningsen (1981, p. 119): “Typically, the volunteer is a sensitive and concerned individual with maturity and control over his or her own life. The volunteer relates well to others and is usually a warm and caring person capable of giving and receiving love.” In other words, the volunteer’s self must be every bit as much “together” as the professional’s—neither a naive Pollyanna nor a cynical Cassandra. After all, if volunteers are to be used efficiently and meaningfully by professionals, they have to be very much like professionals. A noncaring and immature dilettante is of no use to either you or the offenders. If such a person manages

to slip through the selection net, he or she will not stay long, but can do a lot of damage in the meantime.

What can you as a professional corrections worker expect to gain from the services of volunteers? According to Champion (2005), the two biggest gains lie in the areas of amplification and diversification of services. The volunteer frees professional workers from dealing with a number of less problematic cases so that they can increase meaningful contact time with the remainder of the caseload. Often, offenders accept volunteers more readily than they accept professionals because they see volunteers as less threatening. Some also may view volunteers as more concerned precisely because they receive no financial remuneration for their time and services. A whole host of other benefits accrue for departments and offenders alike from volunteers.

Volunteers can be especially well accepted if you do your best to match offenders and volunteers according to the needs and abilities of each (Lauen, 1997). Lauen actually recommends matching professional officers with offenders, but practical considerations preclude such large-scale matching. Although matching treatment modalities and officer/offender types would be an ideal solution, Cullen and Gendreau (2000, p. 129) opine that this would lead to “an unending permutation of offender-treatment type-setting interactions.” We can never “customize” treatment to each offender, but matching is a valid option for volunteers who can devote considerable time to selected offenders. For example, an older volunteer who is the “nurturing parent” type could be matched with young offenders who have lacked such a person in their own life. Perhaps another offender would be more comfortable with a peer volunteer who is of the same sex and age, who could serve as a role model.

With respect to the diversification of services, Schieier (1974) cites one report indicating that a court system made use of 50 different types of skills citizen volunteers brought. Volunteers from all walks of life provide offenders with everything from spiritual guidance to jogging classes. The professional staff most certainly could not have supplied these valuable services. As for the benefit to the department, one retired volunteer with the department at which one of the authors worked put in as much time as any of the paid staff for about 10 years. He supervised all of the department’s welfare fraud cases, as well as supervised a number of other volunteers.

Volunteers with the Oakland County (Michigan) Adult Probation Department handle about 15% of the department’s total caseload. Most certainly, this does not mean that potential professional officers are being “robbed” of a job by amateur “dabblers.” The typical Oakland County volunteer brings to the position a host of talents and life experiences that young professionals cannot match (Smith, 1993). Any corrections agency is remiss if it fails to recognize and use the tremendous variety of skills available in any community. To use volunteers effectively and efficiently not only magnifies the efforts of professional workers but also can assist the rehabilitative possibilities of the offender. Isn’t that what it is all about?

A word of warning is necessary. Make quite sure that offenders are not manipulating volunteers and that volunteers are holding offenders responsible for living up

to their conditions of supervision (see Cornelius, 2009). Problems in these areas can arise with some frequency if volunteers are not screened for suitability, if they are not adequately trained and told what is expected of them, or if they are not matched well with offenders (Sharp & Muraskin, 2003). You retain the ultimate responsibility for monitoring the offender's progress. Thus, volunteers should submit a monthly progress report on each of the offenders they supervise for you. Volunteers expect and appreciate this. Volunteers need feedback to improve their services to offenders and to let them know that they are being taken seriously.

Community involvement in corrections is a time that has come. Such involvement is part of the restorative justice ideal and is beneficial to all parties. Lauen (1997) calls community involvement "a win-win deal," and adds:

Lay citizens win by becoming more knowledgeable about crime, corrections, and offenders. In doing so, they reduce their crime fears and increase their power. They begin to take charge. Community corrections offenders, staff, and programs win by building a broader base of support, living and working with people who are more knowledgeable and thereby more supportive, and gaining insights, advice and direct services from citizen volunteers. (p. 218)

11.5 Exercises in Community Resource Use

Nearly all communities have a clearinghouse (sometimes referred to as the Community Chest) where you can obtain information about the various types of resources available to help the unfortunate. Identify the needs of the offender on whom you have written a practice PSI report and match him or her with appropriate agencies. Then, find out if your community has an agency that could deal with the offender's particular problem. If your community does not have such an agency, what would your second-best referral or plan of action be?

Devise a resource information speakers' program based on the resources available in your community and on your perception of the needs of offenders. What additional resources not included in this chapter do you think offenders would find useful?

Find out if the community corrections agencies in your community have volunteer programs. If so, call and ask them about their criteria for volunteer selection, the training offered to volunteers, and whether they attempt to match volunteers with offenders. What did the person you spoke with consider to be the most useful attribute of a prospective volunteer?

11.6 Summary

This chapter has dealt with the very important task of acquainting the corrections worker with the resources, skills, and desires to become involved that exist in the community. Numerous specialized agencies can help offenders with their day-to-day problems. You cannot be expected to have in your head all the information that

these community agencies have gathered. Your task is to recognize offender problem areas and to make the appropriate agency referrals if the problems are not within your area of expertise. Your expertise should be that of a broker matching offenders with agencies.

You also can provide offenders and yourself with much-needed information by organizing a community resource information speakers' program. Such a program can operate periodically to accommodate new offenders. Many offenders find themselves in trouble simply because they do not have access to information about the type of help that exists in the community to aid them with their problems. These speaker's programs have proven to be most helpful to offenders and correctional workers alike.

Another valuable resource is the desire of many individuals in the community to be useful and helpful. You can fruitfully incorporate them into the correctional enterprises as volunteers. Probation and parole volunteers provide amplification and diversification of services to offenders. Yet, volunteers must be screened, trained, and matched with offenders. Their performance should be monitored by the professional worker to make sure that they are holding offenders responsible and that they are not being manipulated by offenders. Corrections can be an immensely satisfying career. Your satisfaction will be greatly increased if you learn to use the resources available in your community.

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Therapeutic Communities in Correctional Institutions

12

Mary Stohr

12.1 Introduction

Therapeutic communities and their reported successes in reducing recidivism, and its associated costs, epitomize the promise of treatment for a whole new generation of practitioners, researchers, and policymakers. As was discussed in Chap. 7, the effect of the Martinson (1974) article, in addition to a political shift to the right, spurred disillusionment about the ability to treat offenders successfully in the 1970s and 1980s. Still, even during these dark days for treatment in corrections, most of the US population believed in the “idea” of rehabilitation (Cullen & Jonson, 2017).

While this disillusionment with the effects of treatment in practice (though not in theory) continued, the need to deal with addicts’ involvement in crime only increased. In most cases, we dealt with those addicts by incarcerating them without treatment. In a recent study by the Urban Institute (Bhati, Roman, & Chalfin, 2008), the researchers estimated that 1.5 million arrestees are at risk of drug abuse or dependence. “We find that several million crimes could be averted if current eligibility limitations were suspended and all at-risk arrestees were treated” (p. xiv).

Certainly at least some of the stakeholders’ new enchantment with treatment is driven by the escalating costs of “locking ‘em up and throwing away the key.” However, as the Urban Institute reported, policymakers and practitioners are beginning to appreciate the successes of treatment in turning some offenders into prosocial members of society or at least noncriminally engaged ones. Rather than “nothing

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works” as the damning and partially misleading mantra for treatment programming after the publication of the Martinson report (1974), the research on therapeutic communities and certain treatment practices indicate that “something works.”

The “something” that works, however, is carefully structured and targeted programming such as in the best run therapeutic communities. Even these programs, which employ the “best practices” as identified through scientific study, only work for some offenders. So, as Palmer (1995) and Gendreau and Ross (1995) essentially argued in their rebuttals to the Martinson report and to the pessimism about rehabilitation programming generally, “some programs work for some offenders some of the time.” Current research indicates that therapeutic communities can be operated so that they work for some clients, some of the time.

The problem appears to be that people engaged in criminal activity are diverse with multiple reasons associated with their deviance. Some have engaged in serious criminal acts from their teen years; others are dabblers in minor and/or assorted criminal acts. Some have psychological difficulties in recognizing the pain they cause others, while some are addicts who commit crimes to support their habit. Therapeutic communities are not geared to address all of the attributes of all offenders and their criminality. Rather, they tend to address the problems of substance abusers and their related criminal behavior. Interestingly, research and experience show that since many criminal offenders addicted to illegal drugs are also struggling with character or personality disorders, including an antisocial personality, longer-term residential treatment facilities seem to offer the best hope for treatment success. Many disenfranchised offenders within this population need habilitation rather than rehabilitation. They need a total long-term cultural change, with the opportunity to learn new values, behavior, and cognitions (Litt & Mallon, 2003).

In this chapter, we discuss the attributes of therapeutic communities and the research on them. We explore strengthening therapeutic communities through both process and outcome evaluations, which allow the stakeholders to assess their relative worth and weaknesses. We then distill from the research best practices for the operation of therapeutic communities. The chapter concludes with a review of where we have been and where we might go in the evolution of therapeutic communities.

12.2 History and Nature of Therapeutic Communities

The use of therapeutic communities in the treatment of alcohol and drug abuse has been popular since 1958. At this time, its most famous representative, Synanon, was established. However, some of the elements of therapeutic communities reportedly developed in Europe during the Second World War (Broekaert, Vandeveld, Soyez, Yates, & Slater, 2006).

Therapeutic communities are total treatment environments isolated from the rest of society, as far as is practical. According to a leading researcher on therapeutic communities, their essential dynamic is mutual self-help. “Thus, the day-to-day activities are conducted by the residents themselves. In their jobs, groups, meetings,

recreation, personal, and social time, it is residents who continually transmit to each other the main messages and expectations of the community” (Hooper, Lockwood, & Inciardi, 1993, p. 291).

The amount of time residents spend in therapeutic communities ranges from 6 months to 2 years, but typically residents stay 6–12 months. In such settings, addicts receive support, feedback, and information in an accepting, caring, honest, and empathetic way.

They learn that if tensions and stresses arise, a refocusing of the primary stress in their lives (addiction) will place the secondary tensions and stresses in proper perspective. The therapeutic community is expected to help them increase their self-esteem and provide them with renewed feelings of self-control. Researchers consider the regaining of self-esteem and a sense of self-control essential for drug addicts (Leukefeld et al., 2003; National Institute on Drug Abuse [NIDA], 2002). Addicts learn self-forgiveness through positive and negative peer pressure, and they learn from the positive examples of those peers. This enables them to focus their anger and negative talk on the substance that holds them in its grip, rather than on themselves. Self-worth, the product of both self-forgiveness and the elimination of negative self-talk, eventually will emerge. In therapeutic communities, the community acts as a “change agent” to help members face their addiction and related foibles, while the individual also focuses on “self-help” (NIDA, 2002).

As discussed in Chap. 9, cognitive restructuring and cognitive skill-building are processes based on the principle that the way individuals think has a great deal to do with their behavior. Therefore, changing risk and problematic thinking is fundamental to long-term behavioral change. Therapeutic communities are devoted to the importance of practicing new behaviors and adopting new values through social learning in a community environment. An individual’s ability to learn, cope, and engage in recovery is dependent upon a proper blend of these two very important concepts and practices.

Cognitive-behavioral programs merely used as parts of a learning experience or as static groups are not very useful. Therapeutic community practitioners argue that cognitive-behavioral programs should be a part of the overall structure and strategy of treatment (Gornik & Bush, 2000; Gornik, Bush, & Labarbera, 1999). Practitioners and researchers agree that therapeutic community programs should be carefully planned and approached systematically. They also realize that as offenders build prosocial competence in knowledge, skills, and attitude, the staff builds competence in delivery techniques.

Therapeutic communities are considered to be the most successful of drug rehabilitation programs, but they typically require “a highly structured, long-term (8–12 month) residential program, which includes a highly confrontational form of group therapy, resocialization, progressive responsibility, and gradual reentry into the community” (Lightfoot, 1999, p. 55). They are not panaceas, nor are they suited for all addicts. As with treatment for alcoholism, success or lack of success will depend a great deal on the personal attributes addicts bring with them to the therapeutic process.

12.2.1 A Day in the Life of a Therapeutic Community Participant

As indicated in Table 12.1, the therapeutic community participant has a very structured day, filled with group meetings, phase (treatment) meetings, work, recreation, individual counseling sessions, and journaling (written reflections on treatment assignments), although not all of these activities occur each day. Activities and their duration will vary by whether the therapeutic community is located in the community or in a correctional institution and by where the participants are in their treatment plan.

However, some activities do occur every day (e.g., morning and night community meetings, AA/NA, and phase meetings). Participants are unlikely to have individual counseling sessions or group confrontations every day, and most individuals involved in treatment programming do not work. Other activities that participants might be involved in while in therapeutic communities include educational, family, or psychological services programming. For those incarcerated in correctional facilities, therapeutic community participants must regularly submit to “counts” to make sure they are where they are supposed to be.

The morning meeting is usually a rousing wake-up call so participants start their day on a positive and enthusiastic note. Typically, program participant leaders (with staff present) lead the session, which covers everything from the positive activities and actions of community members to world events, community plans and changes,

Table 12.1 A day in the life of a therapeutic community

6:00 a.m.– 7:00 a.m.	Get up, eat breakfast, tidy living area
8:00 a.m.– 8:30 a.m.	Morning meeting
8:30 a.m.– 10:00 a.m.	Phase meeting
10:00 a.m.– 11:30 a.m.	Recreation/work/individual counseling
11:30 a.m.– 1:00 p.m.	Lunch
1:00 p.m.– 2:00 p.m.	Phase meeting
2:00 p.m.– 4:00 p.m.	Journaling/work/individual counseling/community leader meetings or group conflict resolution
4:00 p.m.– 5:00 p.m.	Dinner
5:30 p.m.– 7:00 p.m.	AA/NA meetings
7:00 p.m.– 7:30 p.m.	Night meeting
7:30 p.m.– 10:00 p.m.	Free time
10:00 p.m.	Lights out

Note: We created this activity list from therapeutic communities in Pennsylvania (Young & Porter, 1999) and observations in Idaho (Stohr et al., 2000)

and respectful chiding of some members by others or the leaders regarding behaviors that violate the rules. All participants have or have access to a manual on community operation. Sometimes participants perform a skit or sing a song to illustrate a point or to set the right tone. In a meeting the author attended, she heard *America the Beautiful* sung at the end of the morning meeting.

Phase meetings focus on the treatment stage of a participant. A person can be in each phase for a month to 3 months (often the treatment regimen has three to four phases), depending on the structure of the program, its length, and the progress of a given participant. As most therapeutic communities have a cognitive self-change component, these phases focus on addictive behaviors and thinking that are associated with using/dependence and criminality.

Usually, these phase meetings are very participative. They are led by staff but require the involvement of participants to be successful. Staff ask participants to either create or respond to scenarios to identify thinking or behavioral errors and then to propose alternative actions. Relating these errors to their own cognitive processes and behaviors is a key element of making progress in treatment. The leaders use active learning in the form of speaking and journaling to push participants to process not just what they are doing but why they are doing it (e.g., what might be the tipping points that lead to criminal engagement or substance abuse), so that they may take an alternative path when such situations arise again.

Some programs build in recreation and work as part of the daily activity. However, the opportunity to work depends on what might be available for therapeutic community participants in a correctional institution, though it might be required for those in a community-based therapeutic community. Weightlifting or other forms of physical activity and recreation might also support the positive and healthful message that therapeutic communities try to convey. A healthy body aids a healthy mind. Moreover, team recreation might build group cohesion and teach participants how to control their anger and frustration when a game does not go their way.

Staff also counsel participants individually so they can develop treatment plans. These counseling sessions provide staff with an opportunity to address any concerns they have with the individual's progress. They also give staff the opportunity to interact with their clients individually and as persons separate from the group.

Institutional and community therapeutic communities have inmate/offender leaders who are given the responsibility to make important decisions about the community and its operation. They address community plans, positive events, and negative behaviors of participants. If there are recurring or serious violations of rules, these inmates lead the group meeting and respectfully confront offending participants with their rule-violating or questionable behavior. (These are the group conflict-resolution meetings referred to in Table 12.1). If someone has questioned the objectionable behavior before or if it is serious enough, the group can kick a participant out of the therapeutic community, or, if need be, staff can do this.

Alcoholics Anonymous and Narcotics Anonymous are key aspects of recovery programs for addicts and are present in most therapeutic communities. Going through the 12-step process requires recognition of one's addiction and the need to

repair or at least recognize and repent for the damage caused to others because of one's behavior.

The purpose of the nightly meeting is to close the day positively. Residents and staff review community events and decisions and community members have an opportunity to both complement and correct the behavior of others. When a correction is mentioned, the offending party usually acknowledges the violation of rules and tells the group that he or she will get right on that behavior (change it). Such meetings might also close with an upbeat song or inspirational words to give participants hope about their treatment and their ability to change.

12.3 Evaluation of Therapeutic Communities

Fashioning a valid evaluation of therapeutic community programming is doable but problematic. Research tells us that we must temper any treatment program success by institutional factors. These include such items as the pay, training, and turnover of staff, the relative seclusion of the therapeutic community, and the support the program enjoys from the rest of the institution and its key players (such as the warden and heads of treatment and security) (Ruefle & Miller, 1999). As Linhorst and his colleagues (Linhorst, Knight, Johnston, & Trickey, 2001) indicate in an article on the implementation of a prison-based therapeutic community, a number of situational factors (such as the enactment of a no-smoking policy and the change in treatment providers) can also influence the viability of a treatment program.

Clearly, programs falter because of external factors, some of which they have little or no control over. As mentioned, funding shortfalls, a lack of leadership and support by administrators, or crowding are some of the types of factors that could inadvertently sink the success of a program.

Therapeutic community programs are likely to face many challenges at first, which, if supported, they can overcome in the long term. Leukefeld and Tims (1992) argue that therapeutic communities must be given time to succeed or fail on their merits. They note that to succeed, programs must have sustained adequate funding over time and their design must consider evaluation. Such design should be realistic in scope and duration on outcomes and subject participation (Leukefeld & Tims, 1992; Schuiteman & Bogle, 1996).

Lipton and his colleagues (1992) found in their review of evaluations of two correctional therapeutic community programs—the New York Stay'n Out and the Oregon Cornerstone programs—that recidivism in crime and substance abuse decreased for participants compared to control groups. They note, however, that the history of therapeutic community program demise over the past two decades often-times relates to factors external to those programs, such as administrative changes and funding reductions.

For instance, Stohr et al. (2000) found in a process evaluation of a therapeutic community that the treatment and security staff were particularly concerned about the turnover of key staff, training of treatment providers, communication between the treatment program and the security program, and mishaps in referrals to the

program. The program itself was sound, but funding shortfalls, personnel factors (often tied to funding), miscommunications, and misunderstandings presented threats to its ability to deliver treatment effectively.

Establishing and maintaining program integrity requires rigorous examination of a number of program components and provider and participant activity and preparedness over time. We expect that the initial graduates will not be as “pure” a product of the therapeutic community as will those who follow them a year or so later. This is likely because the program will evolve once implemented and the staff will adjust and mature organizationally when they become accustomed to programmatic requirements.

A process evaluation provides the opportunity for providers to become attuned to the basic strengths and weaknesses of the program during and after this initial implementation period. Key to this type of evaluation is attention to the details of program’s goals and objectives, admittance and release criteria and procedures, program requirements of participants, treatment and custody staff training and perspective, program content connection to established and viable treatment protocols, administration involvement and support, parole board or judicial commitment (when applicable), and provision for aftercare treatment (Andrews, 2006).

The methods used by process evaluators to investigate such matters include a review of program training, inmate assessment, intake and exit instruments, data from the inmate management system, and aftercare procedures and content. Process evaluators might also want to interview and/or survey key actors, participants, and staff about the substance and operation of the program. The point of a process evaluation is to determine if the program is operating as expected. Andrews (2006) and others argue that programs should be devised with an evaluator already on board so that key indicators of program integrity and efficacy can be collected and observed from the beginning.

Once the program has been “process evaluated,” it does not remain statically situated. Issues associated with its viability, such as staff training and turnover, and budgetary and organizational support may shift in the time between a process and an outcome evaluation. Moreover, those programs not previously process evaluated will need a more intensive outcome evaluation to give those findings a context. For these reasons, some researchers believe that evaluations of the effectiveness of programs should continue to employ some “process” measures so that treatment outcomes might be better understood. Moreover, determining the effect of programming on an institution (its role) and the reciprocal impact of the program on the institutional and external environment (which houses it) requires that researchers conducting an outcome evaluation stay attuned to the likely obstacles that programs might face in delivering effective treatment.

Outcome evaluations, as opposed to process evaluations, are more focused on the results of programming. Of interest for the correctional program manager and researchers conducting an outcome evaluation are whether the program affected recidivism and other behaviors and attitudes of participants. Certainly, they will want to know—as will policymakers funding the program—the following things about whether participants:

- Recidivate less
- Associate less with those involved in crime
- Are less likely to use illegal substances and drink alcohol to excess
- Are employed more
- Have more prosocial attitudes than similar persons not involved in programming

An experimental design is used to test whether the programs obtained these outcomes. In this case, people who need treatment are randomly assigned to the program or to the control group (not to the program). The greater the number of people in the experimental group (the program participants) and the nonexperimental or control group (the nonparticipants), the more likely the researcher will be able to generalize, or apply, the findings more broadly. Therefore, if only ten people are assigned to each group, the findings that emanate from comparing these groups are likely to be less important for everyone concerned than if 200 people were in each group. Unfortunately, it is not always possible in social service agencies to arrange and complete an experimental design. For one thing, agency heads and program managers are reluctant to withhold treatment, even untested treatment, from people who clearly need it.

For this and related reasons, researchers and program managers often use (in the case of managers) a quasi-experimental design. In this case, program participants are matched demographically (e.g., by age, gender, race/ethnicity, education, income) and criminogenically (e.g., by type of offense, criminal history) with a similarly situated comparison group and are compared to them on those outcomes mentioned earlier. Another form of quasi-experimental design, used separately or in addition to the matching, would be to compare outcomes of those who complete all or some of the program with those who complete less of it. Researchers and policy-makers have concerns with bias inherent in quasi-experimental designs (e.g., those who choose to participate in programming and to complete more of it might differ in other important respects that might affect their ability and willingness to change and which may have nothing to do with the efficacy of the program itself). However, sometimes such designs are the best that researchers or practitioners can do when assessing the outcomes of therapeutic communities or other such programs.

To some extent, the methods employed in an outcome evaluation depend on the outcomes of interest, the nature of the program and its setting, and the unique attributes of the participants. Typically, researchers examine correctional clients' post-program arrest and conviction records and any community corrections reports. Researchers might do interviews of key stakeholders and surveys of staff and participants to assess perspectives on outcomes, changes in attitudes, and other outcomes of interest.

The types of questions that researchers are typically interested in scientifically exploring include:

1. *During treatment*, did antisocial attitudes change for program completers?
2. *During treatment or post-release*, who is most likely to benefit from the program (based on distinguishing offender characteristics)?

3. Are changes in criminal thinking or prosocial attitudes related to *post-release* decrease in drug use and recidivism?
4. Did *post-release* drug use and recidivism decrease for those exposed to, or who completed, treatment?
5. Is exposure to, or completion of aftercare, associated with favorable *post-release* outcomes?
6. What role did the treatment program have, if any, in affecting the organizational milieu where the program is located (from the perspective of the treatment providers, security, correctional officers, counselors, and the program participants)?
7. What organizational factors at the institution and during aftercare are associated with favorable *post-release* outcomes?
8. Was the length of aftercare associated with favorable *post-release* outcomes?

12.4 Research on Therapeutic Communities

The literature on substance abuse and related programming is replete with research evaluations that indicate successful treatment programming can be designed and implemented in the correctional environment (Andrews et al., 1990; Applegate, Langworthy, & Latessa, 1997; Cullen & Jonson, 2017; Lipton, 1998; Office of Justice Programs, 1998; Wexler, DeLeon, Thomas, Kressel, & Peters, 1999). The science, mostly in the form of quasi-experimental designs, indicates that cognitive self-change programming and therapeutic communities both are positively associated with reductions in criminal offending and drug abuse (Andrews et al., 2001; Bhati et al., 2008; Henning & Frueh, 1996; Knight, Simpson, & Hiller, 1999; Lipton, 1998; Martin, Butzin, Saum, & Inciardi, 1999; Pearson & Lipton, 1999; Siegal et al., 1999; Wexler, Melnick, Lowe, & Peters, 1999), but, as mentioned earlier, this may not be true for any given program for a number of reasons.

Andrews (Andrews, 2006, pp. 250–255) has noted that rehabilitation programming that is targeted to high-risk offenders (the “risk principle”), that targets “crime-producing needs” (the “need principle”), and that matches the “offenders’ needs and learning styles” with “cognitive and behavioral treatment” (the “responsivity principle”) is the best suited to achieve the desired effects. These include reducing recidivism and understanding of criminal thoughts and desired changes in attitudes and behaviors.

The most successful programs, then, are those that combine the delivery of substantive knowledge in an environment suited to therapeutic change. Research also indicates that cognitive attributes (as discussed in Chap. 9), positive modeling, behavioral redirection, emotional therapy, treatment environment engendering trust and empathy, and intensive involvement in problem-solving by clients in their own treatment are key to attaining actual behavioral change upon release (Andrews et al., 1990; Antonowicz & Ross, 1997; Gendreau & Ross, 1987, 1995; Henning & Frueh, 1996; Inciardi, 1995; McMurrin, 1995). Treatment programs directed at drug offenders also appear to achieve greater success in reducing recidivism when

services are continued after release or at the completion of the program (Andrews, 2006).

Research by Pearson and Lipton (1999) indicates that large effect sizes are associated with cognitive-based programs in changing criminal activity. Now, a substantial body of literature documents the success of prison-based therapeutic community programs in reducing substance abuse and recidivism, especially when combined with an aftercare component (Gendreau, 1996; Knight et al., 1999; Knight, Simpson, Chatham, & Camacho, 1997; Linhorst et al., 2001; Martin et al., 1999; Martin, Butzin, & Inciardi, 1995; NIDA, 2002; Pearson & Lipton, 1999; Peters & Steinberg, 2001; Wexler, Melnick, et al., 1999).

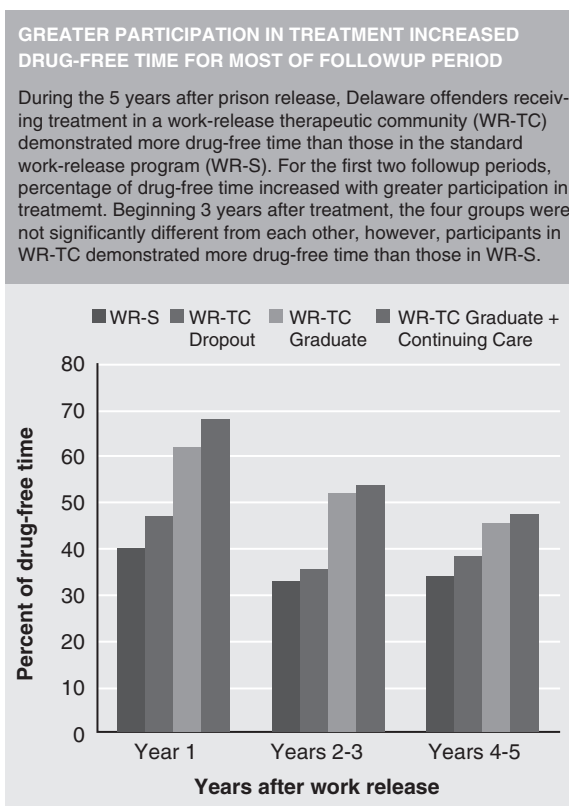
In a number of studies by the National Institute on Drug Abuse (2002) on therapeutic communities and other treatment programs that included data collected at admission, during treatment, and follow-ups of a year or more after treatment, the researchers found that participation in therapeutic communities led to several positive outcomes. For example, the Drug Abuse Treatment Outcome Study showed that those who successfully completed treatment in a therapeutic community had lower levels of all the following: cocaine, heroin, and alcohol use, criminal behavior, unemployment, and indicators of depression than they had before treatment (NIDA, 2002).

In addition to therapeutic communities themselves, many correctional agencies are attempting to implement cognitive-behavioral and social learning approaches because they believe these treatment components answer the question “What works?” to change offender behavior (Andrews et al., 2001). However, these same jurisdictions may be frustrated in their ability to combine these “best practices” in a complementary continuum of services. Yet, correctional agencies must understand how to integrate best practices to produce optimum treatment outcomes. It is becoming the norm for therapeutic communities to include cognitive self-change programming as part of the treatment regimen.

The structure and intense pressure experienced in the therapeutic community leads to a large number of dropouts (either voluntary or removal initiated by staff or peers in the community). In one study of a prison-based therapeutic community, even among those who did complete the program, only 54.5% were drug-free after 6 months of completion. This was significantly better than the 34.4% in a work release control group, however. On a more positive note, 90.9% who completed the therapeutic community and were part of a post-release outreach program were drug-free during the same period (Hooper et al., 1993).

The Delaware Multistage Program is an interesting treatment program for addicts in a prison setting and then transitioned into the community upon their release (Mathias, 1997). At the beginning stage of the program, offenders spend 12 months in a prison-based therapeutic community called Key. In phase two, they spend 6 months in a pre-release therapeutic community Crest. Finally, in phase three, they receive an additional 6 months of counseling while on parole or in work release. Figure 12.1 compares drug use and arrest outcomes for offenders completing all phases (Key-Crest), Crest only, Key only, and a comparison group 18 months after release from prison. It is heartening to see that 76% of the Key-Crest group remained

Fig. 12.1 Delaware multistage correctional treatment program 18 months after release from prison. *Source:* Mathias, R. (1997). National Institute on Drug Abuse and Addiction: *National Institute of Drug Abuse Notes*, July



drug-free during the period and that 71% remained arrest-free. Treatment participants in all phases did well compared with the control group, among whom only 19% remained drug-free in the same period and only 30% remained arrest-free.

12.5 Best Practices in Therapeutic Community Operation

As the research demonstrates, therapeutic communities that are constructed and operated appropriately are more likely to produce the desired results. Not surprisingly, some of these practices also “work” for other treatment programs:

1. Adoption of therapeutic community programming that has achieved positive outcomes in other jurisdictions (learn from others’ successes and failures).
2. Setting program funding at a level that ensures integrity in operation and staffing.
3. Selection of staff with the requisite academic and experiential background to run, or work in, a therapeutic community.
4. Compensation for staff that allows the program to attract and keep those who are qualified to deliver and maintain the program.

5. Involvement of an outside research entity in program setup, operation, and review.
6. Clear and complete (as much as is possible) separation of therapeutic community participants from other correctional clientele.
7. Pretraining for treatment and correctional staff that covers the full gamut of setup, operation, and teamwork in a therapeutic community.
8. Establishment of clear communication lines between treatment and security staff.
9. Involvement of security, when possible, in therapeutic community treatment for participants.
10. Assignment of only therapeutic community-trained security staff to work in the therapeutic community.
11. Use of established classification instruments that target risk and need of participants.
12. Careful selection of participants based on screens for participants' need for the program and its type of operation.
13. Provision of therapeutic community rule and procedure manuals for staff and program participants.
14. Staff supervision and intensive involvement in all treatment programming.
15. Staff modeling of prosocial and community-oriented behaviors.
16. Ongoing staff training that focuses on the development of community, program maintenance, and enhancement of skills.
17. Cognitive-program components that focus on the recognition of thinking errors and cognitive restructuring.
18. Participant community leadership opportunities that build trust and responsibility.
19. Positive community-building opportunities (e.g., group meetings and activities).
20. Opportunities for genuine engagement and problem-solving for participants.
21. Active learning opportunities for participants that involve speaking and writing, knowledge-building, and reflection.
22. Weekly treatment staff meetings that focus on treatment goals of participants and program operation. If the work environment is such that people can air mistakes, acknowledge them, and all learn from them, it is more likely that the program and staff can evolve to be more responsive to the needs of the participants.
23. Opportunities for participants to engage in co-programming (e.g., anger or stress management, education or other skills development or parenting classes) or work, when appropriate.
24. Regular and ongoing self-assessment by staff regarding program components and implementation.
25. Provision of aftercare for participants that continues for a year or more after program completion.
26. Process and outcome evaluations of the therapeutic communities at prescribed periods of time (e.g., a process evaluation after 1 year, 3 years, and 5 years and

at regular intervals thereafter and an outcome evaluation at 1 year post-completion of the program, at 2 and 3 years post-completion and at regular intervals thereafter).

27. Use of multi-method assessment techniques in these evaluations, which include review of archived data, official reports, staff and participant interviews, observation of program operation and treatment delivery, and surveys of staff and participants. Collection of data pretreatment and posttreatment and comparison of like treatment participants with a control group would also tend to bolster any claims of program success and highlight areas needing remedial attention.

12.6 Resources

You could contact a number of agencies regarding therapeutic community establishment and operation, including the following:

- Center for Substance Abuse Treatment, www.samhsa.gov/about-us/who-we-are/offices-centers/csat
- National Clearinghouse for Alcohol and Drug Information, www.ncadi.samhsa.gov
- National Institute of Justice, www.nij.ojp.gov
- National Institute of Corrections, www.nicic.org
- National Institute on Drug Abuse, www.drugabuse.gov

12.7 Summary: Where Do We Go from Here?

Wherever we go from here with correctional populations, it is clear that we cannot long sustain where we have been. The numbers of incarcerated people in this country have spiraled far beyond the ability of states and localities to maintain them decently. An Urban Institute report indicated that many of these addicted persons would benefit from treatment either in lieu of incarceration or in addition to it (Bhati et al., 2008). They also found, as have a number of researchers cited in this chapter regarding therapeutic communities, that treatment when done right has the potential to reduce recidivism.

Clearly, then, where we go from here is toward treatment. Therapeutic communities provide the type of structured, long-term, and intensive rehabilitative experience that yields reductions in substance abuse and dependency and, collaterally, crime. If operated with an eye to risk, need, and responsivity and with the integrity of treatment components in mind (e.g., see the list of best practices delineated in this chapter), correctional program managers are more likely to achieve success with some correctional clients, some of the time.

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Legal Aspects of Casework and Counseling

13

Craig Hemmens

13.1 Introduction

This chapter examines the legal and ethical issues that frequently confront the criminal justice caseworker in the correctional setting and in the community. It provides an overview of the constitutional rights of prisoners, probationers, and parolees, including the right to treatment, the prohibition on “cruel and unusual” punishment, limitations on probation and parole conditions, due process requirements, and the application of the exclusionary rule and *Miranda* warnings to probationers and parolees. Caseworker liability, an emerging area, also is examined. Finally, ethical issues related to the rights of clients and the duties of caseworkers are discussed.

Leading US Supreme Court cases are discussed, but this area of the law is largely bereft of guidance from the high court. It is therefore essential that caseworkers familiarize themselves with the laws of their respective states. There is a great deal of variation in state laws and administrative regulations, particularly in regard to probation and parole conditions and caseworker immunity from liability.

First, here is a brief note on legal terminology: a criminal offender possesses two types of rights—substantive rights and procedural rights. Substantive rights are those rights created and defined by statute, such as contract law, tort law, and, of course, criminal law. Substantive law prescribes and proscribes various types of conduct. Procedural rights are those rights subsumed under the concept of “due

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process” in the Fifth and Fourteenth Amendments. When it is said that a person is entitled to due process of law, it means there are certain rules and procedures that the state must follow before depriving a person of his or her rights. Essentially, the substantive law delineates the rules by which all members of society must play, while procedural law delineates the rules by which the government must play.

13.2 Historical Background

At common law, and until the middle part of the twentieth century, criminal offenders had few rights. The Bill of Rights, with its protections of individual rights against search and seizure, self-incrimination, and the like, applied only to the federal government, not the states. The exclusionary rule and *Miranda* warnings did not exist. Once incarcerated, individuals lost almost all of their rights and found themselves at the mercy of correctional personnel. Those under community supervision, be it probation or parole, found their rights and opportunities severely circumscribed. Those convicted of crimes often were treated as “slaves of the state” (*Ruffin v. Commonwealth*, 1871). Most states had “civil death” statutes that stripped convicted individuals of most of their civil rights, such as the right to vote or hold elective office. This loss of rights was justified as a part of the punishment for committing a crime.

Courts took what was referred to as a “hands-off” approach to the rights of prisoners (Hemmens, Belbot, & Bennett, 2004), choosing not to become involved with the affairs of correctional agencies, which were part of the executive branch of government. Courts reasoned that correctional administrators were better equipped to deal with prisoners than judges and that judicial involvement, through the hearing of inmate complaints, would unnecessarily complicate relations between the executive and judicial branches of government. If prisoners had no rights, then courts need not oversee correctional agencies dealing with prisoners.

Courts also paid scant attention to the rights of probationers and parolees, treating them as essentially equivalent to inmates. Any number of restrictive probation and parole conditions were upheld, with courts often falling back on the rationale that neither probation nor parole was a right, but merely a privilege, something granted by the state, which could be modified or revoked at any time.

By the 1940s, courts began paying closer attention to the rights of prisoners, as part of a growing trend toward increased protection of individual rights. In 1941, the Supreme Court, in *Ex parte Hull*, held that inmates had a right to unrestricted access to federal courts. This decision signaled the beginning of the end of the “hands-off” doctrine and the beginning of the era of judicial intervention in corrections. In 1944, in *Coffin v. Reichard*, a federal district court expanded the scope of habeas corpus to include lawsuits filed by inmates that challenged not whether the state had a right to confine them, but the conditions of their confinement.

The civil rights movement of the 1960s and a change in the membership of the Supreme Court resulted in tremendous changes in criminal procedure and correctional practices. Under Chief Justice Earl Warren, the Court extended a number

of protections to criminal defendants. The Supreme Court also began to extend protection of individual rights to those convicted of crimes. The Court, in a line of cases, required correctional administrators at all levels, from prison to probation and parole, to accord basic procedural (or due process) rights to criminal offenders.

Following the high court's lead, lower federal courts became more receptive to lawsuits brought by prisoners challenging the conditions of their confinement. In *Holt v. Sarver* (1970), a federal district court in Arkansas determined that inmates could challenge as unconstitutional the totality of a prison's conditions. This form of suit became known as the "conditions of confinement" lawsuit. Federal district courts, formerly absolute in their deference to the wisdom of correctional administrators, became intimately involved in the monitoring and operation of entire prison systems.

In 1976, the Supreme Court, in *Estelle v. Gamble*, ruled that correctional administrators could be held liable for injury to an inmate if the administrators displayed "deliberate indifference" to the serious medical needs of that inmate. And in 1991, in *Wilson v. Seiter*, the Supreme Court held that the deliberate indifference standard applied to all conditions of confinement cases, not just those involving claims of medical needs. In *Turner v. Safley* (1987), the Supreme Court held that a prison regulation that limited the constitutional rights of inmates was valid so long as it was "reasonably related" to a "legitimate state interest" (such as prison security).

While the deliberate indifference standard and the *Turner v. Safley* standard have proven to be difficult obstacles for inmate plaintiffs to overcome, it is nonetheless a far cry from the days of *Ruffin v. Commonwealth*, when inmates were treated as "slaves of the state."

Paralleling the increased attention paid by courts to correctional institutions was an increased attention to the rights of those under community supervision. In a series of cases decided during the 1970s, the Supreme Court extended a number of due process rights to probationers and parolees, including the right to a revocation hearing, notice of the charges against the individual, and the right to counsel.

Recently, as the membership of the Supreme Court has become more conservative, the high court has been less receptive to the complaints of inmates and has declined to extend further the protections accorded inmates and those under community supervision.

13.3 Rights of Incarcerated Offenders

The courts have attempted to balance the individual rights of inmates and the authority of correctional administrators. These rights include the Fourth Amendment prohibition on unreasonable searches and seizures, the Fifth Amendment privilege against self-incrimination, the Sixth Amendment right to counsel, and the Fourteenth Amendment right to be accorded due process of law, whatever that term implies. Other rights examined in some detail by the courts include the right to treatment and First Amendment rights of association and religious freedom.

13.3.1 Right to Medical Treatment

Medical treatment involves the cure of a disease or at least the alleviation of pain and suffering. It is a process of diagnosis, intervention, and prognosis (Cohen, 1995). While a right to treatment is not mentioned in the text of the Constitution, courts have made it clear that inmates and those under civil commitment do enjoy a right to treatment. This treatment need not be the best that science has to offer—rather, it is enough if the state provides reasonable care. Under *Estelle v. Gamble* (1976), the state may not be held liable for mere negligent treatment. Liability attaches only if there is evidence akin to recklessness or intentional disregard for the client on the part of the state—what the Supreme Court termed “deliberate indifference.” Furthermore, the Supreme Court held, in *Washington v. Harper* (1990), that an institutionalized person does not have an absolute right to refuse treatment.

The rationale behind mandating a right to treatment for incarcerated persons is that because the state has restricted their liberty, they are unable to obtain medical services on their own initiative—thus, the state must accept responsibility for their medical care. Caseworkers in the institutional setting are not required to do more than is possible, given the limited resources of the institution. For instance, a study of inmates indicated that while approximately 80% of all inmates are in need of drug and alcohol treatment, less than 20% actually receive treatment while incarcerated, due in large part to the limit on institutional resources (General Accounting Office, 1991). Courts have yet to mandate such treatment.

13.3.2 The Eighth Amendment and “Cruel and Unusual” Punishment

The Eighth Amendment prohibits “cruel and unusual” punishment. Exactly what is cruel and unusual has changed as society has evolved (legal scholars refer to this as the “evolving standards of decency doctrine”). The Supreme Court has applied the standard to a variety of situations in corrections, including the death penalty and the use of force to control inmates, to protect other inmates, or to repel an assault by an inmate.

In general, every prisoner has the right to be free of both offensive bodily contact and the fear of it (Palmer, 2010). Prison officials are permitted to use reasonable force to enforce discipline and to protect themselves and others. The key here is that the force must be reasonable under the circumstances—thus, prison officials may be justified in using extreme force, even deadly force, if the situation warrants it (Hemmens & Atherton, 1999). In addition, the Supreme Court has held that correctional personnel may be liable for failing to prevent harm to an inmate by another inmate, but only if it can be demonstrated that their conduct displayed “deliberate indifference” to the safety of the inmate (*Farmer v. Brennan*, 1994). While prison officials are allowed to use force, when necessary, to enforce prison regulations, courts have backed away from earlier decisions, which upheld the practice of corporal punishment or the use of physical force to punish inmates for rule violations.

While the Supreme Court never has expressly voided the practice, a number of lower courts have declared corporal punishment unconstitutional (see, for example, *Jackson v. Bishop*, 1968).

Related to corporal punishment is the age-old practice of punishing recalcitrant inmates by placing them in solitary confinement. Courts consistently have rejected the contention that solitary confinement is unconstitutional per se, but they have required that (1) the conditions of solitary confinement must not be disproportionate to the offense and (2) since solitary confinement is a punishment above and beyond the punishment of incarceration, basic due process protections must be provided, such as the right to a hearing before being sentenced to solitary confinement (Palmer, 2010).

13.3.3 Access to Legal Services

Access to the courts was one of the first constitutional rights that the Supreme Court extended to prisoners in the 1941 case of *Ex parte Hull*. According to the Court, access to the court system is a basic requirement of due process. The question that courts have dealt with since the decision in *Hull* is: What constitutes “access?” The major case in this area is *Johnson v. Avery* (1969), in which the Supreme Court held that a prison regulation that prohibited inmates from assisting other inmates in the preparation of legal materials was unconstitutional, if there were no reasonable alternative by which access to the courts could be obtained. The result was that correctional administrators had to either allow “jailhouse lawyers” to help other inmates or provide some sort of legal assistance program. Prison officials may restrict the amount of legal materials possessed by an inmate or the time and place for legal assistance, so long as such limitations are reasonable.

Until recently, it was assumed that another decision of the Supreme Court, *Bounds v. Smith* (1977), required prison administrators to provide inmates with either a law library or an access to persons with legal training. But in 1996, in *Lewis v. Casey*, the Supreme Court clarified its earlier decision, holding that evidence of inadequacies in the delivery of legal services is not enough to justify remedial action by the courts; such action is justified only when an inmate’s efforts to pursue a legal claim, in fact, are impaired by lack of access to legal materials. A number of correctional agencies have responded to this decision by eliminating prison law libraries altogether and instead providing inmates with alternate means of access to legal materials.

13.3.4 Freedom of Religion

The First Amendment includes several distinct individual rights, including the freedom of religion. Regarding the freedom of religion, the Supreme Court has held that prison officials have the right to regulate religious activity if it promotes valid interests such as security, discipline, and inmate and correctional officer safety (*Turner*

v. Safley, 1987). However, in *Cruz v. Beto* (1972), the Court held that prison officials could not discriminate against certain religions; in this case, Cruz was a Buddhist who was not allowed to use the prison chapel or correspond with a Buddhist religious advisor, while Jewish and Christian inmates were able to do both. The Court ruled that this violated the establishment clause of the First Amendment's freedom of religion. More difficult questions, however, have been what exactly constitutes a "religion" or "religious activity."

13.3.5 The Fourth Amendment

The right of an individual to be free of unreasonable searches and seizures, provided in the Fourth Amendment and made applicable to the states by the Due Process Clause of the Fourteenth Amendment, obviously has limited application to the institutional setting. Inmates are subject to searches of their person, belongings, and cell without warrant or even probable cause (*Hudson v. McMillan*, 1992). Furthermore, the Court ruled, in *Florence v. Board of Chosen Freeholders* (2012), that offenders being admitted to a local jail after their arrest can be strip searched, even if there is no reasonable suspicion that he or she is concealing contraband. Courts recognize the unique security needs of the institution outweigh the individual rights of the inmate.

13.3.6 Due Process Rights in Disciplinary Hearings

An area of correctional administration that has received much attention from the courts is the process by which inmates are disciplined. Discipline is obviously an important element of maintenance of security in the correctional institution. The courts require correctional administrators to provide "due process of law" to inmates involved in disciplinary proceedings. This means that before punishment can be meted out, certain procedures must be followed, to ensure inmates are not being treated unfairly. In *Wolff v. McDonnell* (1974), the US Supreme Court held that due process in prison disciplinary proceedings entails providing (1) inmates with written notice of the charges against them, (2) an opportunity for inmates to present evidence and witnesses in their defense, (3) the assistance of staff or a fellow prisoner if necessary under the circumstances, and (4) a written statement by the disciplinary board explaining its findings. The Court did not require that an inmate be allowed to cross-examine witnesses or to be provided with counsel at the hearing.

13.3.7 Due Process Rights in Parole Hearings

Historically, courts in this country have held that the decision to grant or deny a parole or pardon is a matter of executive discretion, implying that courts should not interfere in administrative decision-making. While there is no constitutional right to

parole or sentence commutation, the Supreme Court has held that when parole is a possibility, correctional administrators must accord inmates due process. This merely requires that the parole board hold a hearing and provide the inmate with written reasons for its decision.

In *Greenholtz v. Inmates of Nebraska Penal and Correctional Complex* (1979), the Court held that an inmate has no right to parole and that a discretionary parole release determination does not create a protected liberty interest. States are not constitutionally required to provide parole. Because there is no entitlement, no protected liberty interest (such as the right to a parole hearing) is created. In *Connecticut Board of Pardons v. Dumschat* (1981), the Court held that a state's practice of granting approximately three-fourths of the applications for commutation of life sentences did not create either a "liberty interest" or an "entitlement" so as to require the parole board to explain its reasons for denying an application for commutation.

13.4 Rights of Individuals Under Community Supervision

An offender may be released into the community either on probation or on parole. Probation is a substitute for incarceration of convicted criminals. It is defined as "a sentence imposed for commission of crime whereby a convicted criminal offender is released into the community under the supervision of a probation officer in lieu of incarceration" (Black, 2004). Probation has the twin goals of maximizing the liberty of the offender while still protecting the public. It is less costly and generally more rehabilitative in nature than incarceration (Cromwell, Alarid, & del Carmen, 2004).

According to the Supreme Court, the purpose of probation is "to provide an individualized program offering a young or unhardened offender an opportunity to rehabilitate himself [sic] without institutional confinement under the tutelage of a probation officer and under the continuing power of the court to impose institutional punishment for his original offense in the event that he abuse the opportunity" (*Roberts v. United States*, 1943).

Parole is a substitute for, and an extension of, incarceration. It is defined as "a conditional release of a prisoner, generally under supervision of a parole officer, who has served part of the term for which he was sentenced to prison" (Black, 2004). Parole has the goal of reintegrating the offender into the community while maintaining some degree of supervision over the individual, thus protecting the public.

13.4.1 Conditions of Probation and Parole

Courts consistently have upheld the use of probation and parole conditions. There are several justifications for imposing probation and parole conditions, including protecting the public, reducing recidivism through deterrence of criminal conduct

by the client, promoting alternatives to incarceration, and possibly rehabilitating offenders through closer supervision (Palmer, 2010).

Probation and parole conditions are imposed either by the judge at sentencing or by a parole board at the parole hearing. While most states by law suggest conditions to be imposed, the judge or board generally has complete discretion to accept, modify, or reject these conditions.

Surprisingly few statutes specify the goals to be served by probation and parole conditions, but courts have focused on the twin goals of rehabilitation and community protection. The courts see these interests of sufficient importance to meet the “compelling state interest” required for abridgement of “fundamental” constitutional rights (Tribe, 1988).

While rehabilitation and public safety often are cited goals, defining these terms with precision is difficult. Rehabilitation generally encompasses conditions that involve treatment, education, and reintegration of the offender; public safety involves conditions such as a ban on association with criminals, possession of weapons, and requirement to obey the law.

Probation and parole conditions are usually classified as either general or specific. General conditions are imposed on all; specific conditions are imposed only on some. While judges and parole boards are given tremendous latitude in establishing conditions, in reality, many use a list of previously adopted standard conditions for every individual. Commonly imposed general conditions include requiring the individual to (1) make periodic reports to his or her parole officer, (2) notify the officer about changes in employment or residence, (3) obtain permission for out-of-state travel, (4) refrain from possessing firearms, (5) not associate with known criminals, and (6) obey the law (Hemmens, 1999).

A special condition is one that is not imposed as a matter of course on all probationers or parolees. Rather, it is applied only to the specific offender. Examples of special conditions might include an anger management program for a violent offender or 24/7 GPS monitoring for a sex offender. So long as such conditions are reasonable and related to the state’s legitimate interest in rehabilitation and/or protection of society, they are likely to be upheld by the courts. A condition that violates a parolee’s constitutional rights is invalid even if it has a rehabilitative purpose or protects society.

The imposition of special conditions is not uncommon, as judges and parole boards attempt to tailor the terms of probation or parole to the individual offender. The general rule is that the authority to impose special conditions cannot be delegated to probation officers, although officers are often permitted to determine the precise mode of implementation of a condition. To avoid liability, officers should avoid imposing special conditions or unilaterally modifying existing conditions.

Considering how many individuals today are on either probation or parole, the amount of litigation concerning the legality of conditions is relatively small. This is likely because the probationer/parolee has agreed to the conditions and is aware of the practical consequences of challenging them. When conditions are challenged, a variety of claims are frequently raised. These include invalid consent, vagueness, unequal enforcement of the law, and infringement upon a fundamental right.

The Due Process Clause of the Fourteenth Amendment prohibits the enforcement of vague laws on the theory that a person cannot conform his or her conduct if they do not know precisely what is expected of them. Probation and parole conditions often are challenged on the grounds of vagueness, as offenders assert they did not understand the meaning of particular terms. Some conditions are expressed in a very general way, such as “avoid disreputable places” or “do not associate with undesirable individuals.” Courts generally have held probation and parole conditions to a lesser standard of clarity than statutory provisions, inquiring only as to whether the phrase in question is of common, everyday English usage (del Carmen, 1985).

Unequal enforcement of conditions can be the basis for liability under the Equal Protection Clause of the Fourteenth Amendment. Under this provision, unreasonable distinctions between individuals or classes of individuals are prohibited. The actions of probation and parole officers are sometimes challenged on the grounds of unequal enforcement—the probationer/parolee asserts that he or she has been singled out for harassment by the officer. Courts generally require clear evidence of officer misconduct in these cases (Hemmens & del Carmen, 1997).

In general, probation and parole conditions are valid, so long as they (1) do not violate the constitution, (2) are reasonable, (3) are unambiguous, and (4) are intended to promote the rehabilitation of the offender and/or the protection of society. When a “fundamental right” is abridged, however, the courts will examine the condition more closely, using what is referred to as “strict scrutiny” review. Under this standard of review, a probation or parole condition is valid only if there is a showing of both (1) a compelling state interest and (2) no less restrictive means of accomplishing the purpose. Rights deemed fundamental by the Supreme Court are found largely in the protections afforded citizens in the Bill of Rights. The First Amendment guarantees of freedom of speech, assembly, and religion are a prime example.

13.4.2 Nonassociation Conditions

A notion likely as old as crime itself is that hanging out with the “wrong crowd” will get a person in trouble. There is support in criminology research for this belief, and it serves as the basis for one of the most common probation and parole conditions, the limitation on association. This condition forbids the offender from having contact with certain persons or types of persons, such as other convicted felons. This limitation is justified on the ground that association with criminals or other “shady” characters will both interfere with the rehabilitation of the offender and reduce public safety. This limitation may apply to a category of persons, such as those with a criminal record or those who are not “law-abiding” or are of “disreputable or harmful character;” it also may apply to specific, named persons. Nonassociation provisions are authorized by statute in some jurisdictions and by case law in others.

Nonassociation conditions frequently are challenged as unconstitutional. These challenges fall into one of the four categories: (1) the condition is unrelated to the

purpose of probation/parole, (2) the condition violates the right of privacy, (3) the language of the condition is too vague, and (4) the condition violates the First Amendment.

Claims that a nonassociation condition is unrelated to the traditional purposes of parole (protection of the public and rehabilitation of the offender) are rarely successful. Courts generally accept without question the assertion that prohibiting contact with criminals and other unsavory types is conducive to public safety and rehabilitation. Claims that a nonassociation condition violates the right of privacy are also rarely successful, except in some limited circumstances where the nonassociation condition infringed on specific familial rights such as prohibiting a person from living with his/her significant other.

Claims that a nonassociation condition is void because it is vague are sometimes successful. Due process requires that probation and parole conditions be stated clearly enough so that the average person can understand them and know what conduct is and is not permitted. Successful challenges have focused on the language of conditions, which prohibit association with all criminals, without regard for whether the probationer/parolee was aware that the person he or she was associating with had a criminal record.

Claims that a nonassociation condition violates the First Amendment are the most likely to succeed. The First Amendment includes the right of freedom of association; a nonassociation condition clearly infringes on this right. This does not necessarily render such conditions invalid, however. Probationers and parolees both enjoy only conditional freedom from confinement, and this freedom comes at the expense of some rights. Courts long have upheld conditions that restrict even “fundamental” rights, such as the freedom of association, so long as the condition is related to a compelling state interest, such as protecting the public or promoting rehabilitation.

The Supreme Court has decided only one case involving the constitutionality of a nonassociation condition. In *Arciniega v. Freeman* (1971), the Court interpreted the meaning of a parole condition which prohibited “association” with other ex-convicts, holding that such a provision did not apply to “incidental” contact that occurs between ex-convicts in the course of work on a legitimate job. Unresolved by the Court’s decision in *Arciniega* was the question of exactly what constitutes “incidental” contact in other situations. Lower courts are left to sort out these issues. Generally, courts have treated brief, unplanned contact as “incidental,” and have treated repeated, intentional contact as “association.”

Several areas pose potential problems regarding limitations on association with other parolees. Often parolees participate in programs composed of individuals with special needs, such as educational programs, vocational training, alcohol and drug treatment, and psychological counseling. Restrictions on association with other parolees present an obvious problem for these programs. For example, participation in Alcoholics Anonymous by parolees is not uncommon. In this program, members are required to have a sponsor who has similar experiences and maintains a close relationship with the individual. Accordingly, an ex-convict may request another ex-convict to be his or her sponsor. Should this type of association be restricted? If

it is not, how would courts differentiate between legitimate self-help organizations and sham organizations created to avoid the restriction on association?

Nonassociation conditions are one of the easiest conditions for probationers and parolees to violate. Most offenders know others with criminal records or live in an area where they are likely to encounter other offenders. As the facts in *Arciniega* indicate, even offenders who seek to comply with their probation and parole conditions may violate them unintentionally, simply by virtue of working somewhere with other offenders or by participating in mandatory rehabilitation and reintegration programs.

Clearly, due process requires that offenders be given fair warning as to what conduct will subject them to a deprivation of their liberty. This means that probation and parole conditions should be as clear and unambiguous as possible and that probation and parole officers take steps to ensure that their clients understand their probation or parole conditions. In the context of nonassociation conditions, this means making sure offenders know the legal meanings of terms such as “association,” “incidental contact,” and “law-abiding.”

13.4.3 Travel Conditions

Probation and parole conditions often are categorized into two groups: reform and control. Reform conditions are intended to help in the rehabilitation of the offender, while control conditions are intended to aid in the supervision of the offender (Cromwell et al., 2004). A common probation and parole condition is one that limits in some way the offender’s right to travel. Such a limitation is an example of a control condition.

Restrictions on travel, or more generally the offender’s freedom of movement, can be divided into three types: (1) those that prohibit the offender from leaving the jurisdiction, (2) those prohibiting an offender from being at a particular location, and (3) those requiring the offender to be somewhere. Often two or more of these restrictions are combined in the conditions of probation or parole.

Conditions prohibiting the offender from being at a particular place may refer to places where criminal activity is known to occur or where the offender’s presence is likely to lead to trouble or criminal involvement, such as a bar or the residence of the victim of the offender. Conditions requiring the offender to be somewhere include those that require the offender to live in a particular residence or halfway house and those that require the offender to be present at treatment or counseling sessions.

Perhaps the most common probation and parole condition is one that requires the offender to remain within a certain geographical area, such as the state or county. Such conditions are generally upheld by the courts. The rationale for upholding such restrictions on the ability to travel includes protection of the public and promotion of offender rehabilitation. The public is protected because it is easier to supervise the offender if he or she remains within a limited area. Rehabilitation is fostered because it keeps the offender from going to areas where he or she might be more

likely to engage in criminal conduct and because it makes it easier for the probation/parole officer to supervise the offender and help reintegrate the offender into society.

A common condition affecting the freedom of movement is one which requires the offender to be at a particular place at a particular time, such as one in which the offender is required to remain at home during the evening hours. This is a form of curfew. While general curfews for adults are frequently declared unconstitutional by the courts, probation and parole conditions involving a curfew for the offender are often upheld. The justification for upholding a curfew condition is usually that it will protect the public and promote the rehabilitation of the offender by keeping him or her away from places where he or she is more likely to engage in inappropriate and/or illegal behavior.

Probation and parole conditions prohibiting an offender from being in a particular place are not uncommon. For example, an offender might be prohibited from being in a bar, the residence of the victim of his offense, or a school. Courts have struck down such limitations when the state was unable to demonstrate that there is a relationship between the offense and the place prohibited. When the state is able to establish such a relationship, however, courts are likely to uphold the prohibition as fostering rehabilitation and protecting the public.

The right to travel is an ancient one, recognized in English law as early as the Magna Carta (1215). While a right to travel is not specifically mentioned in the Constitution, it is recognized that there exists a constitutional right to interstate travel. The right is derived from Article IV, Section 2 of the Constitution, which states that “the citizens of each state shall be entitled to all Privileges and Immunities of Citizens in the several States.” The right to travel is a fundamental right, meaning that courts will examine any attempt to restrict it very closely, applying the “strict scrutiny” test, which requires a showing of a “compelling state interest,” and that there is no less means of accomplishing the purpose.

There are no US Supreme Court decisions regarding the constitutionality of probation and parole conditions limiting the right to travel. There have been a number of lower federal court decisions and state court decisions involving challenges to such conditions, however. Lower courts long have upheld conditions that restrict even “fundamental” rights, such as the right of travel, so long as the condition is related to a compelling state interest, such as protecting the public or promoting rehabilitation. Probation and parole conditions that impose reasonable restrictions on the ability of the offender to travel or move about usually are upheld on the ground that it is an appropriate means of both fostering rehabilitation and protecting the public.

While limitations on the freedom of movement are common, such conditions should not be imposed without reason or without recognition that violation may be all too easy. Requiring an offender to stay away from places where he or she has friends, family, and other ties is an invitation to violation by the offender. Probation and parole officers should work with their clients to ensure the clients fully understand what the limitation on movement means in a practical sense and to provide

ways for clients to conduct activities, which foster their rehabilitation and reintegration into society without leading to an unwitting probation or parole violation.

13.4.4 Speech Conditions

Probation and parole conditions limiting speech are relatively rare and most involve probationers who committed crimes while engaged in political demonstrations. Typical conditions bar the making of speeches, distributing printed materials, and engaging in public demonstrations or picketing. Such conditions were not uncommon during the Vietnam War, when political protests occurred with some regularity. Courts have seen a recurrence of such conditions in recent years, largely as a result of antiabortion and police misconduct protests. Some conditions have barred non-political speech. These conditions often are intended to limit the ability of offenders to profit from the publication of materials documenting their criminal exploits.

Courts, recognizing the importance of the freedom of speech, tend to examine restrictions on the right very closely. In general, those cases upholding conditions have focused on the relationship between the condition and the goals of rehabilitation and protection of the public. Cases striking such conditions generally have done so on the ground that they are overbroad and restrict more speech than is necessary. In one case, a court upheld a probation condition prohibiting an antiabortion protestor from entering the establishment that he was picketing against a challenge that such a condition unduly restricted the rights of the offender to engage in a political demonstration. In another case, a court upheld a probation condition preventing an antiabortion protestor from picketing an abortion clinic. The court determined that such a restriction was reasonably related to the goals of probation, including the prevention of further criminal activity and protection of the public.

13.4.5 Conditions Mandating Education or Job Training

Conditions requiring the offender to participate in educational programming or job training are different from previously discussed conditions in several ways, particularly in that they *require* the offender to do something, rather than to refrain from doing something. An affirmative act by the offender is required. A common probation and parole condition is the requirement that the offender attends school or an educational program of some kind. The frequency with which this condition is applied is not surprising, given the high value placed on education in American society and the relatively low education level of most offenders.

The type of education required depends on the offender. Juvenile offenders may be required to attend school; adult offenders generally are required to attend some form of adult education program. Other offense-related educational programs also may be required, such as attendance at an alcohol and drug awareness class or a driver safety class.

The authority to require the offender to participate in educational programs may be found in specific statutes or under the court and parole board's general authority to impose any condition that is reasonably related to the primary goals of probation and parole—rehabilitation and protection of the public. While the evidence regarding the rehabilitative effects of education programs on recidivism is mixed, historically there has been strong support for such programs. The assumption is that offenders with basic education are less likely to recidivate and more likely to see themselves as members of law-abiding society.

Offenders who either have completed basic educational programs or are in need of a marketable job skill often are required to obtain some form of job training. The justification for such a condition is also similar to the justification for mandatory education—rehabilitation and protection of the public. The assumption is that offenders with job skills will be less likely to return to their criminal ways as they develop a legitimate means of obtaining money.

Several cautions regarding mandating participation in education and job training programs should be mentioned. First, the course of study must not violate the constitutional rights of the offenders, particularly their First Amendment right of freedom of religion. Requiring an offender to attend religious training would likely be considered a violation of the First Amendment. While offenders on probation or parole retain only limited rights, courts look closely at any conditions that impinge on First Amendment rights. A second caution is that offenders should not be required to participate in educational programs for which they are unprepared or unable to participate in, because of financial constraints or other limitations. This is simply setting the offender up for failure. Probation and parole officers should consider the aptitude and willingness of the offender when making recommendations for educational programming.

13.4.6 Conditions Mandating Medical Treatment

Conditions mandating medical treatment can take several forms, including surgical procedures, psychological treatment, or some type of counseling or therapy. Conditions requiring an offender to undergo some type of surgical procedure are relatively rare, although there have been calls in recent years for greater use of such conditions, at least in regard to offenders with sexual issues.

Challenges to conditions mandating medical treatment are based on several different provisions of the Constitution, including the First and Eighth Amendments, and the general right to privacy. These challenges are relatively rare, no doubt in large part because such conditions are themselves rare. Generally, courts have taken the position that a condition requiring medical treatment is not per se unconstitutional, so long as the treatment is reasonably related to the goal of rehabilitation (*Washington v. Harper*, 1990). Additionally, courts have noted that the offender always has the option of rejecting such a condition.

Conditions mandating some form of therapy or counseling are much more common than those requiring the offender to undergo a medical procedure. Primarily

because these conditions are less physically invasive, they are also much more likely to be upheld by the courts. Additionally, it is often easier to establish a connection between the mandated therapy and the goals of probation and parole.

Conditions requiring the offender to receive some form of therapy or counseling may be authorized by a state statute or by parole authority regulations. This authorization is frequently vague, merely authorizing “psychological or psychiatric treatment” without providing more specifics. A number of states now provide specific authorization for counseling for sexual offenders. Conditions mandating therapy or counseling are quite popular, as there is widespread sentiment that most offenders can benefit from professional attention.

There have been very few challenges to probation and parole conditions mandating therapy or counseling. Courts have routinely rejected such challenges, so long as the treatment is reasonably related to the needs of the offender. Courts have also made it clear that offenders are only required to make reasonable efforts to comply with the treatment condition. Requiring an offender to obtain expensive treatment that he or she clearly cannot afford may be invalidated by the courts.

13.4.7 Conditions Mandating Restitution

A common probation and parole condition is the requirement that the offender makes a payment to the victim. Restitution is defined as “an equitable remedy under which a person is restored to his or her position prior to a loss or injury ... (or) compensation for the wrongful taking of property.” It is different from victim compensation, where the money is given to the victim by the state. Restitution is paid by the offender to the victim. It is also different from a fine, which is monies paid by the offender to the state and is not treated as compensation. Restitution serves as both atonement for the offender and rehabilitation for the victim.

Virtually every jurisdiction allows for the imposition of restitution as a probation condition, while over half of the states currently require a court to order restitution to the victim. Restitution has been endorsed in the Model Penal Code and by the American Bar Association and the National Council on Crime and Delinquency.

Restitution serves a number of purposes. These primarily include (1) providing redress for victims of crime, (2) providing accountability for the offender, and (3) serving as an intermediate sanction that is less severe on the offender. The sanction is used most often for crimes involving damage to property or economic crimes; it is used much less frequently for violent crimes, as it is difficult to determine the appropriate compensation for such injuries, and it is not seen as an appropriate sanction for such serious offenses.

The authority to require an offender to make restitution has been repeatedly upheld by the courts. Ordinarily, there must be a finding or plea of guilty before restitution can be ordered, although this does not apply to cases involving restitution ordered during the pretrial diversion process. Courts may specify the amount, method of payment, and other conditions relating to restitution. However, the US Supreme Court, in *Bearden v. Georgia* (1983), ruled that probation cannot be

revoked because of an offender's inability to pay restitution as a condition of probation when the failure to pay is a result of indigence and not a mere refusal to pay. In this case, Bearden was ordered to pay a \$500 fine and \$200 in restitution but was unable to find employment and consequently failed to pay either the fine or the restitution. His probation was revoked and he was incarcerated. He argued, and the Supreme Court agreed, that the Equal Protection Clause of the Fourteenth Amendment barred the revocation of probation for a non-willful failure to pay restitution. The Court determined that revocation was proper only if the failure to pay was intentional and the offender did not make a good faith effort to obtain the means to pay.

It sometimes seems as though there are as many probation and parole conditions (and challenges to these conditions) as there are individuals under community supervision. Probation and parole officers can do their job well, however, if they keep in mind a few simple points. First, individuals on probation/parole retain a number of rights, and officers must take care not to abridge these rights. Second, officers have a duty to enforce the conditions of probation and parole and to do so in an evenhanded, consistent manner. Third, many violations may be avoided if officers make clear to their clients the terms of each condition, as well as their intention to enforce these conditions. Fourth, officers will do well to remember that many probation and parole conditions serve two primary functions at the same time: promotion of offender rehabilitation and reintegration and protection of society.

13.4.8 The Fourth Amendment and Probation and Parole

Individuals convicted of crime, whether incarcerated or on probation or parole, do not retain the privacy rights enjoyed by the average citizen. Indeed, prisoners have no reasonable expectation of privacy and are subject to warrantless searches based on less than probable cause. This limitation also is evident in regard to probation and parole conditions that impinge on the Fourth Amendment right to be free from "unreasonable" searches and seizures. What may be an unreasonable search when the target is an ordinary citizen may be reasonable when the target is a probationer or parolee. Courts frequently base this distinction on the rationale that a probationer or parolee has a lessened expectation of privacy than the ordinary citizen. There are several policy reasons that support allowing searches of probationers and parolees. These include protection of the public, reducing recidivism through deterrence of criminal conduct by the client, promoting alternatives to incarceration, and, hopefully, rehabilitation through reintegration in the community.

Consent to a search is one of the most common conditions of probation and parole. The condition generally covers searches conducted by probation or parole officers and often allows searches by police officers, as well. The scope of the search usually includes the offender's person and property. The terms of the condition may include blanket permission to be searched by caseworkers or law enforcement personnel or may be limited to searches conducted by the caseworker. At the probation and parole agency where one of your authors (Gann) worked, the consent condition

for parolees read: *You must submit your person, place of residence, or motor vehicle to search and seizure anytime, day or night, with or without a warrant, whenever requested to do so by a [agency name] officer or other law enforcement officer.*

While this condition is widespread, it is rarely specifically authorized by statute (Cohen & Gobert, 1992). Instead, the condition usually is justified under the broad discretionary authority of the sentencing court (for probation) or the parole agency (for parole). While this condition is almost always upheld, some courts have struck it down in specific instances where consent to search was not appropriately related to the offense and background of the offender (Hemmens, Bennett, & del Carmen, 1999).

The Fourth Amendment controls all searches and seizures conducted by state actors, be they police or probation officers. Generally, all searches and seizures must be conducted either (1) based on a warrant, issued upon a showing of “probable cause,” or (2) without a warrant, so long as the search is not “unreasonable”—meaning there must be a showing of probable cause and an exigent circumstance or exception, which justifies failure to obtain a warrant. Exigent circumstances include such situations as danger to public safety and hot pursuit. Exceptions to the warrant requirement include inventory searches, plain view searches, search incident to arrest, and others. The two exceptions relevant to caseworkers are consent and the special needs of law enforcement.

Another exception to the warrant requirement that comes into play in probation and parole situations is the “special needs of law enforcement” exception. Under this exception, the requirement of a warrant and probable cause is determined to interfere too greatly on the government’s objective. Courts must balance the degree of intrusion into an individual’s right to privacy with the burden on the government. The Court has upheld searches in schools and drug testing in certain occupations under this exception. In *Griffin v. Wisconsin* (1987), the Court held that a state regulation allowing “reasonable” searches of all probationers was constitutionally valid, on the grounds that the warrant and probable cause requirement would unduly hamper the state’s probation system. The Court did not find it necessary to address the issue of the validity of the probationers’ consent, since the regulation was upheld under the “special needs” exception.

A subsequent case reaffirmed the Supreme Court’s diminished view of the applicability of the Fourth Amendment to probationers and parolees. In *United States v. Knights* (2001), the Court held that a consent search authorized by a probation condition was reasonable. Knights was placed on probation for a minor drug offense. According to the terms of his probation, he was required to submit to a search at any time, even in the absence of a warrant, probable cause, or even reasonable suspicion, by either a probation or police officer. Shortly after he was placed on probation, Knights became a suspect in an arson investigation. A sheriff’s deputy, aware of the search condition in Knights’ probation order, conducted a warrantless search of Knights’ apartment, where he found material implicating Knights in the arson. The district court conceded that the deputy had “reasonable suspicion” that Knights was involved in the arson but nonetheless determined that the search of Knights’ residence violated the Fourth Amendment because it was conducted for

“investigatory” rather than “probationary” purposes. The district court claimed that the search condition in the probation order allowed warrantless searches on less than probable cause only when the purpose of the search was to see if probation was being complied with, not for the investigation of another crime.

The Supreme Court unanimously reversed the lower court and upheld the search of Knights’ apartment. Rather than trying to sort out whether the search was investigatory or probationary in nature, the opinion by Chief Justice Rehnquist focused on whether the search was “reasonable” under the Fourth Amendment. The Court held that this particular search, based on reasonable suspicion and authorized by a probation condition, was in fact reasonable. The Chief Justice noted that probation serves several purposes, including rehabilitation of the defendant and protection of the public, and probationers enjoy a lessened expectation of privacy. All of this tilted the balance in favor of the government in this case. While the Court several times focused on the specific facts of this case, some language in the opinion left open the possibility that searches of a probationer might be considered “reasonable” even in the absence of a specific search condition or reasonable suspicion.

In *Samson v. California* (2006), the Supreme Court went a step further and ruled that the Fourth Amendment does not prohibit a police officer from conducting a suspicionless search of a parolee. The case originated in California, which had a statute requiring all parolees to agree, as a condition of their release, to warrantless searches by either parole officers or police officers. The Court, in a six to three decision authored by Justice Thomas, upheld the state law, noting that parolees have a lower expectation of privacy than free citizens or even probationers. The state, on the other hand, has a strong interest in ensuring that parolees do not endanger public safety. Balancing the parolee’s low expectation of privacy against the state’s interest in public safety, the Court had little difficulty upholding the state suspicionless search statute. Consequently, the Fourth Amendment has little to no application to the rights of parolees.

13.4.9 The Exclusionary Rule and Probation and Parole

Until recently, it was unclear whether the exclusionary rule applied to probation and parole revocation hearings, which are generally considered extrajudicial proceedings. Lower courts interpreting *Griffin* were split on the applicability of the exclusionary rule to probation and parole revocation hearings where probation and parole officers conduct illegal searches. Finally, in *Pennsylvania Board of Probation and Parole v. Scott* (1998), the Court, in a five to four decision, held that the exclusionary rule does not apply to parole revocation hearings.

Keith Scott was released on parole in September 1993, after serving 10 years for third-degree murder. One of the conditions of his parole was that he would neither own nor possess any weapons. Another condition was that he consented in advance to warrantless searches of his person, property, and residence by agents of the Pennsylvania Board of Probation and Parole. Furthermore, he agreed that any evidence seized during such searches could be used in a parole revocation hearing.

About 5 months after Scott was paroled, three parole officers obtained an arrest warrant for Scott, based on evidence that he had violated several terms of his parole. After arresting Scott, they went to his residence, where he lived with his parents, and searched it. In a room adjacent to Scott's bedroom, they found several weapons. These were introduced at the revocation hearing. Scott objected to the introduction of the evidence seized during the search of his home, claiming the seizure violated the Fourth Amendment because it was conducted without at least "reasonable suspicion" (as required by *Griffin*). He also claimed that his prior consent to a warrantless search was invalid because it was obtained involuntarily, as a requirement of parole eligibility. The hearing examiner rejected his claims, admitted the seized evidence, and recommitted Scott.

On appeal, the Commonwealth Court of Pennsylvania ruled (1) the search was unlawful because it was conducted without Scott's consent and was not authorized by any state statutory or regulatory framework ensuring the reasonableness of the officers (per *Griffin*) and (2) the illegally seized evidence should not be admitted at the revocation hearing because the exclusionary rule applied to such proceedings. The Pennsylvania Supreme Court affirmed the lower court, holding that Scott's consent to warrantless searches did not extend to searches conducted without at least "reasonable suspicion" and that the exclusionary rule should apply to parole revocation hearings when parole officers are aware that the subject of their search is a parolee.

The US Supreme Court reversed the decision of the Pennsylvania Supreme Court and held that the exclusionary rule did not apply to parole revocation hearings. Writing for the majority, Justice Thomas emphasized the costs associated with the exclusionary rule and downplayed the benefits of the rule, particularly in parole revocation hearings. As parole is a "variation on imprisonment of convicted criminals" and parole revocation deprives a parolee "only of the conditional liberty properly dependent on observance of special parole restrictions," Thomas determined that applying the exclusionary rule to parole revocation hearings would significantly alter the revocation process, transforming revocation hearings "from a predictive and discretionary effort to promote the best interests of both parolees and society into trial-like proceedings less attuned to the interests of the parolee."

Thomas stated that the exclusionary rule should not be applied to parole revocation hearings because the purpose of the exclusionary rule is deterrence of unlawful police conduct in the investigation and prosecution of crime, while the purpose of parole is different—to rehabilitate the offender while at the same time to protect the community. Since extension of the exclusionary rule to revocation hearings would not serve these dual purposes and in fact would hamper the effective administration of a parole system, it has no place in revocation hearings.

The ruling in *Scott* was a major victory for probation and parole officers. It allows the use of evidence, however obtained, in parole revocation hearings. This is an important decision, as parole revocations are becoming increasingly common as more and more individuals are placed on parole. There are currently in excess of four million people on probation or parole. And while this case dealt only with

parole revocation hearings, it is likely the Court would similarly hold the exclusionary does not apply in probation revocation hearings.

13.4.10 Privilege Against Self-Incrimination

The Supreme Court has accorded criminal suspects the right to be apprised of their Fifth and Sixth Amendment rights, such as the right to counsel and the privilege against self-incrimination, prior to custodial interrogation. The Court created the so-called *Miranda* warnings because it felt that they were necessary to effectively secure a criminal suspect's privilege against self-incrimination. Prior to the decision in *Miranda v. Arizona* (1966), the Court focused on whether a statement was voluntary—that is, uncoerced by the police. The Court determined in *Miranda* that voluntariness alone was not enough—because an incriminating statement was potentially devastating to a defendant, such statements should be admitted only if it were made freely and with full knowledge of one's constitutional rights.

The Court has refused to extend the *Miranda* warnings to interrogation of probationers or parolees by their caseworkers, however. While the Supreme Court has not directly addressed the issue, most lower courts have held that the *Miranda* warnings are not required before a caseworker speaks with a client, primarily on the rationale that to require the warnings would do serious damage to the relationship between the caseworker and client, creating a law enforcement/interrogation type of atmosphere rather than a counseling type of atmosphere.

While caseworkers are not required to *Mirandize* their clients before engaging in a routine office visit, a different situation arises when the probation or parole officer has placed the client under arrest. *Miranda* warnings are required whenever someone is in custody and interrogation is about to commence. An ordinary conversation between client and caseworker does not fall into this category. However, once a caseworker has begun investigating a possible crime and has arrested the client, then *Miranda* warnings are required. The same is true if the caseworker is questioning a client who has been arrested by the police and brought to the probation/parole officer for questioning.

13.4.11 Privileged Communications

Courts long have recognized that certain communications should remain confidential, regardless of their probative value in court. Every state has case law and statutes according the privilege of confidentiality to certain relationships, such as doctor-patient, husband-wife, lawyer-client, and clergy-parishioner. Confidentiality is not a constitutional right but an evidentiary privilege. This means that the person who enjoys the privilege must exercise it to keep a communication confidential. In other words, the persons must assert the privilege—it will not be extended to them unless they specifically request it.

The importance of privileged communications for criminal justice caseworkers involves their designation, in some states, as counselors. This designation suggests the caseworker-client relationship may be akin to the doctor-patient relationship and that, therefore, communications between a caseworker and a client may be privileged. Yet, most courts have not taken this view. There are exceptions to the doctor-patient privilege, and courts have declined to extend the common law evidentiary privilege of confidentiality to the caseworker-offender relationship, regardless of whether the caseworker is a probation officer or a parole officer. Thus, conversations between a parolee and his or her caseworker are not treated as confidential. The rationale most often proffered for this distinction is that a criminal justice counselor is not a private counselor, but a counselor and a law enforcement agent (*Fare v. Michael C*, 1979).

In *Jaffee v. Redmond* (1996), the Supreme Court held that there is a psychotherapist-patient privilege with respect to confidential communications. Furthermore, this privilege extends to communications between licensed social workers and patients, as well. While this decision was in accord with the rule in most states, it is potentially significant in that it may open the door for extension of the privilege to other relationships that involve medical/psychological counseling. This could include criminal justice caseworkers. Courts have not yet taken this step, however, and since most criminal justice counselors are not licensed therapists, courts may distinguish them from social workers and psychotherapists on this basis.

13.4.12 Right to Due Process in Probation/Parole Revocation Hearings

While those convicted of a crime clearly do not retain all of their rights, the Supreme Court has made it clear that the Fourteenth Amendment's Due Process Clause does apply, not only during incarceration but also at probation and parole revocation hearings. This is a significant change from prior practice.

In *Morrissey v. Brewer* (1972), the Court held that due process required that, at a minimum, parole revocation procedures include (1) written notice of the claimed parole violation, (2) disclosure to the parolee of the evidence against him or her, (3) an opportunity for the parolee to present evidence and witnesses and to be heard, (4) the right of the parolee to confront and examine witnesses, (5) a neutral and detached hearing committee, and (6) a written statement by the parole board of the evidence and reasons for revoking parole.

In *Gagnon v. Scarpelli* (1973), the Court held that the requirements for a probation-revocation hearing are identical to the requirements for a parole-revocation hearing. While the Court admitted that parole and probation are not identical, revocation of probation where sentence has been imposed previously is fundamentally indistinguishable from revocation of parole. In *Mempa v. Rhay* (1967), the Court held that the Sixth Amendment right to counsel applies to a combined revocation and sentencing hearing, on the grounds that since the right to

counsel attaches at any stage in a criminal proceeding where substantial rights of a criminal defendant are involved, the right should include sentencing.

13.5 Sex Offender Registration, Community Notification, and Civil Commitment

Spurred by media accounts of horrible child sexual assault cases, Congress and state legislatures in recent years have passed a variety of laws affecting the rights of convicted sex offenders. These laws vary in the details but focus on three primary objectives: (1) requiring sex offenders to register with local authorities, (2) requiring local law enforcement to notify the community about the presence of sex offenders living in the community, and (3) permitting the state to pursue civil commitment of sex offenders after they have served a period of incarceration. Each of these objectives presents potential legal issues.

Laws affecting sex offenders are often referred to as Megan's laws, as many of the laws were passed in response to the rape and murder of Megan Kanka, a 7-year-old New Jersey girl, by a twice-convicted sex offender who lived across the street. The New Jersey legislature and Congress responded by immediately passing legislation affecting sex offenders, and other states soon followed. Much of this legislation was spurred by the Jacob Wetterling Crimes Against Children and Sexually Violent Registration Act, which Congress passed in 1994. This legislation established a national registry system for sex offenders and required states to pass similar registration and tracking systems or face a loss of federal monies. In particular, the legislation required states to release all relevant information necessary to protect the public. Today, every state requires the registration of sex offenders, and at least 47 states have some form of notification requirement.

While these laws are obviously popular, they are not without controversy. Social scientists have pointed out that there is little empirical proof that such laws reduce recidivism, while legal scholars have suggested the laws may violate a number of constitutional rights, including the ban on ex post facto laws, the prohibition on double jeopardy, and the right of privacy.

13.5.1 State Sex Offender Registration

Today, all 50 states require that convicted sex offenders register with local authorities. States vary in precisely who is required to register: in some states, only those convicted of a sex offense after passage of the registration requirement must comply, while in other states, the registration requirement is applied retroactively. Some states require anyone convicted of a sexual offense to register; others also require those convicted of a violent crime against a child to register.

Typical registration requirements include requiring released offenders to register with the local law enforcement agency in the jurisdiction where they are living, to

verify their address annually, and to do so for a period of years—often between 20 and 30 years. Failure to comply is a felony, punishable as a new offense.

13.5.2 Community Notification

Washington State was the first to pass a notification statute, doing so in 1989. The notification movement gained national attention and tremendous momentum with the passage of New Jersey's notification statute, Megan's law, in 1994. Proponents viewed notification statutes as a necessary supplement to registration laws, many of which already existed.

A variety of methods exists for notifying the public. These include public meetings, provision of a written list of offenders, provision of a list online, news releases, and notices targeted to institutions such as schools. A substantial majority of the states have an Internet site devoted to dissemination of sex offender information. More than 30 states allow persons to request information on a specific offender or to view the sex offender registry at the discretion of local law enforcement officials. States also vary in the determination of which registered sex offenders the public has a right to notice of, with public notice usually limited to those deemed most dangerous.

13.5.3 Civil Commitment

The US Supreme Court upheld the civil commitment of sex offenders in *Kansas v. Hendricks* (1997). Kansas passed legislation in 1994 establishing procedures for the civil commitment of persons who were deemed likely to engage in “predatory acts of sexual violence” due to either a “mental abnormality” or a “personality disorder.” The statute was applied to Hendricks, after he finished serving a term of imprisonment for child molestation and he was ordered civilly committed. Hendricks challenged his commitment on double jeopardy, ex post facto, and due process grounds. In a narrow 5–4 decision, written by Justice Thomas, the Supreme Court upheld the civil commitment statute. The high court reasoned that neither the double jeopardy nor ex post facto clauses applied, as civil commitment was not punitive but regulatory, and these clauses apply only to punishment. There was no due process violation because civil commitment for a mental abnormality did not violate the concept of “ordered liberty.”

In a subsequent case, the Supreme Court provided further support for states seeking to use civil commitment for sex offenders. In *Kansas v. Crane* (2002), the high court held that civil commitment could be justified upon a mere showing that the offender had a “serious difficulty in controlling [his] behavior.” In *McKune v. Lile* (2002), the Supreme Court upheld a requirement that sex offenders could be required to disclose their criminal history (and thus run the risk of providing the authorities with incriminating information) as part of a prison sex offender treatment program. While only a handful of states had enacted civil commitment laws prior to the

Hendricks decision, a number of states have responded by enacting similar legislation.

How sex offenders are managed and supervised is a matter of great concern to the general public, politicians, and criminal justice professionals. Sex offender notification and registration is part of a larger trend toward community justice. Supporters of notification often claim that such laws enable individual citizens to protect themselves against criminal activity.

Protecting the public from sex offenders and helping offenders with their rehabilitation and reintegration have taken on even greater importance to probation and parole departments as a consequence of the firestorm over registration and notification. There has been a tremendous increase in the resources needed to supervise sex offenders. Unfortunately, there also have been a number of cases involving claims of improper supervision of sex offenders. As a result, the focus is now on containment and control of sex offenders, rather than on rehabilitation.

13.6 Caseworker Liability Issues

An emerging area of the law of potential concern to criminal justice caseworkers is the issue of liability, both individual and governmental. There has been a tremendous increase in public concern over the release of potentially dangerous offenders, particularly sexual offenders. Every state has enacted legislation requiring public notification of the release of certain offenders, and both individual caseworkers and state governments have been held liable for civil damages for negligent release of criminal offenders. At the same time, caseworkers are faced with maintaining a duty to their clients, be they probationers, parolees, or inmates.

It is important to distinguish the different duties owed by a criminal justice caseworker. The caseworker, as a quasi-law enforcement agent, owes a duty to the public to protect it from harm. This duty applies to caseworkers in both the institutional setting and the community. There is an obligation to keep inmates deemed dangerous away from the public. This duty includes keeping such individuals in secure custody to prevent escape and to keep such inmates incarcerated until it is determined that they pose no future danger to society. There is also the duty to warn the public when a dangerous person is in the community. A number of states recently have enacted legislation requiring the registration of certain released offenders, as well as notification of the public in general and in some cases notification of individual victims. Furthermore, community-based criminal justice caseworkers owe a duty to supervise offenders under their care and to report potential dangerousness.

13.6.1 Immunity

In common law, the state could not be sued for civil damages as a result of its actions, regardless of the intent of the state. Under the English doctrine of sovereign immunity, the king, as an agent of God, was incapable of doing wrong; hence, there

was no possibility of liability, since there could be no wrongdoing. This doctrine has continued, in watered-down fashion, to the present day, under the theory that the government can be sued only if it consents to the suit, either expressly through statute or constitutional provision.

Most states have a statutory provision waiving their sovereign immunity in certain circumstances. This allows lawsuits to be brought in state court relying on state tort law. A tort is a “private or civil wrong or injury other than breach of contract, for which the court will provide a remedy in the form of an action for damages” (Black, 2004).

While the federal and state governments all provide for waiver of their sovereign immunity in some circumstances, this waiver is far from complete. There are three forms of immunity defenses invoked in liability suits: absolute, qualified, and quasi-judicial immunity. Under absolute immunity, a lawsuit is dismissed without delving into the merits of the claim itself. Absolute immunity has been applied to legislators, judges, and prosecutors. It generally applies only to officials in the judicial or legislative branches of government.

Where absolute immunity protects officials completely, regardless of motive or intent, qualified immunity protects an official only if the official acted in “good faith.” This form of immunity applies only to members of the executive branch of government. Probation and parole officers generally are accorded qualified immunity, although recently some lower courts have become less willing to apply immunity unquestioningly.

Quasi-judicial immunity applies to officials who perform both judicial and executive functions. Under this form of immunity, official duties that are essentially nondiscretionary are not protected from liability, while those official duties that are judicial in nature and involve the exercise of discretion are accorded protection from liability. Courts generally have held that the function must be “intimately associated” with the judicial phase of the criminal process for immunity to apply (Jones & del Carmen, 1992). Parole board members generally fall into this protected group. Where qualified immunity is determined by the officer performing the function, quasi-judicial immunity is determined by the function itself (del Carmen, 1985).

The importance of the doctrine of sovereign immunity is that it allows a plaintiff to sue not merely the individual caseworker for damages, but the government, as the employer of the individual, under the doctrine of *respondeat superior*. Under this doctrine, an employer may be held liable for the torts of an employee if these torts are committed in the scope of employment. This doctrine allows plaintiffs to go after the one with “deep pockets,” as criminal justice personnel, like other employees, are unlikely to have large resources from which a damage award can be obtained.

Generally speaking, for liability to attach, there must be not only a waiver of sovereign immunity but proof of inappropriate conduct by the caseworker. In tort law, liability may be imposed for several levels of conduct: strict liability, negligence, and recklessness. In strict liability, liability attaches irrespective of the knowledge of the defendant. This very rarely applies to criminal justice personnel. Usually negligence is not enough to impose liability either. Rather, there must be a

showing of *recklessness*—conduct that displays both serious risk-taking and an awareness of the likelihood of harm. While this may be proven by the civil standard of proof by a mere preponderance of the evidence, rather than the criminal standard of proof beyond a reasonable doubt, it is nonetheless a difficult burden for most plaintiffs to meet.

A common issue involves the decision to release an offender, or the decision not to revoke an offender, and a subsequent criminal act by the offender. Can the caseworker who decided to allow the offender to remain in the community be held liable for damages for the future criminal conduct of the offender? Generally, courts have been reluctant to attach liability in such situations absent a showing of recklessness.

In other words, a caseworker who follows established procedure and who makes an informed discretionary decision will not be held liable if it later turns out to have been a mistaken decision. Courts recognize that predicting future behavior is not foolproof. So long as caseworkers can demonstrate that they have made a good faith effort to make the right decision, liability will not attach. The key is adhering to both existing professional standards and following the legally required steps and procedures. Caseworkers do not always have to be correct, but they do have a duty to acquire and share relevant information, provide the appropriate treatment, and follow any legal requirements (Cohen, 1995). In legal terms, caseworkers have a duty to the public to use reasonable care to prevent a foreseeable risk of harm.

13.6.2 Legal Remedies for Harm

There are several bases for caseworker liability. The most common are state tort law, the Federal Tort Claims Act of 1946, and the Federal Civil Rights Act of 1871 (42 U.S.C. Section 1983). The Federal Tort Claims Act of 1946 waives the sovereign immunity of the federal government in a number of areas, and 42 USC Section 1983 provides a federal law remedy for injury caused by state actors.

For a plaintiff to succeed under a Section 1983 claim, the defendant must be acting “under color of law,” meaning that the injury was a result of misconduct by a state agent acting in his or her role as a state agent. Only individuals may be sued under Section 1983, not corrections departments. In addition, the injury must involve a constitutional or federally protected right. While Section 1983 was passed by Congress in 1871, it was not until 1961, in the case of *Monroe v. Pape*, that the Supreme Court held that the law applied to the violation of civil rights of criminal suspects.

State tort law varies a great deal from state to state; consequently, criminal justice caseworkers are advised to familiarize themselves with the law in their jurisdiction. A tort is a civil wrong. Three conditions must exist for a tort to be proven. First, it must be shown that the defendant owed a duty to the plaintiff. This duty may arise from law, as in the case of contracts, or from the relationship of the plaintiff and defendant. It is this situation which is of most concern to criminal justice

caseworkers, as the client-counselor relationship and the counselor-public relationship give rise to certain obligations, including the right to privacy and the duty to warn.

It also must be shown not only that the defendant owed a duty to the plaintiff but that he or she breached that duty. In legal parlance, there are two forms that this breach of duty may take in regard to state agents. If a caseworker takes an improper action, it is termed *misfeasance*. If the caseworker takes no action or takes a required action but performs it inappropriately, it is referred to as *malfeasance*.

The third condition for a tort is a demonstration that the injury suffered by the plaintiff was, in fact, the proximate consequence of the defendant's breach of duty. Proximate cause is a legal creation intended to limit liability for damages to consequences that reasonably are foreseeable and related to the defendant's conduct.

13.7 Ethical Issues for Caseworkers

Most state statutes provide only a general outline of the duties of probation and parole officers, often speaking in general terms of supervising, counseling, and assisting the offender. Some states classify probation and parole officers as law enforcement personnel, while other states classify them as social service personnel. This split indicates the variation in perceptions of what the primary task of caseworkers is and, consequently, how caseworkers should interact with their clients.

Because the statutory goals of probation and parole officers are frequently vague, the manner in which a caseworker deals with his or her clients is likely to be determined in large part by the needs of the local agency and outside factors such as public outcry over individual cases. Commentators have identified three different roles that most caseworkers fall into, based on their education, training, and local agency culture. These are the law enforcement model, the therapeutic model, and the synthetic model (Abadinsky, 1982). Under the law enforcement model, caseworkers see their primary role as protecting the public. Under the therapeutic model, caseworkers see their primary role as rehabilitating and aiding the client offender. Under the synthetic model, caseworkers see their primary role as a combination of law enforcement and rehabilitation.

The caseworker is charged, at a minimum, with the twin, and potentially competing, duties of protecting the public by supervising the conduct of the client and additionally supervising the treatment and rehabilitation of the client. Clearly, there is a potential for role conflict here—what is best for the client may not always be best for the public, and vice versa. How a caseworker reconciles these potentially conflicting goals is determined not only by agency and public pressure but also by individual ethics. Simply put, the caseworker is faced, on a daily basis, with choosing not just between what is legally required and prohibited but between what is ethically or morally “right.”

The majority of this chapter is taken up with a discussion of the legal rights of criminal justice offenders and the legal duties that these rights create for the criminal justice caseworker. Legal requirements are not the end of the story, however. The

law simply provides the parameters of conduct, sketching out the bare minimum that is required of the caseworker. Ethical standards may require more. The caseworker must determine, based on his or her own set of ethics, what sort of conduct is proper. The ethical choices generally break down into two areas: deciding what is owed to the client and deciding what is owed to the community. Each of these areas requires the caseworker to make hard choices; when the two areas come into conflict, the choice is even more difficult.

There are several ethical duties the criminal justice counselor owes to his or her client. One is the duty to inform the offender of the limitations of their relationship. Thus, a caseworker should inform a client that total confidentiality cannot be assured. Obviously, this ethical duty may limit the development of the relationship, since clients may decide that they cannot divulge all of their activities to the caseworker if doing so may force the caseworker to report them to the authorities.

Criminal justice caseworkers also owe an ethical duty to the client to act in the best interests of the client. Generally, this means providing the opportunity for rehabilitation and treatment, if necessary. An oft-quoted maxim is that the caseworker should “do no harm” to the client. This is a difficult task for the caseworker who is responsible for both helping and supervising the offender.

13.8 Summary

This chapter examined an area of criminal justice casework, which many caseworkers probably would like to avoid entirely. The courts in recent years have made the caseworker’s job much more difficult, as the rights of criminal offenders, both incarcerated and in the community, have been expanded dramatically. In addition, caseworkers have been held liable for failing to protect the public from the same clients to whom the courts have been according additional rights.

The day has not yet come that a caseworker needs to think like a lawyer, however. If caseworkers can remember a few main points, they should be able to do their job effectively without infringing on the constitutional rights of their clients or incurring liability. Criminal justice offenders do not enjoy the same rights as ordinary citizens. Yet, where rights have been circumscribed, certain procedures still must be followed. This is the essence of the phrase “due process of law.” And while caseworkers need not be lawyers, it would be wise to keep abreast of the latest developments in the legal area.

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Although we might talk in very broad and general terms about causes of criminal behavior, theorists should acknowledge that their nominated causes are all subject to the deadening qualification “all other things being equal.” Criminal behavior is located somewhere in a dense and messy causal maze, and those who become involved in criminal justice system trod many pathways. Many offenders have substance-abuse problems, many have mental disorders, a few have chemical imbalances, and some are normally responsible individuals who have succumbed to the pressures and urges of the moment. Without specific proximate causes, the more general ultimate causes (whatever they may be) remain hidden. Note that proximate causes are those things that immediately precede an event. Ultimate causes are those things that are the furthest removed from the present. Although proximate causes may be quite difficult to work with, they certainly are more amenable to identification and treatment than are ultimate causes.

In this chapter, we will explore alcohol use, abuse, and dependence, the problem most commonly found to be the proximate cause of a variety of crimes, especially violent crimes (Schmallegger, 2006). Wanberg and Milkman (1998) estimated that at least 70% of American prison inmates are alcohol and/or drug addicted, and in Britain, the figure is around 60 percent (McMurren, 2003). Alcohol tends to be the drug most often minimized or overlooked by correctional practitioners. We forget that alcohol is a drug, a very powerful and addictive substance, and is a major player in criminal etiology. You will find few recovering hard drug addictions who have not had to overcome a latent alcohol dependency, well after hard drug use has ceased. Just as often, you will run across hard drug addicts who discover their addiction to alcohol only after trying to stop use. Cross-addiction, cross-tolerance, and multi-drug use are the reality of offender substance use and abuse and point to the

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question of shared causation for criminality and substance abuse (Goldman, Oroszi, & Ducci, 2005).

14.1 The Scope of the Addiction Problem

We normally think of illegal drugs when it comes to criminal offender behavior. However, we must train ourselves not to lose sight of the greatest substance abuse threat there is today: alcohol. Alcohol is linked to about 10% of deaths of working aged adults, a mortality rate of 27.9 per 100,000 people per year between 2006 and 2010 (Stahre, Roeber, Kanny, Brewer, & Zhang, 2014). Alcohol also costs society approximately \$249 billion per year (Sacks, Gonzales, Bouchery, Tomedi, & Brewer, 2015). The statistical facts are glaring. City police officers spend more than half of their time on alcohol-related offenses. Estimates are that one-third of all arrests in the United States are for alcohol-related offenses (excluding drunk driving, which would significantly increase the percentage of alcohol-related arrests, if included), and about 75% of robberies and 80% of homicides involve a drunken offender and/or victim (Schmallegger, 2006), and about 40% of other violent offenders in the United States had been drinking at the time of the offense (Martin, 2001). Alcohol is, at the same time, both a deadly and popular chemical comforters. Over half of adults report having used alcohol in the past month (SAMHSA, 2014). We drink to be sociable, to liven up our parties, to feel good, to sedate ourselves, and to anesthetize the pains of life. It has been found that nearly 25% of prison inmates meet criteria for alcohol use disorder (Fazel, Yoon, & Hayes, 2017).

Alcohol is a depressant drug that affects our behavior by inhibiting the functioning of the higher brain centers, the locus of our rational thought processes. As we ingest more alcohol, our behavior increasingly becomes less inhibited as the rational neocortex surrenders control to the emotions of the more primitive limbic system. Raw basic emotions then are expressed without benefit of first being channeled to the prefrontal cortex for rational consideration. Given this powerful chemical reaction, and the resultant breakdown in cognitive functioning, it is no wonder that so much crime is associated with this drug. The rate at which this surrender to raw emotionality occurs depends on a number of variables such as the alcoholic content of the drink and the amount drunk, the speed at which someone drinks, and the weight and sex of the drinker.

14.2 Abuse Versus Dependence

Although used interchangeably in normal conversation, there are distinctions between alcohol use, binge drinking, alcohol abuse, alcohol dependence, alcoholism, and more recently, alcohol use disorder. Some of these definitions are tied to diagnostic criteria laid out in the *Diagnostic and Statistical Manual of Mental Disorders* (DSM), while others are used more colloquially, and the definitions, in turn, are more fluid.

Alcohol use simply refers to the ingesting of alcohol. Alcohol use, in and of itself, is not highly problematic. As previously discussed, over half of all adults report using alcohol in the past month, and many of these users do not have a pattern of problem-drinking nor find themselves in contact with the criminal justice system. Repeated alcohol use, however, may lead individuals to develop more chronic drinking patterns and lead to the formation of alcohol use disorders.

Collectively, the history of clinical definitions surrounding alcohol-related disorders have undergone three distinct periods. The alcoholism period was largely marked by ambiguity in definition (DSM-I and DSM-II). The dependence/abuse period advanced how alcohol-related disorders were regarded (DSM-III and DSM-IV). This period made a clear distinction between drinking that induced problems in daily life as indicated by abuse from more severe and individualistic drinking issues that were characterized by withdraw, tolerance, and increase use as indicated by dependence. The alcohol use disorders period has recently emerged and has favored one overarching diagnosis as opposed to the dependence/abuse differentiation (DSM-5). See Fig. 14.1 for changed diagnostic criteria.

Rationale for merging dependence and abuse into alcohol use disorder has been provided by the DSM-5 Substance-Related Disorders Work Group (Hasin et al., 2013). Generally, it is thought that the previous hierarchical structure of the DSM-IV regarding abuse and dependence was problematic. Specifically, if an individual met diagnostic criteria for dependence, a diagnosis of abuse was not to be given. This practice led many to assume abuse always accompanied a diagnosis of dependence; however, this was thought to be a problematic assumption especially in regard to the diagnosis of women who are more likely to present dependence symptoms without the presence of abuse symptoms (Hasin & Grant, 2004; Hasin, Hatzenbueler, Smith, & Grant, 2005). Further, while only the presence of one symptom was necessary for an abuse diagnosis, three or more symptoms were necessary for a dependence diagnosis. As such, the threshold for diagnosis of abuse was much lower than that of dependence. Thus, many individuals meeting two dependence criteria presented drinking-related problems but were left untreated due to non-diagnosis (Hasin & Paykin, 1998; McBride, Adamson, Bunting, & McCann, 2009; Pollock & Martin, 1999). Specification of severity thus allows for such individuals to meet diagnostic criteria with a lower number of symptoms present. Evidence suggests that diagnosis is relatively stable across DSM-IV and DSM-5 criteria with the exception of those meeting only abuse diagnosis with DSM-IV criteria (Slade et al., 2016). Generally, a slightly lower prevalence of diagnosis occurs with DSM-5 as compared to DSM-IV criteria (Slade et al., 2016).

Binge drinking is formally defined by five or more alcoholic beverages (i.e., 12 ounces of beer, 5 ounces of wine, or 2 ounces of hard liquor) by men within 2 h or four or more alcoholic beverages in 2 hours by women (NIAAA, 2004). Heavy episodic drinking relates similarly to binge drinking but does not make the gender distinction between males and females (i.e., five or more alcoholic beverages in 2 h).

Definitions for alcoholism, however, are not grounded in diagnostic criteria and therefore vary more widely. Generally, alcoholism refers to a pattern of problem

DSM-IV	In the past year, have you:	DSM-V	In the past year, have you:
<p>Any 1 = ALCOHOL ABUSE</p> <p>Found that drinking—or being sick from drinking—often interfered with taking care of your home or family? Or caused job troubles? Or school problems?</p> <p>More than once gotten into situations while or after drinking that increased your chances of getting hurt (such as driving, swimming, using machinery, walking in a dangerous area, or having unsafe sex)?</p> <p>More than once gotten arrested, been held at a police station, or had other legal problems because of your drinking?</p> <p>**This is not included in DSM-5**</p> <p>Continued to drink even though it was causing trouble with your family or friends?</p>	<p>Had to drink much more than you once did to get the effect you want? Or found that your usual number of drinks had much less effect than before?</p> <p>Found that when the effects of alcohol were wearing off, you had withdrawal symptoms, such as trouble sleeping, shakiness, restlessness, nausea, sweating, a racing heart, or a seizure? Or sensed things that were not there?</p> <p>Had times when you ended up drinking more, or longer, than you intended?</p> <p>More than once wanted to cut down or stop drinking, or to, but couldn't?</p> <p>Spent a lot of time drinking? Or being sick or getting over other aftereffects?</p> <p>More than once wanted to cut down or stop drinking, or to, but couldn't?</p> <p>Spent a lot of time drinking? Or being sick or getting over other aftereffects?</p> <p>Wanted a drink so badly you couldn't think of anything else?</p> <p>**This is new to DSM-5**</p> <p>Found that drinking—or being sick from drinking—interfered with taking care of your home or family? Or caused job troubles? Or school problems?</p> <p>Continued to drink even though it was causing trouble with your family or friends?</p> <p>Continued to drink even though it was making you feel depressed or anxious or adding to another health problem? Or after having had a memory blackout?</p>	<p>The presence of at least 2 of these symptoms indicates an Alcohol Use Disorder (AUD).</p> <p>The severity of the AUD is defined as:</p> <p>Mild: The presence of 2 to 3 symptoms</p> <p>Moderate: The presence of 4 to 5 symptoms</p> <p>Severe: The presence of 6 or more symptoms</p>	<p>Given up or cut back on activities that were important or interesting to you, or gave you pleasure, in order to drink?</p> <p>More than once gotten into situations while or after drinking that increased your chances of getting hurt (such as driving, swimming, using machinery, walking in a dangerous area, or having unsafe sex)?</p> <p>Continued to drink even though it was making you feel depressed or anxious or adding to another health problem? Or after having had a memory blackout?</p> <p>Had to drink much more than you once did to get the effect you want? Or found that your usual number of drinks had much less effect than before?</p> <p>Found that when the effects of alcohol were wearing off, you had withdrawal symptoms, such as trouble sleeping, shakiness, restlessness, nausea, sweating, a racing heart, or a seizure? Or sensed things that were not there?</p>
<p>Any 3 = ALCOHOL DEPENDENCE</p>			

Fig. 14.1 DSM-IV and DSM-5 diagnostic criteria for alcohol abuse, dependence, and alcohol use disorder. *Source:* National Institute on Alcohol Abuse and Alcoholism, 2020. Alcohol Use Disorder: A Comparison Between DSM-IV and DSM-5

drinking that persists even after serious negative consequences occur in the individual's life. That is, regardless of the loss of employment, family, or legal troubles, the individual cannot or will not stop their drinking.

Physical dependence on alcohol means that the body has developed a metabolic demand for a particular substance and rebels violently when you deny it that substance. It is a state of altered cellular physiology caused by the repetitive consumption of alcohol that manifests itself in physical disturbances when alcohol use is suspended (withdrawal syndrome). In other words, the human brains strive for a chemical status quo. When alcohol is repeatedly introduced into the system, the neurochemical changes that occur in the brain alter the production and release of those same chemicals in the future. This is the brain's way to get "back to normal." As alcohol is introduced more often and in larger quantities, these changes become more and more extreme until the individual's baseline functioning requires the substance in order to be in a state that is "normal." Alcoholics are not necessarily or normally using alcohol as a means to achieve a "high," but as a means to avoid the terrible physiological pains of withdrawal (alcohol withdrawal can be more life-threatening than withdrawal from narcotics).

Alcohol-dependent offenders may be maintenance drinkers, adept at keeping sufficient ethanol in their system all day long, so as not to experience withdrawal symptoms. Only rarely might they get "drunk." However, they are seriously alcoholic despite the fact that they do not fit the behavioral stereotypes.

14.2.1 Causes of Alcohol Use Disorder

The first stage on the road to alcohol use disorder is taking the first drink. People drink alcohol initially to be "with it," to fit in, and to boost confidence and loosen social inhibitions at social gatherings. Alcohol is able to do this because, although it is ultimately a brain-numbing depressant, at low dosage levels, it is actually a stimulant because it raises dopamine levels (Ruden, 1997). It also reduces anxiety, worry, and tension by affecting the neurotransmitter gamma-aminobutyric acid (GABA), which is a major inhibitor of stimuli (Buck & Finn, 2000). The behavioral effect of drinking on GABA is probably "reduced anxiety about the consequences of aggressive [or any other behavior not normally evoked when sober] behavior" (Martin, 2001, p. 41). Alcohol allows us to reinvent our perceptions of ourselves as superior people; it can make those of us with worries and who lack confidence relatively carefree and confident, albeit, for a short time, making it powerful reinforcing more use. It is no wonder that alcohol is the world's favorite way of drugging itself. Given what alcohol does *for* us in social situations, it is difficult to think about what it might do *to* us later on.

This honeymoon phase with alcohol sometimes leads to getting hooked into a highly problematic relationship with it and then to a very painful process breaking up with it.

14.2.1.1 Type I and II Alcoholics

Given the strong relationship between alcohol and criminal behavior, you may reasonably suppose that both have some common cause. This is not to imply that alcoholism and criminality are synonymous. Researchers have divided alcoholics broadly into Type I and Type II alcoholics. As Crabbe (2002, p. 449) describes the two types: “Type I alcoholism is characterized by mild abuse, minimal criminality, and passive-dependent personality variables, whereas Type II alcoholism is characterized by early onset, violence, and criminality, and is largely limited to males.” The distinctions in the causal patterns leading to Type I and Type II alcoholism are important for the successful counseling and treatment of clients with problem drinking.

The distinction made between Type I and Type II alcoholics is reminiscent of Terrie Moffitt’s (1993) distinction between adolescent limited and life-course persistent offenders. You can liken Type II alcoholics to life-course persistent offenders. They start drinking (and using other drugs) at a very early age and rapidly become addicted and have many character disorders and behavioral problems that precede their alcoholism. Type I alcoholics are akin to Moffitt’s adolescence-limited offenders. They start drinking later in life than Type II’s and progress to alcoholism slowly. Type I’s typically have families and careers, and if they have character defects, these typically are induced by the alcohol and not permanent (Crabbe, 2002). Increased risk of early initiation of use is vitally important as early onset alcohol use is associated with later life alcohol use (DeWit, Adlaf, Offord, & Ogborne, 2000; Grant et al., 2006; Grant & Dawson, 1997) and alcohol-related disorders (Brook, Brook, Zhang, Cohen, & Whiteman, 2002; DeWit et al., 2000) even after controlling for genetic and environmental influences such as parenting (Grant et al., 2006).

14.2.1.2 BIS/BAS and Alcoholism

Another similarity between criminological and alcoholism theorizing is the similarity between reward dominance theory in criminology and the “craving brain” concept in alcoholism theory. The concept of BIS/BAS is that the behavioral activating system (BAS) is primarily dopamine dominated, that the behavioral inhibiting system (BIS) is primarily serotonin dominated, and that these two systems are “bio-balanced” in most people most of the time. That is, the brakes that stop us from acting are operating at the same level as the gas pedal that drives us to act. Even at low levels, ingestion of alcohol activates the pleasure centers in the nucleus accumbens by activating dopamine, which may lead to a craving for more that cannot be satiated.

A “craving brain” is a reward-dominant brain because it is unbalanced, with the need for dopamine, the “go get it” neurotransmitter being unopposed by serotonin, the “got it, now stop it” neurotransmitter (Yacubian et al., 2007). Alcohol initially increases serotonin, but then rapidly decreases it, thereby allowing the increasing affects of dopamine and thus reducing the impulse-control capacity of the prefrontal cortex (Badawy, 2003). The craving brain concept is common to all craving behaviors (eating, gambling, engaging in promiscuous sex, taking drugs, smoking), and

not just to alcoholism, which is probably why few people are addicted to just one substance or behavior, and why individuals easily addicted are also ripe candidates for criminal behavior (Ellis, 2003).

For example, a large study of twins found that factors accompanying externalizing disorders such as antisocial personality disorder and conduct disorder accounted for 71% of the genetic liability to alcoholism (Kendler, Prescott, Myers, & Neale, 2003). Fishbein (1998) proposes that Type II alcoholics have inherited abnormalities of the serotonin and dopamine systems that may be driving both their drinking and their antisocial behavior. Figure 14.2 identifies the areas of the brain involved in the rewarding aspects of alcohol consumption.

14.2.1.3 Genetics and Alcoholism

Accumulating research increasingly points to the conclusion that vulnerability to alcohol addiction is strongly related to genetics (Slaughter, Lyman, & Lyman, 2004). The degree to which anything is influenced by genes is quantified by a measure called a heritability coefficient, which ranges in value between 0.0 (no genetic influence) and 1.0 (entirely genetic). Meta-analysis of studies examining the heritability of alcohol use disorder has found that the heritability estimate is approximately 0.49—that is, 49% of the variation in alcohol use disorder is attributable to genetics (Verhulst, Neale, & Kendler, 2015). Research indicates, however, that environmental factors are much more important to understanding Type I alcoholism than Type II alcoholism (Crabbe, 2002).

Heritability estimates only tell us that genes are involved; they do not tell us what genes are involved and what their mechanisms are. An ever-growing body of literature seeks to identify these genes and their function. A bewildering number of genes make and control neurotransmitters and enzymes implicated in alcoholism. For instance, a large meta-analysis of 2343 lines of evidence from peer-reviewed journals identified 316 alcohol addiction-related genes and 13 addiction-related pathways (the molecular routes and interactions among neurotransmitters and enzymes to produce the effect) to alcohol addiction (Li, Mao, & Wei, 2008).

One such pathway to alcoholism is related to differential enzyme functioning and the biosynthesis of neurotransmitters such as GABA, dopamine, and serotonin (Buck & Finn, 2000). Enzymes are protein molecules that serve as catalysts in the chemical conversion of molecules into other types of molecules. Ethanol alcohol is broken down in the liver by the enzyme alcohol dehydrogenase into a molecule called acetaldehyde (ADH). ADH produces unpleasant reactions to drinking, such as nausea and headaches, if the body does not convert it through other enzymes into molecules excreted in the urine. People who metabolize alcohol rapidly but who have metabolisms that allow for the buildup of ADH will quickly be sensitized to its unpleasant effects. This natural punishment for drinking makes them less likely to overindulge in the future. ADH, as the first metabolite of alcohol, is thus a built-in guardian against alcoholism. In fact, some drug programs use disulfiram (Antabuse®) as a treatment for alcoholics because it functions to maintain high levels of ADH in the body by retarding further metabolic reactions (Mann, 2004).

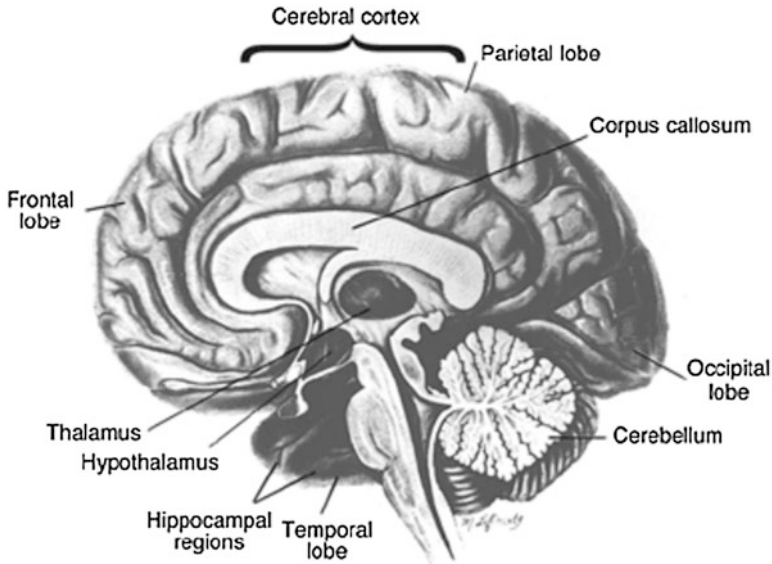


Fig. 14.2 Brain involvement in alcohol consumption. *Source:* National Institute on Alcohol Abuse and Alcoholism (2003). *Alcoholism and the Brain: An Overview.* National Institute of Health: Washington, D.C. (Accessed from <https://pubs.niaaa.nih.gov/publications/arh27-2/125-133.htm>)

ADH combines with several neurotransmitters such as dopamine and serotonin to produce a family of chemicals known as isoquinolines, one of which is a morphine-like substance called tetrahydropapaveroline (THP) (Myers, 2004). People whose metabolisms rapidly convert ADH into a number of highly addictive substances (including THP) are far more likely to become alcoholics than people whose metabolisms are less efficient at breaking down ADH. This biophysical line of inquiry could lead to the explanation of why the vast majority of those who drink over a lifetime never become addicted. The road to alcohol addiction is thus a meandering one that depends largely (but not completely) on how well an individual's metabolic system for processing alcohol functions. This is not the complete story of the etiology of alcoholism. It only states that among those who do turn to drink, some have an inherited predisposition to become addicted.

14.3 Assessment, Treatment, and Counseling

In view of the high social and financial costs of alcoholism, it is imperative that you make every effort to identify offenders with these problems. Most alcoholics will not readily admit to their condition. They cannot admit, even to themselves, that they have relinquished, or have started to relinquish, control of their lives to alcohol. Their disease tells them so, tells them they have no problem at all. Most are not lying in the traditional sense of the term. They really do believe they are all right.

Alcoholics typically lack the choice of accepting reality: every muscle, molecule, and enzyme in their body demands more and more of the substance that carries them forth with life. In contrast, some offenders will overemphasize their drinking, hoping that you and the judge will regard it as a mitigating factor when considering sentencing alternatives. Most often, however, offenders will minimize their consumption pattern.

The ability to identify the alcohol abuser and the alcohol-dependent offender is a skill all correctional counselors should strive to acquire. The most obvious indicator of a drinking problem is an arrest record of alcohol-related offenses (drunk driving, drunk and disorderly conduct, and so forth). Ask about the offender's drinking patterns. The frequency and amount of alcohol consumed on a weekly basis, the frequency and severity of consequence of drinking, including legal problems, and the amount of time and money spent on drink are all indications of the depth of the problem.

Remember, far more than quantity or frequency of consumption, what really is important is what alcohol does to the person who consumes it. If you discover such patterns, you have an ipso facto case to present to offenders showing that they do have a problem. Point out to offenders that to continue to deny it in the face of such evidence is irrational and unacceptable to you. You are encouraged not to discuss offender alibis designed to convince you that factors other than drinking are responsible for irresponsible behavior. Doing so will result in an argument over the merits of the alibi, possibly leading to reinforcement of the alibi. Moreover, the more persons defend their position, the more difficult it becomes to relinquish it.

If you suspect offenders have a drinking problem and you want them to admit this problem to themselves, the CAGE Screen Test (Ewing, 1984), Table 14.1, affords you this opportunity to confirm it both for yourself and for the offender. CAGE is an acronym for Cut Down, Annoyed, Guilty, and Eye-opener. If a person

Table 14.1 CAGE screen test

1. C = Have you ever felt you should CUT DOWN on your drinking?

When a person feels the need to control drinking, and actually takes steps such as making vows to stop, switching brands, limiting drinking to certain times and places, he or she already has recognized the presence of a problem

2. A = Have people ANNOYED you by criticizing your drinking?

Having someone close to you express anger certainly means that they consider the drinker's behavior upsetting and problematic, thus providing a basis for the drinker to consider his or her behavior. Typical social drinkers do not end up with spouses or others expressing this type of concern

3. G = Have you ever felt bad or GUILTY about your drinking?

Guilt is the psychological equivalent of physical pain—not very pleasant, but very useful. Guilt, like pain, tells us that something is wrong that we should put right. The guilty person knows that his or her life would be better without alcohol, and feels guilty and ashamed about what he or she is doing

4. E = Have you ever had a drink first thing in the morning (an EYE-OPENER) to steady your nerves or to get rid of a hangover?

Number 4 is a sure giveaway, but two or more positive responses are suggestive of alcoholism

answers “yes” to two or more of the following questions, an 88% likelihood exists that the person has an alcohol problem.

You may use a number of more formal screening tools to help to identify the offender in trouble with alcohol. One frequently used tool is the Michigan Alcoholism Screening Test (MAST). Use this 24-item yes/no questionnaire only as a corroborative diagnostic aid. Yet, do not rule out alcoholism if the scale score is negative for alcoholism. Offenders certainly can lie on the questionnaire, and verbal and nonverbal cues, such as alcohol-related arrests (which you will know about independently of offenders’ responses), may be more valuable with offenders reluctant to disclose the requested information. Best practice is to administer the questionnaire in your presence so that the offender can clarify the items, if necessary. There are numerous other substance abuse assessment tools available, such as the Adult Substance Use Survey (ASUS), Addiction Severity Index (ASI), and, of course, our old friends the CMC and LSI-R.

Skilled interviewing is often the most effective way to ascertain whether someone is manifesting signs of alcohol dependence. Do not be afraid to ask very specific questions about the offender’s drinking history, weekly pattern, and attitude toward consumption. Focus on using open-ended questions (such as “Tell me exactly what you had to drink Saturday”) designed to encourage dialog and expression that may reveal clues about their relationship to the drug, rather than yes or no queries. Do not be shy about getting specific about the amount a person consumes. An offender’s interpretation of “a beer” could be that 42 ounce “bumper” of malt liquor, nearly equal to an entire six-pack of regular beer. Most community corrections’ personnel, including probation and parole officers, use their interviewing, investigative, and assessment skills more than anything else prior to an initial referral for treatment. Often, they have time for little else, let alone the administration of a test instrument, no matter how simple.

Treatment for the alcoholic or problem drinker is a complex affair that may include both medical treatment and psychosocial counseling (McCaul & Petry, 2003). The goal is recovery as defined by abstinence, sobriety, and an interest in personal growth. Even more will depend on the relative progression of that person’s disease and whether there are complicating coexisting disorders such as depression or antisocial personality disorder. Much will depend on the level of the offender’s drinking and motivation at the time that you first meet him or her.

If the offender is in the chronic stage of alcoholism, hospitalization for detoxification will be necessary. It is possible, however, that detoxification took place in the jail or at a hospital after the offender’s arrest. If it did not, secure inpatient medical treatment for the offender. Detoxification in a medical environment is a prerequisite to any future treatment. However, recently, very capable “social” detoxification programs, not located in a medical setting—some even conducted on an outpatient basis—have arisen to provide less costly solutions. If the offender does not have insurance that provides for such treatment, or if welfare authorities cannot provide it, organizations such as the Salvation Army and the Volunteers of America often are successful in securing the necessary treatment. Detoxification is not a treatment for alcoholism. Rather, detoxification simply refers to riding an individual’s body of a

substance. Actual treatment of alcohol use disorder is a long and difficult process of learning how to sustain abstinence from all mood-altering substances.

14.4 Mutual Self-Help Groups: Alcoholics Anonymous

Many different professional addiction treatment resources are available and reflect particular individual treatment needs: individual counseling, group therapy, Motivational Interviewing, intensive outpatient facilities, day-treatment programs, longer-term residential programs, and many others. However, and despite all these different therapeutic approaches, most, if not all good clinicians, regardless of their professional orientation, will stress the importance of making good self-help group referrals as a complement to the professional treatment most offenders will require (Lemieux, 2009).

The best-known mutual self-help group is Alcoholics Anonymous or AA. AA has been called “one of the great success stories of our century” by a group of World Health Organization researchers after studying AA groups in 11 different countries (as cited in Alexander, 2000, p. 20). This AA fellowship (a strange “nonorganization” organization really) is a very supportive and totally nonprofessional support group of other individuals in trouble with alcohol. They often go to great lengths to help one another, and if used appropriately by the corrections worker, AA groups can assist in helping the offender work through his/her denial (Read, 1996). AA is not a class. AA is not treatment. Moreover, AA is not a quick fix. It is a lengthy and often lifetime process of personal transformation.

The principles of AA are viewed as a process rather than a destination and eventually become a way of life for many. Initially, there is emphasis only on not drinking one day at a time. Then, the focus shifts toward learning how to achieve sobriety in the sense of balance and serenity. Finally, note that AA is not a religious program; however, it is a spiritual program of self-help. Agnostics, atheists, and true believers are all welcome. Unlike religious movements, sects, or denominations, AA holds no preconception or demand for a belief in any particular religious entity or God. Research has found that while the spiritual elements of AA are beneficial for those with the highest risk individuals, it is actually the social, cognitive, and affective components of the program that lend to the success of AA to reduce use (Kelly, 2017).

A great deal of typical Rogerian empathy occurs in the meeting rooms of AA. There can be no skirting of the issue in such company. Alcoholic offenders cannot reasonably tell their “bottle-wise” compatriots that they “just don’t understand,” the way they could their nonalcoholic corrections counselors. Fellow AA members will provide offenders not only with support but also with visions of what is possible. They are role models whose presence serves to emphasize much more strongly than the counselor could that recovery is possible (this role modeling is the social learning component of cognitive-behavioral therapy). People, who have successfully dealt with their alcoholism, discuss methods of dealing with specific alcohol-related problems. When a peer offers the solution to a problem, it is more likely to

carry weight than if it is posed by criminal justice professionals, who many offenders instinctively distrust and resent.

Genuineness is another Rogerian principle that is a hallmark of AA groups. Most AA participants strongly encourage members to confront their problems, their shortcomings, their responsibilities, and their realities honestly. Although there are no formal leaders, manipulation and game playing are quickly recognized and rejected. Members are encouraged to share with the group their fears, anxieties, hopes, and self-evaluation. This self-disclosure provides the offender with the opportunity to share genuine feelings with others and to build self-esteem and a group identity, qualities sorely lacking in the lives of many persons in trouble with alcohol. As a real added bonus, researchers report that attending AA actually raises serotonin levels (Gogek, 1994). Not only do raised serotonin levels counteract craving, they also reduce the dysphoric feelings (depression, agitation, hopelessness) described among alcoholics abstaining from alcohol use (Ruden, 1997).

14.5 The Role of Personal Characteristics in Alcoholism Treatment

AA is a marvelous tool, but that amorphous quality we call “character,” or personality traits affect treatment outcomes, as they affect everything else in life. Baeklund, Lundwall, and Kissen (1975, p. 305) state it well when they write about their experiences in treating alcoholics: “Over and over we were impressed with the dominant role of the patient, as opposed to the kind of treatment used on him, played both in his persistence in treatment and his eventual outcome.”

Even Herbert Fingarette, who calls the disease model of alcoholism a myth, supports this view: “The consensus of scientific researchers is that willpower and personal strengths do affect the course of a heavy drinker’s efforts to control his drinking” (Fingarette, 1988, p. 72). So, we return to a central thesis of the various directive-counseling theories: the individual, alcoholics, drug addicts, criminals, or whatever only can change their destructive behavior by resolving to accept personal responsibility for their behavior. This might be a good point to remind you of Jack Powell’s (2004) five-stage model (willingness, responsibility, knowledge, application, and maintenance) discussed earlier in the book. AA is one vehicle with demonstrated success in helping alcoholics to develop and maintain that resolve. As William Glasser states: “The alcoholic must regain control over his life to satisfy his needs. AA, by itself, cannot satisfy his needs, but it is a way—probably the best way we have available—to get the process started” (Glasser, 1984, p. 132).

Glasser (1984) views diseases as falling on a continuum in terms of the amount of control we have over them. At one end of the continuum is a disease like Huntington’s chorea, which is wholly genetic. It does not matter how healthy, fit, and strong you otherwise may be or what you do to try to avoid it; if you have the gene for Huntington’s chorea, eventually you will get it. Further down the continuum is cancer. Cancer is a disease with genetic vulnerability, but we can take certain steps to lessen our chances of falling afoul of it by altering our environment (eating

right, not smoking, and so forth). Further along the continuum are the various cardiovascular diseases that may be equally under genetic and environmental control. Living a healthy life dramatically reduces our risk of such diseases, even if genetic predisposition exists.

At the other end of the continuum is alcoholism. Glasser insists that although alcoholism is a disease, we have considerable control over it. Even if a person has a genetic predisposition that increases susceptibility to alcoholism, if he or she learns to resist the temptation to drink, the disease cannot manifest itself. Glasser's approach appears to be an eminently sensible compromise between the disease and no-disease models of alcoholism.

The debate about whether addiction, particularly alcoholism, is a "disease-based" condition continues to rage. Most chemical dependency experts, including physicians who are certified addictionologists, accept it as such with few questions. Among the others, though, there is a real sense of frustration at not being able to identify a single medically scientific and proven cause for the disease of addiction, although scientists are closing in on the elusive cause(s). Based on a Supreme Court ruling that the Veterans Administration (VA) may deny certain benefits to alcoholics because their behavior was thought to be the result of "willful misconduct," we sometimes hear that the Supreme Court has ruled that alcoholism is not a disease. The Court is not qualified to rule on such matters; it simply ruled on a matter of law that had to do with the benefit guidelines of the VA. As mentioned earlier, the problem is that addiction simply does not have one single cause; it is multifaceted. It is complex, and we do not yet fully understand it.

Regardless of whether and to what extent alcoholism is a disease, some feel that the disease model "has little clinical utility, and in fact may interfere with assisting the individual in successfully modifying his or her behavior through implicit communication that substance use is something that is happening to their body rather than something that is within their voluntary control" (Weekes, Moser, & Langevin, 1999, p. 6). Others, who assert that the disease model fosters dependency and passivity (Parks & Marlatt, 1999), share this opinion. Both these sets of researchers are cognitive-behavioral adherents who strongly support self-reliance and the acceptance of responsibility; thus they believe that defining alcoholism as a disease and admitting of "powerlessness" (step one of the 12-step program) is counterproductive.

From our perspective, we do not doubt that alcoholism is a disease that alters the brain's physiology and functioning. We can even see the differences in the brains of alcoholics versus nonalcoholics through brain-imaging techniques (Kalivas & Volkow, 2005; Koob & Le Moal, 2008; Lonere, 2019). We see no contradiction in asserting that it is a disease—a self-induced disease for which the person must accept full responsibility for recovery. Surely admitting being "out of control" and deciding to do something about it is accepting responsibility for changing one's life—a direct confrontation with one's self if there ever was one. Surely, believing that one has a disease does not contravene personal efforts to combat it, as legions of cancer and heart patients, among others, can attest.

Some have urged that all persons with alcohol-related disorders caught up in the criminal justice system be strongly encouraged to participate in AA (Lemieux, 2009). In a recent review of the research, it was found that AA is beneficial to attendees, although these findings should be viewed with a degree of caution due to a lack of methodological strength of the reviewed studies (Bekkering, Mariën, Parylo, & Hannes, 2016). More methodologically rigorous studies, however, show promising but somewhat mixed results concerning the efficacy of AA in reducing alcohol use (Kaskutas, 2009).

Despite these promising effects, offender motivation remains a crucial variable (Kaskutas, 2009). As a correctional worker, you have a professional responsibility to do your best to generate this motivation. Other studies of large groups of alcoholics have found that AA members experience more positive outcome than those only receiving cognitive-behavioral therapy, although subjects who received both AA and cognitive-behavioral therapy did better than those who only participated in one of the modalities (Moos, 2008). Other studies show that those individuals who enter AA earlier after recognizing their alcoholism had better outcomes than those who delayed participation (Moos & Moos, 2006). Community corrections professionals have recognized the power of these “free” community-based self-help programs for many years. In fact, Ed Read, a federal probation officer for the US District Court, in Washington D.C., who has written and published extensively on addictions, has written a full-length book devoted solely on how to access, use, and make proper 12-step self-help group referrals within the criminal justice system. He is adamant that making these referrals, sometimes repeatedly with the same offender in the course of his or her casework, is an irrefutable professional obligation of the corrections worker. In his indispensable book, *Partners in Change*, Read (1996) writes:

Why refer every addict or alcoholic? It is almost so simple we forget. We do it because we want to capitalize on what we know is successful, on what we know works out there beyond our office doors. (p. 5)

Catherine Lemieux has updated the concepts of Read’s book in *Offenders and Substance Abuse: Bringing the Family into Focus* (Lemieux, 2009) and offers suggestions on how to involve the family in the offenders’ recovery. Do not hesitate to make attendance at AA (or some alternative sobriety program) meetings a condition of probation or parole. Experiencing the warm support and caring of fellow travelers may well turn the resistant offender into a motivated client. Insisting that the offender attend AA is another instance of the constructive use of authority.

To those with legal concerns about whether mandatory self-help group attendance violates the Establishment Clause of the First Amendment to the US Constitution, please note: In June 1994, US District Judge Gary L. Taylor of the Central District of California (*O’Connor v. State of California*) ruled in favor of the state’s Driving Under the Influence (DUI) education and treatment programs that routinely refer offenders to AA and other self-help groups. Significant to this ruling was that the element of personal choice remained intact. Offenders were mandated to attend self-help group meetings, and AA was the recommended vehicle for

satisfaction of this condition; however, they were not prevented from using alternative programs, such as Rational Recovery (RR). However, in *Kerr v. Farley* (1996), a federal court judge ruled that offenders' rights are violated by coerced treatment at AA and NA (Narcotics Anonymous) programs. In fact, *Hazle v. Crofoot* (2013) holds that coercion of AA attendance may lead to compensatory monetary damages be paid for those who experience negative correctional outcomes for failure to attend mandatory AA due to religious reasons (see also *Warner v. Orange County Department of Probation* 1997).

14.5.1 Self-Help Options for Nonbelievers

There are instances when we encounter offenders who legitimately oppose and resist involvement in the traditional Twelve Step AA model of self-help. Some base their opposition not on denial but on genuine philosophical convictions about the recovery process, while others object on religious grounds. Some may have tried AA but were unable to reconcile their own beliefs about religion and/or spirituality with the Twelve Step model.

Rational Recovery (RR) first appeared in the 1980s, founded by recovering alcoholics who rejected both the spiritual foundation of the AA Steps and the disease concept of alcoholism. RR patterns itself after the writings of Albert Ellis, a pioneer in the field of cognitive psychology and Rational Emotive Behavioral Therapy as previously discussed in this book. Like AA, RR groups vary widely, but they differ in some key respects (Lemieux, 2009).

Most RR members attend meetings only once a week, as opposed to the daily attendance schedule encouraged for newcomers to AA. Meetings generally are limited to no more than twelve participants. RR participants believe that problem drinkers make incorrect or shortsighted choices based on emotional states. RR is more time-limited, while AA prefers to view itself as indefinite. RR members attend between 6 and 10 months and then often stop, sometimes returning to deal with specific crises or relapse. RR members emphasize coming to an understanding of the psychological precursors of their drinking as opposed to developing a relationship with a higher power. Figure 14.3, on the next page, provides a comparison of AA and RR principles.

Secular Sobriety (SS) provides another alternative. James Christopher, who was in AA but left over his objection to the spiritual orientation of the Steps and the program's reliance on a higher power, founded SS. Christopher believes that individuals can attain sobriety best through an emphasis on self-reliance and self-knowledge. SS meetings resemble AA discussion groups. Like AA, the basic premise of SS is that alcoholism is a chronic and progressive disease. Therefore, unlike RR members, participants feel they cannot drink because of a physiological rather than psychological abnormality. Additionally, SS groups do not place as much value as AA on the role of sponsorship in the recovery process.

Although there are many types of secular self-help groups, the reality of their availability must be faced: it is much easier to find an AA meeting. RR never has

Alcoholics Anonymous	Rational Recovery
1. We admitted we were powerless over alcohol— that our lives had become unmanageable.	I admit that I have become chemically dependent, and the consequences of the dependency are unacceptable.
2. We came to believe that a Power greater than our- selves could restore us to sanity.	I accept that, to get better, I will have to refrain from the use of alcohol, because any use very likely will lead to more, and then a return to my previous addiction.
3. We made a decision to turn our lives over to the care of God as we understood Him.	I accept that I will likely benefit from some out- side help in accomplishing this, because I have been unsuccessful in previous attempts to resist my de- sire to drink.
4. We made a searching and fearless moral inventory of ourselves.	Although I may have serious personal problems, I still have the capacity to learn about myself, and new ideas and how to achieve a durable and meaningful sobriety.
5. We admitted to God, to ourselves, and to other human beings, the exact nature of our wrongs.	The idea that I need something other than myself upon which to rely is only another dependency idea, and dependency is my original problem.
6. We were entirely ready to have God remove all these defects of character.	I surrender all ideas of perfection for myself, as I am a fallible, yet very worthwhile, human being.
7. We humbly asked Him to remove our shortcomings.	I place a high value on the principles of rationality, learning, objectivity, self-forgiveness, and on my own self-interest.
8. We made a list of all persons we had harmed, and became willing to make amends to them all.	With the passage of time, I will find that refraining from mind-altering drugs is no big thing because they have little intrinsic appeal to a physically and mentally healthy person.

Fig. 14.3 A comparison of AA's 12 steps to sobriety and rational recovery's equivalents

- | | | |
|-----|---|---|
| 9. | We made direct amends to such people wherever possible, except when to do so would injure them or others. | Recognizing that there is much more to life than a constant struggle to remain sober, and having gained a reasonable expectation that I can live a meaningful life without alcohol or drugs, I will gradually separate myself from my RR group or therapist, with the understanding that I may return at any time I wish. |
| 10. | We continued to take personal inventory and when we were wrong, promptly admitted it. | I accept that there are no perfect solutions to life's problems, and that life is in part a matter of probability and chance, so, therefore, I am willing to take risks to achieve my own self-defined goals. |
| 11. | We sought through prayer and meditation to improve our conscious contact with God, as we understood Him, praying only for knowledge of His will for us and the power to carry that out. | Now certain of my inherent worth, I can take the risks of loving, for loving is far better than being loved. |
| 12. | Having had a spiritual awakening as a result of these steps, we tried to carry the message to alcoholics and to practice these principles in all our affairs. | I recognize the desperate need of others for a rational recovery plan, so I will take these ideas to them, as a way of creating a larger society of sober, rational people. |

Fig. 14.3 (continued)

achieved the prominence and widespread availability that AA has realized. Actually, AA's tremendous availability is the biggest difference between it, RR, and Secular Sobriety groups. AA groups are very tolerant of different spiritual beliefs or non-beliefs and may be beneficial to those without organized religious beliefs.

14.5.2 Medication and Recovery

Beyond counseling and self-help strategies to reduce alcohol use, pharmacotherapy (or the prescription of medical chemical interventions) may be used by trained professions instead of, but almost always in conjunction with, therapy. The US Food and Drug Administration has approved a list of drugs to treat alcohol use disorders including disulfiram, naltrexone, and acamprosate. These drugs are rarely prescribed to patients with less than 10% of those diagnosed receiving pharmacological intervention (Kranzler & Soyka, 2018).

Disulfiram (Antabuse[®]) treatment, as a type of aversion therapy, can be a very useful adjunct to other treatment modalities. As indicated earlier, Antabuse works

by maintaining high levels of ADH in the body by retarding its metabolism (DuPont, 1997). Begin Antabuse treatment, under medical supervision because it can have harmful, even fatal, effects for people with heart problems, after detoxification. The client takes the drug for several consecutive days along with small doses of alcohol. The unpleasant feelings that accompany drinking alcohol while ADH levels are high act as negative reinforcer. The treatment goal is that these highly unpleasant consequences associated with alcohol ingestion will be sufficiently aversive to condition the patient against future abuse.

Realize, however, that Antabuse treatment is voluntary on the patient's part. You cannot require it as a condition of supervision. A client who does make the voluntary decision to take Antabuse is taking his or her treatment seriously because he or she also, in effect, has made the decision not to drink during the period that this highly aversive drug remains effective. The body eliminates Antabuse very slowly, leaving it sensitive to alcohol for 6–10 days after Antabuse ingestion (Mann, 2004). Like most other conditioned responses, however, the effects of Antabuse effects are extinguished with the passage of time. It does provide a strong and immediate reason not to drink and thus buys time for the implementation of other types of treatment.

The effectiveness of disulfiram to reduce drinking, however, is questionable. Meta-analytic results of 22 randomized controlled trials found little evidence of its effectiveness (Skinner, Lahmek, Pham, & Aubin, 2014). Although effects were somewhat stronger for conditions that were supervised (ensured that the person took the medication and took it properly), and unblended (the person knew what they were taking and what it should do), the effectiveness of disulfiram treatment alone may not be sufficient for many offenders.

In 1996, the US Food and Drug Administration approved the pharmacologic agent naltrexone as a safe and effective adjunct to psychosocial treatments for alcoholism (also for opiate addiction discussed in the next chapter). Naltrexone may be prescribed in two forms for those with alcohol use disorder: an oral dosage or an injectable daily dosage. Injectable dosages are prescribed only to those with previous demonstrated success abstaining from alcohol use. Naltrexone is antagonistic to the chemicals in the brain that generate feeling of pleasure, and thus it appears to reduce craving in abstinent persons and blocks (by binding to the receptor sites that targeted by the drug) the reinforcing effects of alcohol in patients who drink (Schmitz, Stotts, Sayre, DeLaune, & Grabowski, 2004). This latter effect lessens the likelihood that persons who drink a small amount of alcohol will return to heavy drinking.

The effectiveness of naltrexone to reduce alcohol use is promising. Studies have found that oral administration of naltrexone is associated with a 5% decrease in the likelihood of any alcohol use (Jonas et al., 2014). Further, naltrexone is associated with a 9% and approximately 14% reduction in binge drinking for oral and injection dosages, respectively (Garbutt et al., 2005; Jonas et al., 2014).

As with other chronic diseases such as cardiovascular conditions or diabetes, medication by itself is never enough—there must be sometimes drastic life changes to go along with it. Apart from counseling and attendance at self-help groups, you

should train alcoholics to identify environmental triggers that lead them to thinking about, and thus wanting, a drink. Triggers leading to relapse can be such simple external things as being around people or places where drinking used to occur. A number of studies have demonstrated how powerful these cues can be in bringing on craving and increasing the heart rate and pupil dilation, which are indicators of increased interest and attention (McCaul & Petry, 2003; McGue, 1999). Triggers also can be internal, such as feelings of loneliness, sadness, anger, and/or dwelling on problems. You must teach alcoholics and other addicts to recognize these internal and external triggers and take evasive action whenever they threaten to appear.

The increasing evidence that alcoholism has a strong biological basis is not cause for despair. Marc Schuckit, one of the leading researchers in the biology of alcoholism, writes, “It is unlikely that anyone is predestined to alcoholism or that all those predisposed exhibit the same mechanism of risk” (1989, p. 297). Even those individuals genetically identified as at-risk obviously will not succumb to the disease if they never drink, and individuals who have succumbed can be spared its further ravages if, with the help of caring others, they can move toward sobriety “one day at a time.”

14.6 Summary

This chapter addresses the most common problem you will encounter in corrections: alcohol use disorders. We defined and discussed the significant challenges posed by such offenders. Although researchers have not identified one single cause for alcoholism and consider it a complex and multifaceted condition, it undoubtedly has a strong genetic underpinning. We noted the similarity between certain biosocial criminological theories and theories of alcoholism. Alcoholism seems to be at one level a function of the “craving brain,” a concept close to reward dominance theory in criminology. Other scientific evidence on the cause of alcoholism points strongly to the role of the production and metabolism of acetaldehyde (ADH). Antabuse, a drug used in treating alcoholism, functions to maintain high levels of ADH in the bloodstream. This causes the alcoholic to experience the “punishing” physical feelings associated with high alcohol intake. Antabuse is administered to chronic alcoholics in association with intensive psychosocial counseling.

However, even though there may be a biological basis for the predisposition for alcohol addiction, this does not mean that such individuals are hopeless or lost causes. Rather, like other types of behavior, steps can be taken to overcome addiction and change patterns of behavior. This change can take place both through the use of professional psychological services as well as self-help programs such as AA, RR, and SS.

Professionals use various pharmacological aids to treatment such as Antabuse and Naltrexone in conjunction with AA and other forms of psychosocial counseling. These medications provide strong punitive reasons for not drinking (Antabuse) or block the reinforcing effects of alcohol (naltrexone). However, these medications are never enough by themselves to combat the intense psychological craving for alcohol.

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15.1 Introduction

Although alcohol is a mind-altering drug in common with other drugs, we discussed it separately because of the attitude of American society toward alcohol relative to its attitude about “street” drugs. Alcohol is a legal and socially acceptable form of drugging oneself; marijuana, heroin, LSD, cocaine, and so on are not. People once thought that respectable middle-class people drink, but only criminals took drugs. Today, we see sports and entertainment figures and supposedly “respectable” professionals arrested for drug abuse with some regularity. So many of us swallow, sniff, and inject such a variety of mind-altering substances, and have done so for centuries, that it suggests that we humans find sobriety a difficult state to tolerate.

The relationship between drugs and crime can be understood in many ways. Explanations for this relationship often fall into an economic-compulsive model, a common-cause model, a pharmacological effects model, or a systemic crime model. Each of these approaches explains different causes for criminal behavior surrounding drug use. For the purposes of this book, systemic crime is largely irrelevant, as these crimes often have more to do with the trafficking and sales of controlled substances rather than clients who use the substances that you are more likely to find on your docket. We are not concerned with systemic drug-related crime here; that is more a social and political issue than a corrections issue. We are concerned with the demand side—the users and pushers who will be on our caseloads.

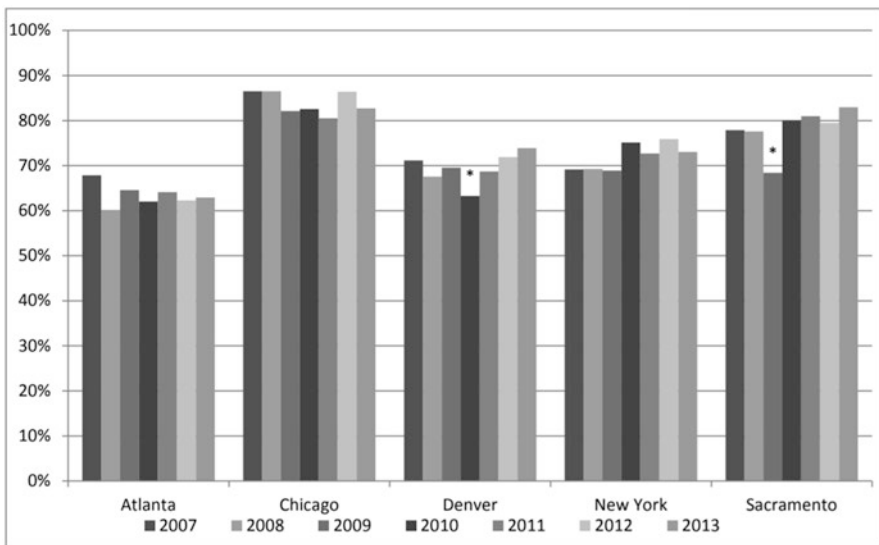
Economic-compulsive crimes are those crimes that occur in an effort to gain money or resources to sustain a drug habit. As addition to illegal drugs is a very powerful drive leading to high expenses, individuals may find that they quickly run out of money to obtain the drugs necessary to get high. As a result, they may turn to crime

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to get money or tradable goods in order to obtain more drugs. In a study of prisoner's who reported drug problems, over half of prisoners reported economic-compulsive motivations for engaging in criminal behavior (Bennett & Holloway, 2009). Meta-analysis of 30 studies examining the relationship between drug use and various types of crime found significant support for economically compulsive crimes (Bennett, Holloway, & Farrington, 2008). This study found that drug use was related to robbery, burglary, prostitution, and shoplifting. Further, these effects were greater among those with more serious addition issues rather than recreational drug users.

Pharmacological explanations for the drug-crime connection are those in which the effects of the drug itself may lead a person to commit other crimes. For example, PCP, a powerful and extremely addictive hallucinogen, can cause users to sense things that are not real and can therefore lead the individual to act in ways that are violent or disorderly. In the study of prisoner's mentioned above, 37% of offenders reported pharmacological reasons for engaging in crime (Bennett & Holloway, 2009). In a study of 24 metropolitan areas, Resignato (2000) found that while there was some evidence of economic-compulsive and pharmacological explanations of the drug-crime connection, these explanations are rather weak.

Common-cause explanations for the drug-crime link hold that drug use does not cause crime, but rather, there may be underlying traits or experiences that an individual has gone through that affect both the likelihood to use drugs and the likelihood to commit other types of crime. Fishbein (2003) and McDermott et al. (2000) have shown that traits characterizing antisocial individuals (ADHD, conduct disorder, impulsiveness, and high scores on the Hare Psychopathy Checklist) also characterize drug addicts. Figure 15.1 shows the rate of drug use of arrestees in five



* Differences between each year and 2013 are significant at the 0.05 level or less.

Fig. 15.1 Percent of arrestees testing positive for any drug in five American cities. *Source:* Office of Drug Control Policy (2013) *ADAM II 2013 Annual Report*

American cities. As can be seen, most arrestees test positive for some drug. Although there is some year-to-year fluctuation, these rates remain fairly steady and high.

According to Seiter (2005, p. 432), 67% of state and 56% of federal prison inmates were regular drug users before incarceration. Even though most drug addicts commit crimes, we should not fall into the trap of concluding that drug abuse “causes” criminal behavior. Rather, it is a reciprocal nature between drug use and committing other types of crime. Menard, Mihalic, and Huizinga (2001) explain the reciprocal (feedback) nature of the drug-crime connection as follows:

Initiation of substance abuse is preceded by initiation of crime for most individuals (and therefore cannot be a cause of crime). At a later stage of involvement, however, serious illicit drug use appears to contribute to continuity in serious crime, and serious crime contributes to continuity in serious illicit drug use. (p. 295)

15.2 Defining Drug Addiction

The Drug Enforcement Administration defines drug addiction as “compulsive drug-seeking behavior where acquiring and using a drug becomes the most important activity in the user’s life” (2003, p. 13). As with alcoholism, this definition implies a loss of control and the continual use of drugs despite the serious medical and social consequences that arise from doing so. Physical dependence on a drug refers to changes to the body that have occurred after repeated use of a drug and necessitate the continued administration of the drug to avoid a withdrawal syndrome.

Physical dependence on a drug is not synonymous with addiction as commonly thought. However, psychological dependence (the deep craving for the drug and the feeling that one cannot function without it) is synonymous with addiction. Actually, “psychological” dependence is traceable to deregulation of the brain’s reward system and is thus ultimately physical; there are no “ghosts in the machine” (Koob & Le Moal, 2008). Detoxified addicts have no drugs in their bodies, and are thus not experiencing any withdrawal symptoms, but frequently return to their drugs because of psychological, not physical, demands (Pinel, 2000). Reports estimate 7.4 million Americans meet DSM criteria for substance use disorder for illicit drug use, including 2.1 million for opioid use disorder, 1.8 million for prescription pain reliever use disorder, and .6 million for heroin use disorder (SAMHSA, 2017, p. 2).

Regardless of the type of drug, addiction is not an invariable outcome of drug usage any more than alcoholism is an invariable outcome of drinking. The Drug Enforcement Administration (2003, p. 14) estimates that the majority (about 55%) of today’s youths have used some form of illegal substance, but few develop addiction (Kleber, 2003). As with almost all other forms of antisocial behavior, an age curve is associated with drug usage, with many young people experimenting with various substances. Figure 15.2 shows a sharp increase during the late teen and early 20’s people using drugs over the past month in 2016 and then a rather sharp decrease with increasing age.

As is the case with alcohol, genetic differences relate to a person’s chances of becoming addicted given the same amount of a drug and the same frequency with which they take it. People differ in the degree of pleasure obtained by a drug, the

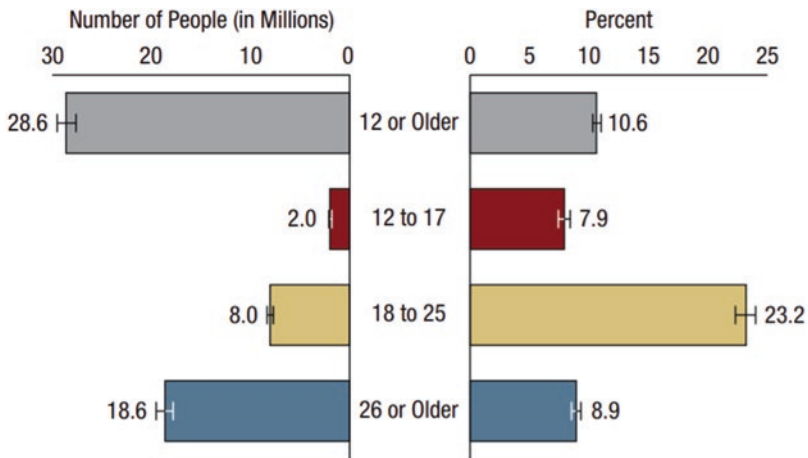


Fig. 15.2 Past month illicit drug use among persons aged 12 or older, by age: 2016. *Source:* Substance Abuse and Mental Health Services, 2016. Key Substance Use and Mental Health Indicators in the United States: Results from the 2016 National Survey on Drug Use and Health

rate of tolerance, and the type of effect produced (Pinel, 2000). For instance, individuals with ADHD (attention deficit hyperactivity disorder) have an increased risk of maladaptive internalizing and externalizing psychological traits that lead to increased risk of substance use disorders (Tarter, Kirisci, Feske, & Vanyukov, 2007).

15.3 Some Causes of Illegal Substance-Related Disorders

Drugs affect brain functioning in one of four ways:

1. They inhibit or slow down the release of chemical neurotransmitters.
2. They stimulate or speed up their release.
3. They prevent the reuptake of transmitters after they have stimulated neighboring neurons.
4. They break down the transmitters more quickly.

Note that all addictive drugs mimic the actions of normal brain chemistry (Koob & Le Moal, 2008). Virtually all illegal drugs “have common effects on a single pathway deep within the brain, the mesolimbic reward system” (Leshner, 1998, p. 4). These drugs hijack the brain and produce more powerful, rapid, and predictable effects on the brain’s pleasure centers than are obtained by the normal reward system (the natural action of neurotransmitters in response to our pleasant experiences). As Hyman (2007, p. 10) explains: “unlike natural rewards, addictive drugs always signal ‘better than expected.’ Neural circuits ‘over-learn’ on an excessive and grossly distorted dopamine signal.” Depending on the type of drug taken, the individual’s behavior and/or feelings are speeded up or slowed down, intensified or reduced, or stimulated or mellowed. In short, drugs allow us to change an

undesirable mood state to one perceived of as more desirable. Figure 15.3 shows the brain areas targeted by the opiates and the stimulants cocaine and amphetamines.

People turn to illegal drugs for many of the same reasons that people turn to alcohol. Reasons include to be sociable and to conform, to induce pleasure, to escape psychic stress, or to escape chronic boredom. Others, perhaps, are genetically predisposed to develop dependency rapidly—much the same way some people, given their genetic background, are more susceptible to addiction. Their bodies, their metabolism, and their brain functioning may be different from that of the “normal” person (Robinson & Berridge, 2003). In these cases, a little experimentation with an illegal drug, especially during the teen years, may have far greater negative long-term consequences (Schepis, Adinoff, & Rao, 2008). While heritability of substance use disorders appears to be robust, this effect is magnified among individuals raised in problematic environments (Milaniak, Watson, & Jaffee, 2015).

While there is variation in what may lead individuals to begin and continue drug use, addiction, by definition, leads to other problems in users’ lives. Many of these problems are legal, due to the legal status of these substances. Further, users may commit other crimes during or in seeking more drugs. Finally, drug use may have more social and psychological consequences for the user including familial problems and trouble maintaining employment.

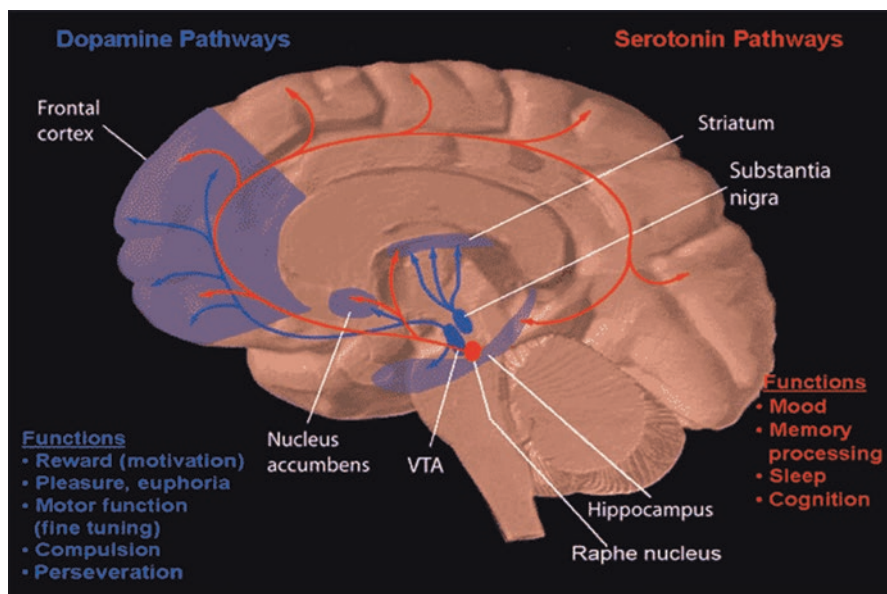


Fig. 15.3 Reward areas of the brain targeted by opiates and stimulants. *Source:* National Institute on Drug Abuse (2019). Introduction to the Brain: Brain regions and neuronal pathways. U.S. Department of Health and Human Services: Washington, DC (Accessed from <https://www.drugabuse.gov/publications/teaching-addiction-science/brain-actions-cocaine-opioids-marijuana>)

15.4 Illegal Drug Classification

As a correctional worker, you should become familiar with all types of illegal drugs and their effects. However, our mission here precludes any attempt at an exhaustive treatment. What follows is a brief description of the different classes of drugs.

15.4.1 The Narcotics

The narcotics include drugs that range from relatively mild medications such as codeine all the way to the insidious heroin. All drugs in this category have the potential for physical and psychological dependence, and all produce tolerance (the tendency to require larger and larger doses to produce the same effects after the body adjusts to lower dosages) and induce withdrawal symptoms (adverse physical reactions when the body is deprived of the addicting drug). This class of drugs tends to appeal to individuals whose characteristic coping style leans toward isolation, withdrawal, and indifference because they reduce tension, anxiety, and aggression. We begin with heroin, the drug that leads to addiction in between 23 and 38% of the people who try it (Rivera, Havens, Parker, & Anthony, 2018). Importantly, approximately 80% of heroin users began first with prescription opioid misuse although only 3.6% of prescription opioid misusers go on to use heroin (Muhuri, Gfoerer, & Davies, 2013).

Heroin is a derivative of morphine, a powerful pain-killer. It is a white or brownish powder that usually is dissolved in water and injected. Heroin wafts the individual into a euphoric state of sweet indifference, a state that heroin users describe as the “floats.” Intravenous injection of heroin (“mainlining”) used to be the most popular method of administering the drug among hard-core addicts. This produces the famous rush, a warm skin flush and orgasmic feeling. After the initial rush, the addict drifts off into a private carefree world for anywhere from 3 to 12 h.

Given the AIDS epidemic and the increasing awareness of the dangers of sharing contaminated needles, many heroin-dependent offenders have shifted to snorting or even smoking heroin and opium. Very disturbing indeed are the reports we receive that indicate heroin smoking and snorting are on the rise and, interestingly, that this increase is not limited to the poor or disenfranchised: middle-income suburban youths are visiting the emergency rooms as well. Rates of heroin use have been steadily rising since 2007, with nearly 1 million people reporting use in the past year in 2016 (SAMHSA, 2017). Another related trend has been the increasing potency of the heroin and opium available on the street as well as an increasing rate of “cutting” heroin with a highly deadly substance, fentanyl (Manchikanti et al., 2018).

The euphoric sleeplike state achieved under the influence of heroin is not conducive to effort, criminal or otherwise. Narcotics users are significantly less likely to commit violent crimes than are users of alcohol or stimulants, particularly methamphetamine and cocaine. In fact, many advocates of decriminalizing or legalizing some or all drugs point to lower levels of drug-related crimes in those countries where habitual abusers received free narcotics (Walker, 2001).

The brain has its own pain-killing substances that do naturally, if far less effectively, what heroin does. These substances are the endorphins (for “endogenous morphine-like substances”), which are larger and more complex neurotransmitters than those previously discussed, such as dopamine. The presence of naturally occurring analgesics provides clues to the addictive process. Some have suggested that some individuals become heroin addicts because they have insufficient endorphins in the brain to anesthetize naturally the pains of life. In other words, it is not that heroin addicts experience more pains of living than the rest of us, but that they have fewer endorphins. Lacking normal amounts of nature’s “tonic” precipitates a search for artificial substitutes to make up the deficit. Frequent injections of heroin affect the body’s natural capacity to release endorphins in much the same way that giving individuals too much thyroid extract will eventually cause the body to cease its own production of the thyroid-stimulating hormone, thus turning them into “thyroid junkies.” An addict’s lower level of natural endorphins is therefore considered a consequence rather than a cause of addiction (Pinel, 2000). A great deal of evidence exists for this. As already mentioned, the brain releases neurotransmitters synthesized by genes that have the same mood-altering effects (although much weaker) than drugs do. When persons ingest drugs, they initially enhance neurotransmission rates, but protracted usage eventually leads to neurotransmitter depletion and ultimate suppression (Franken, Stam, Hendriks, & van den Brink, 2004; Robinson & Berridge, 2003). In effect, the genes responsible for synthesizing the particular neurotransmitter(s) affected by the drug shut down because they have been fooled into “thinking” that the brain has all that it needs. This inoperative endogenous reward system makes withdrawal from drugs so physically and psychologically painful.

15.4.2 The Stimulants

The stimulants, primarily amphetamine, methamphetamine, and cocaine, have effects opposite to those of the narcotics. These drugs increase arousal and a sense of well-being. The stimulants increase the action of norepinephrine and dopamine (the “fight-or-flight” and “pleasure” chemicals) and, thus, are often the drugs of choice for individuals who seek excitement and adventure, who are bored, who are driven, and who are chronically underaroused (Grabowski, 1984). The stimulant class of drugs includes everything from the \$3.95 over-the-counter diet pills to the \$150 per gram powdered cocaine.

15.4.2.1 Cocaine

Along with the depressant, alcohol, the use of amphetamines and cocaine has the most immediate association with violent criminal behavior (Fishbein, 2000). Cocaine works by blocking the reuptake of the neurotransmitters dopamine and norepinephrine at the synaptic terminals, thus keeping the body in an extended state of arousal. Being highly soluble in fatty tissue, the brain takes up coke quickly, producing the familiar euphoric rush. When an individual takes cocaine

intravenously, the “rush” or “flash” takes only about 15 s. The strongest and fastest rush comes from smoking “freebase” (the cocaine alkaloid it frees from its acid salt to produce pure cocaine). Approximately 20.9% of those who try cocaine become addicted (Lopez-Quintero et al., 2011).

A form of smokeable cocaine, known as “rock” or “crack,” produces intense craving after the effects of the drug have worn off. Crack is manufactured by combining cocaine, baking soda, and water. This mixture is then heated, allowed to cool, and broken into tiny pieces resembling gray slivers of bar soap. Without the elaborate and sometimes dangerous preparations necessary to produce freebase cocaine, crack produces the same high, and its relatively low price makes it attractive to those who formerly resisted the more expensive powdered cocaine. People smoke crack in cigarettes or in small pipes, and the high, which lasts only about 5–10 min, comes within 8 s.

Cocaine addiction is extremely difficult to treat because use of the drug is so rewarding in that it quickly, powerfully, and, most importantly, directly affects the brain’s pleasure receptors. In the case of crack, it takes effect within seconds (crack is a real shortcut to the nucleus accumbens) of users inhaling it, with the high maintained from 5 to 30 min. Most addicts who have been involved with other types of drugs will tell you that cocaine is by far the most desirable. One of the authors once had an offender who spent 9 days locked in her room living on only cocaine and water. Her 9-day cocaine holiday cost her \$5000, which she had obtained by trafficking the stuff among her middle-class friends. Cocaine addiction is also very difficult to treat because its nonuse after prolonged use produces a devastating “crash.” This period of intense anxiety, irritability, and depression lasts about 4 days. After prolonged use, the natural activation of the brain’s pleasure centers does not occur (depletion and suppression have occurred), making the brain dependent on cocaine to feel any pleasure at all (Gove & Wilmoth, 2003).

People used to think that although cocaine quickly produced tolerance, requiring increasingly greater amounts to obtain the same effects, it did not produce physical dependence. Many individuals do use cocaine on a “recreational” basis without suffering major withdrawal symptoms when not using, but few researchers today deny its addictive power, a power that is especially strong where crack is concerned. The depression and fatigue resulting from overstimulation of the nervous system creates a tremendous desire for more cocaine to counteract these effects. Since smoking cocaine produces a quicker and stronger high than snorting it, its effect is of shorter duration, and the crash is more devastating. If more cocaine is not immediately available, some may resort to alcohol ingestion to help ease the crash.

The number of arrested suspects testing positive for cocaine (including crack) is decreased dramatically since 2005 and has remained fairly steady (SAMHSA, 2017). Despite this trend, cocaine is still the fifth most common illicit drug used in the United States.

15.4.2.2 Methamphetamine

Methamphetamine or “speed” is one of the most dangerous of all illegal drugs in terms of its psychopharmacological association with violence. In 2016, there were

approximately 667,000 meth users over the age of 12. Methamphetamine operates on the limbic system to accentuate and accelerate the visual, tactile, auditory, and olfactory impulses. The onset of the effects of methamphetamine is slower in coming than they are for cocaine, but the effects last longer. When methamphetamine is taken, users become “wired.” They have seemingly boundless energy, are super alert, and feel on top of everything. The effects feel so good that they often go on what is called a “run.” A run consists of several days on speed without pausing for sleep. Speed is considerably less expensive than cocaine, so a run of 5 days will cost significantly less. The price to be paid for the run is that the longer it lasts, the more the feelings of well-being turn to hyperactive aggressiveness. The accentuated sensitivity to stimuli, intermixed with fatigue, very easily can produce psychotic-like reactions. This is especially true if the run is conducted, as it usually is, with several others, all of whom are similarly hypersensitive. Love, beauty, and clever conversation will become paranoia, ugliness, hostility, and violent disagreement. This result becomes increasingly more likely as they extend the run and as the available supply of speed peters out.

Offenders dependent on methamphetamine are especially dangerous after the run is over. They find themselves in deep post-high depressions, their nerves are badly frayed, and they are in desperate need of sleep. They become very argumentative and are susceptible to explosive violence. Any confrontation worsens the depression and leads them on a desperate search for more speed to alleviate the feeling. They will do almost anything to get the next fix and start the vicious cycle spinning again. Chronic abuse of methamphetamine may produce schizophrenic-like effects (e.g., having paranoia and auditory and visual hallucinations, picking at one’s skin, and being preoccupied with one’s inner thoughts) that can last for months or years after withdrawal from the drug (Drug Enforcement Administration, 2003).

15.5 The Hallucinogens

The hallucinogens are mind-altering drugs such as marijuana and lysergic acid diethylamide (LSD). The smoking of marijuana is so pervasive today that some pay little attention to it; approximately 24 million Americans have used marijuana in the past year. While offenders are often ordered into treatment for marijuana dependency, they are rarely sent back to prison solely because of such illicit use. There is a tendency on the part of the entire correctional system, sometimes unwittingly, to minimize marijuana use relative to the heavy hitters who use cocaine, crack, and heroin. It is important to be mindful of the direct effects of marijuana on clients as well as indirect consequences such as harming employment possibilities.

Marijuana. Unlike alcohol, which is water-soluble and quickly metabolized and excreted from the body, cannabinoids, such as tetrahydrocannabinol (THC), are fat-soluble. They penetrate the fatty areas of the body—notably in the brain and the gonads—and remain there for longer periods. Since only about 10% of the THC crosses the blood-brain barrier to produce the marijuana “high,” 90% of the ingested THC is stored elsewhere in the body. Marijuana is anything but harmless. It has a

wide range of subtle, insidious physical and psychological effects, many of which we still need to discover.

Marijuana was once thought of as a “gateway” drug. That is, it was commonly believed that marijuana use would lead to the use of other, harder, drugs. Although it is true that marijuana use typically precedes use of other illicit substances, it is unclear whether marijuana use actually causes the use of harder drugs. Despite a large body of literature examining the gateway hypothesis, little evidence robustly tests the hypothesis, and findings typically are too much of an extrapolation to present clear evidence of a gateway effect (Lynskey & Agrawal, 2018).

Given recent and continuing changes in state drug laws concerning marijuana use, it is advisable to quickly become acquainted with the laws that regulate marijuana use for clients on probation and parole. In states where medicinal or recreational use is legal, there may be stipulations on whether you can require your clients to abstain as well. For example, in the state of Colorado, medicinal and recreational marijuana is permitted. The rules governing probation and parole, however, do not directly reflect this legalization. Probationers and parolees are permitted to use medical marijuana as prescribed by a doctor. Recreational use is not permitted, and no use is permitted for those convicted of a marijuana-related offense.

Lysergic Acid Diethylamide (LSD), MDMA (Ecstasy). A more immediately dangerous form of hallucinogen is LSD. In its unadulterated form, LSD is a clear, odorless, and tasteless liquid. It is sold soaked in sugar cubes, in tiny pills, or on saturated blotting paper (microdots). LSD has been termed a psychomimetic drug because its effects sometimes mimic psychosis.

After a period of decline, LSD’s usage appears to be increasing again. Today’s LSD, however, is only about half as potent as it was during the 1960s–1970s. LSD is a drug primarily favored by individuals seeking intellectual adventure, the inward lookers who want to increase awareness rather than escape it. It causes hyperawareness and a greatly enhanced appreciation of stimuli in the user’s perceptual field, but it also causes sensory/perceptual distortions, which lead users to great risk of personal injury (“Look guys, I can fly!”). LSD does not cause physical dependence, but psychological dependence may occur, and the drug produces tolerance rapidly.

“Ecstasy,” a street name and a far more pronounceable name for 3,4-methylene dioxymethamphetamine (MDMA). It is a synthetic substance synthesized from methamphetamine and safrole, which comes from sassafras and nutmeg, or is made from another synthetic called piperonylacetone. Its effects are similar to those produced by both psychedelic drugs such as LSD (mild hallucinations) and stimulants such as methamphetamine (increased sensual arousal). Some say that persons who enjoy amphetamine-like stimulation and euphoria will

gravitate toward “ecstasy.” Young people are doing a great deal of “E” at “raves,” their surreptitious (at least to parents!) all-night dancing parties. As is the case with almost all illegal stimulant drugs, extended use of ecstasy can lead to psychosis and long-term cognitive impairment (Pinel, 2000).

15.5.1 Synthetic and Designer Drugs

Look-alike drugs, drugs of deception, and designer drugs are ones that fall within different families of drugs. We distinguish them from those listed above because they tend to be ever changing and very hard to pinpoint. Some are not new at all, but are substances from the existing pharmacological pool adapted for street use and abuse. Some are modified “look-alike” drugs made up of nonprescription substances. Most are entirely synthetic, made by underground chemists using increasingly sophisticated equipment and techniques.

Many synthetic drugs currently exist on the market, and their chemical makeup is designed to mimic other, illicit drugs, but with slight modifications so that they are not “technically” illegal. There is a cyclical process of developing these drugs for rapid sale, policy changes to outlaw them, and then developing new drugs with another slight modification. Users of these drugs often seek to avoid penalty of law or to seek out new, slightly modified highs. As a consequence of the molecular changes of these drugs, however, many synthetic drugs are highly dangerous to both the health of the individual and their behavior in society. For example, a series of synthetic cathinone drugs has been released, also known as “bath salts.” Despite the seemingly harmless name, ingestion of these drugs can lead to self-harm, suicide, and other risky behaviors (German, Fleckenstein, & Hanson, 2014).

Table 15.1 published by the Drug Enforcement Agency offers information on the most common drugs of abuse.

Table 15.1 Drugs of abuse/use and effects

Drugs/CSA schedules	Trade or other names	Medical uses	Physical dependence	Psychological dependence	Tolerance	Duration (h)	Usual method	Possible effects	Effects of overdose	Withdrawal syndrome
<i>Narcotics</i>										
Heroin Substance I	Diamorphine, Horse, Smack, Black tar, <i>Chiva</i> , <i>Negra</i> (<i>black tar</i>)	None in USA, analgesic, antitussive	High	High	Yes	3–4	Injected, snorted, smoked	Euphoria, drowsiness, respiratory depression,	Slow and shallow breathing, clammy skin, convulsions, coma, possible death	Watery eyes, runny nose, yawning, loss of appetite, irritability, tremors, panic, cramps, nausea, chills, and sweating
Morphine Substance II	MS-Contin, Roxanol, Oramorph SR, MSIR	Analgesic	High	High	Yes	3–12	Oral, injected	constricted pupils, nausea		
Hydrocodone Substance II, product III, V	Hydrocodone w/ Acetaminophen, Vicodin, Vicoprofen, Tussionex, Lortab	Analgesic, antitussive	High	High	Yes	3–6	Oral			
Hydro- morphine Substance II	Dilaudid	Analgesic	High	High	Yes	3–4	Oral, injected			
Oxycodone Substance II	Roxicet, Oxycodone w/ Acetaminophen, OxyContin, Endocet, Percocet, Percodan	Analgesic	High	High	Yes	3–12	Oral			
Codine Substance II, products III, V	Acetaminophen, Guaiifensin or Promethazine w/ Codeine, Fiorinal, Fioricet or Tylenol w/Codine	Analgesic, antitussive	Moderate	Moderate	Yes	3–4	Oral, injected			

Other narcotics Substance II, III, IV	Fentanyl, Demerol, Methadone, Darvon, Stadol, Talwin, Paregoric, Buprenex	Analgescic, antidiarrheal, antitussive	High-Low	High-Low	Yes	Variable	Oral, injected, snorted, smoked	Shallow respiration, clammy skin, dilated pupils, weak and rapid pulse, coma, possible death	Anxiety, insomnia, tremors, delirium, convulsions, possible death
<i>Depressants</i>									
<i>Gamma</i> hydroxybutyric acid Substance I, product III	GHB, Liquid Ecstasy, Liquid X, Sodium Oxybate, Xyrem®	None in USA, anesthetic	Moderate	Moderate	Yes	3-6	Oral	Slurred speech, disorientation, drunken behavior	
Benzodiazepines Substance IV	Valium, Xanax, Halcion, Ativan, Restoril, Rohypnol (Roofies, R-2), Klonopin	Antianxiety, sedative, anti-convulsant, hypnotic, muscle relaxant	Moderate	Moderate	Yes	1-8	Oral, injected	without odor of alcohol, impaired memory of events, interacts with alcohol	
Other depressants Substance I, II, III, IV	Ambien, Sonata, Meprobamate, Chloral Hydrate, Barbituates, Methaqualone (Quaalude)	Antianxiety, sedative, hypnotic	Moderate	Moderate	Yes	2-6	Oral		

(continued)

Table 15.1 (continued)

Drugs/CSA schedules	Trade or other names	Medical uses	Physical dependence	Psychological dependence	Tolerance	Duration (h)	Usual method	Possible effects	Effects of overdose	Withdrawal syndrome
<i>Stimulants</i>										
Cocaine Substance II	Coke, Flake, Snow, Crack, <i>Coca, Blanca, Perico, Nieve, Sade</i>	Local anesthetic	Possible	High	Yes	1–2	Snorted, smoked, injected	Increased alertness, excitation, euphoria, increased pulse rate and blood pressure, insomnia, loss of appetite	Agitation, increased body temperature, hallucinations, convulsions, possible death	Apathy, long periods of sleep, irritability, depression, disorientation
Amphetamine/ meth- amphetamine Substance II	Crank, Ice, Cristal, Krystal Meth, Speed, Adderall, Dexedrine, Desoxyn	Attention deficit/hyperactivity disorder, narcolepsy, weight control	Possible	High	Yes	2–4	Oral, injected, smoked			
Methylphenidate Substance II	Ritalin (Illy's), Concerta, Focalin, Metadate	Attention deficit/hyperactivity disorder	Possible	High	Yes	2–4	Oral, injected, snorted, smoked			
Other stimulants Substance III, IV	Adipex P, Ionamin, Prelu-2, Didrex, Provigil	Vasoconstriction	Possible	Moderate	Yes	2–4	Oral			
<i>Hallucinogens</i>										
MDMA and analog Substance I	(Ecstasy, XTC, Adam), MDA (Love Drug), MDEA (Eve), MBDB	None	None	Moderate	Yes	4–6	Oral, snorted, smoked	Heightened senses, teeth grinding, and dehydration	Increased body temperature, electrolyte imbalance, cardiac arrest	Muscle aches, drowsiness, depression, acne

LSD Substance I	Acid, Microdot, Sunshine, Boomers	None	None	Unknown	Yes	8–12	Oral	Illusions and hallucinations, altered	(LSD) Longer, more intense “trip” episodes	None
Phencyclidine and analogs Substance I, II, III	PSP, Angel Dust, Hog, Loveboat, Ketamine (Special K), PCE, PCPy, TCP	Anesthetic (ketamine)	Possible	High	Yes	1–12	Smoked, oral, injected, snorted	perception of time and distance	Unable to direct movement, feel pain, or remember	Drug seeking behavior *Not regulated
Other hallucinogens Substance I	Psilocybe mushrooms, Mescaline, Peyote Cactus, Ayahausea, DMT, Dextro- methorphan® (DXM)	None	None	None	Possible	4–8	Oral			
<i>Cannabis</i>										
Marijuana Substance I	Pot, Grass, Sinsemilla, Blunts, <i>Mota</i> , <i>Yerba, Grifa</i>	None	Unknown	Moderate	Yes	2–4	Smoked, oral	Euphoria, relaxed inhibitions, increased appetite, disorientation	Fatigue, paranoia, possible psychosis	Occasional reports of insomnia, hyperactivity, decreased appetite
Tetrahydro- cannabinol Substance I, product III	THC, Marinol	Antinauseant, appetite stimulant	Yes	Moderate	Yes	2–4	Smoked, oral			
Hashish and Hashish oil Substance I	Hash, Hash oil	None	Unknown	Moderate	Yes	2–4	Smoked, oral			

(continued)

Table 15.1 (continued)

Drugs/CSA schedules	Trade or other names	Medical uses	Physical dependence	Psychological dependence	Tolerance	Duration (h)	Usual method	Possible effects	Effects of overdose	Withdrawal syndrome
<i>Anabolic steroids</i>										
Testosterone Substance III	Depo Testosterone, Sustanon, Sten, Cypot	Hypogonadism	Unknown	Unknown	Unknown	14–28 days	Injected	Virilization, edema, testicular atrophy, gynecomastia, acne, aggressive behavior	Unknown	Possible depression
Other anabolic steroids Substance III	Parabolan, Winstrol, Equipose, Anadrol, Dianabol, Primabolin-Depo, D-Ball	Anemia, breast cancer	Unknown	Yes	Unknown	Variable	Oral, injected			
<i>Inhalants</i>										
Amyl and butyl nitrite	Pearls, Poppers, Rush, Locker Room	Angina (Amyl)	Unknown	Unknown	No	1	Inhaled	Flushing, hypotension, headache	Methemoglobinemia	Agitation
Nitrous oxide	Laughing gas, balloons, Whippets	Anesthetic	Unknown	Low	No	0.5	Inhaled	Impaired memory, slurred speech, drunken behavior, slow onset vitamin deficiency, organ damage	Vomiting, respiratory depression, loss of consciousness, possible death	Trembling, anxiety, insomnia, vitamin deficiency, confusion, hallucinations, convulsions
Other inhalants	Adhesives, spray paint, hair spray, dry cleaning fluid, spot remover, lighter fluid	None	Unknown	High	No	0.5–2	Inhaled			
<i>Alcohol</i>	Beer, wine, liquor	None	High	High	Yes	1–3	Oral			

Case Study: Confessions of a Recovered Addict**Anonymous**

The writer of this piece, one of the author's ex-students, found that love, both tough and tender, was the answer to her many addictions. She is now a drug abuse counselor—and a good one.

We all know what drug and alcohol addiction is, but I was addicted to just about everything that kicked my pleasure centers into gear—booze, drugs of all kinds, food, tobacco, and sex. You might say that I have an addictive personality. This is no story about a ghetto child, for I'm the product of an upper middle-class background.

At my "sweet sixteen" stage of life, I discovered men. I was fresh out of a private Catholic girls' school, and men, a lot of them, were what I wanted. I would go out to the naval air station in Lemoore, California, to dance, drink, and find a man who would go to bed with me while the rest of my chums were at a high school football game or at some other "square" function.

I was drinking heavily by the time I was 18, and I was also beginning to turn on to various drugs. When I graduated from high school, I didn't go onto college like most of my friends. I went to a home for unwed mothers. We were counseled there for our promiscuous ways, but the subject of drug and alcohol abuse was never addressed. However, this was 1968, and nobody thought about addiction among "young ladies." After all, heroin addiction belonged in the ghetto, and alcoholics were all dirty old men rolling in the gutters of skid row.

At this period in my life, I sought men out only for sex; "meaningful relationships" were for squares. Besides, who would want to love a 280-pound woman anyway? (Remember, food was another of my addictions.) Not too many wanted to sleep with one either, so I found myself "buying" a man for a gram of coke or a few drinks. I didn't really get pleasure from sex, and often I actually would get physically sick when thinking about what I was doing. I realize now that I just wanted someone to hold me, and if sex was the price, so be it. This is not much different from being willing to suffer hangovers and withdrawal pains from my other addictions.

Throughout the late 1960s, through the 1970s and into the 1980s, sex, drugs, and rock 'n' roll were a way of life for me. I was desperate for love, but thought I could only get it from stuffing myself with food, booze, pills, or penises. I spent my entire inheritance of \$250,000 (I told you I was no pauper) in the mad service of these addictions. It's a horrible feeling to wake up in the morning thinking that the only things that would make the new day bearable were my addictions. This lifestyle cost me my health, the respect of my family, my self-respect, and the opportunity to get an education and lead a normal life. I can't even bear children now because the various venereal diseases I've had have destroyed this capacity.

One event in my life was instrumental in turning it around for me. I was in an automobile accident in which both the driver and I were drunk and high. I received a broken jaw and a few other things, but was out of the hospital and back running the bar I owned within 6 weeks. However, by now, the cops were

on to me. I was doing a little drug dealing from my bar and was stupid enough to sell \$1800 worth of coke to an undercover officer. I was busted the next day and held in jail until my trial date. There, I spent 3 months without drugs, alcohol, sex, or excessive amounts of food.

The judge sentenced me to 5 years probation, a \$4000 fine, and 120 h of community service. I also was ordered to pay back the “buy money.” My probation officer was a real “knuckle dragger,” an ex-cop. He made it plain to me that his only job was to put me back in jail if I screwed up. I did my community service hours and visited my parole officer weekly. I began to see him as the caring father who I never had, actually enjoying the discipline involved in doing my community service and following my parole officer’s orders. He and I became as friendly as a probationer and her officer could be. He was a very positive influence in my life, getting me interested in enrolling in college and pursuing a career in criminal justice.

I am now off probation, have my degree in criminal justice, and am married to a very loving man. I have not touched either alcohol or drugs since I was busted, have given up smoking, am down to a respectable weight of 165 at 5’6”, and my husband is the only man I’ve had sex with, or wanted to have sex with, in the past 6 years. I still see and talk with my probation officer, and I still volunteer at the agency where I did my community service. I want to devote my life’s work to helping those poor lost souls on the same mad path to hell that I once walked, a path now made even more dangerous by the appearance of the AIDS virus.

There is a life after addiction if only you can find love and give it in return. I first found it in the cold stare of my probation officer and then in the arms of my loving husband and the soft smiles of his two children.

15.6 Identification and Treatment Considerations

The National Institute on Drug Abuse (NIDA) has produced a guide specifically designed to aid criminal justice professionals to understand drug abuse treatment (Principles of Drug Abuse Treatment for Criminal Justice Populations: A Research-Based Guide [2014]). The list below reproduces these basic principles. The full report is available online at www.drugabuse.gov/publications. These principles will be the guide for our discussion of identification and treatment of drug abuse.

1. **Addiction is a complex but treatable disease that affects brain function and behavior.** Drugs of abuse alter the brain’s structure and function, resulting in changes that persist long after drug use has ceased. This may explain why drug abusers are at risk for relapse even after long periods of abstinence and despite the potentially devastating consequences.
2. **No single treatment is appropriate for everyone.** Treatment varies depending on the type of drug and the characteristics of the patients. Matching treatment settings, interventions, and services to an individual’s particular problems and needs is critical to his or her ultimate success in returning to productive functioning in the family, workplace, and society.

3. **Treatment needs to be readily available.** Because drug-addicted individuals may be uncertain about entering treatment, taking advantage of available services the moment people are ready for treatment is critical. Potential patients can be lost if treatment is not immediately available or readily accessible. As with other chronic diseases, the earlier treatment is offered in the disease process, the greater the likelihood of positive outcomes.
4. **Effective treatment attends to multiple needs of the individual, not just his or her drug use.** To be effective, treatment must address the individual's drug abuse and any associated medical, psychological, social, vocational, and legal problems. It is also important that treatment be appropriate to the individual's age, gender, ethnicity, and culture.
5. **Remaining in treatment for an adequate period of time is critical for treatment effectiveness.** The appropriate duration for an individual depends on the type and degree of the patient's problems and needs. Research indicates that most addicted individuals need at least 3 months in treatment to significantly reduce or stop their drug use and that the best outcomes occur with longer durations of treatment. Recovery from drug addiction is a long-term process and frequently requires multiple episodes of treatment. As with other chronic illnesses, relapses to drug abuse can occur and should signal a need for treatment to be reinstated or adjusted. Because individuals often leave treatment prematurely, programs should include strategies to engage and keep patients in treatment.
6. **Behavioral therapies—including individual, family, or group counseling—are the most commonly used forms of drug abuse treatment.** Behavioral therapies vary in their focus and may involve addressing a patient's motivation to change, providing incentives for abstinence, building skills to resist drug use, replacing drug-using activities with constructive and rewarding activities, improving problem-solving skills, and facilitating better interpersonal relationships. Also, participation in group therapy and other peer support programs during and following treatment can help maintain abstinence.
7. **Medications are an important element of treatment for many patients, especially when combined with counseling and other behavioral therapies.** For example, methadone, buprenorphine, and naltrexone (including a new long-acting formulation) are effective in helping individuals addicted to heroin or other opioids stabilize their lives and reduce their illicit drug use. Acamprosate, disulfiram, and naltrexone are medications approved for treating alcohol dependence. For persons addicted to nicotine, a nicotine replacement product (available as patches, gum, lozenges, or nasal spray) or an oral medication (such as bupropion or varenicline) can be an effective component of treatment when part of a comprehensive behavioral treatment program.
8. **An individual's treatment and services plan must be assessed continually and modified as necessary to ensure that the plan meets the person's changing needs.** A patient may require varying combinations of services and treatment components during the course of treatment and recovery. In addition to counseling or psychotherapy, a patient may require medication, medical services, family therapy, parenting instruction, vocational rehabilitation, and/or social and legal services. For many patients, a continuing care approach provides the best results, with the treatment intensity varying according to a person's changing needs.

9. **Many drug-addicted individuals also have other mental disorders.** Because drug abuse and addiction—both of which are mental disorders—often co-occur with other mental illnesses, patients presenting with one condition should be assessed for the other(s). And when these problems co-occur, treatment should address both (or all), including the use of medications as appropriate.
10. **Medically assisted detoxification is only the first stage of addiction treatment and by itself does little to change long-term drug abuse.** Although medically assisted detoxification can safely manage the acute physical symptoms of withdrawal and can, for some, pave the way for effective long-term addiction treatment, detoxification alone is rarely sufficient to help addicted individuals achieve long-term abstinence. Thus, patients should be encouraged to continue drug treatment following detoxification. Motivational enhancement and incentive strategies, begun at initial patient intake, can improve treatment engagement.
11. **Treatment does not need to be voluntary to be effective.** Sanctions or enticements from family, employment settings, and/or the criminal justice system can significantly increase treatment entry, retention rates, and the ultimate success of drug treatment interventions.
12. **Drug use during treatment must be monitored continuously, as lapses during treatment do occur.** Knowing their drug use is being monitored can be a powerful incentive for patients and can help them withstand urges to use drugs. Monitoring also provides an early indication of a return to drug use, signaling a possible need to adjust an individual's treatment plan to better meet his or her needs.
13. **Treatment programs should test patients for the presence of HIV/AIDS, hepatitis B and C, tuberculosis, and other infectious diseases as well as provide targeted risk-reduction counseling, linking patients to treatment if necessary.** Typically, drug abuse treatment addresses some of the drug-related behaviors that put people at risk of infectious diseases. Targeted counseling focused on reducing infectious disease risk can help patients further reduce or avoid substance-related and other high-risk behaviors. Counseling can also help those who are already infected to manage their illness. Moreover, engaging in substance abuse treatment can facilitate adherence to other medical treatments. Substance abuse treatment facilities should provide onsite, rapid HIV testing rather than referrals to offsite testing—research shows that doing so increases the likelihood that patients will be tested and receive their test results. Treatment providers should also inform patients that highly active antiretroviral therapy (HAART) has proven effective in combating HIV, including among drug-abusing populations, and help link them to HIV treatment if they test positive.

Everything said about alcoholism treatment has general application to other drug treatments. Pessimistic attitudes such as “once an addict, always an addict” have impeded attempts to rehabilitate drug abusers. This attitude partly may be a function of society's more negative perceptions of drug addicts in relation to its perceptions of alcoholics. Although addiction is certainly a chronic condition, and periods of relapse are to be expected, the correctional worker should not share the common attitudes of hopelessness and stigma (Epstein & Preston, 2003).

Like alcoholics, many drug abusers and addicts are reluctant to admit that they have the problem unless they feel that you may consider their problem to be a factor militating against some form of punitive reaction. If drug abusers do not admit their dependency during the initial interview, they will tend to do whatever they can to

hide it while under supervision. It is important that you identify any existing drug problem during your initial contacts. Several signs can assist you in this endeavor.

The most obvious first step is to check the record for a history of drug-related arrests or previous drug treatment. Ask the offender to explain involvement with drugs at those times. This may lead into an admission of current usage. If you suspect narcotics usage, look for tracks on their hands and arms, which they conceal, even in summer, by wearing long sleeves. Does the offender wear sunglasses to your office to conceal constricted and fixed pupils? Is the offender drowsy and “laid back” during visits? If the offender’s nose is frequently running or eyes watering, it may indicate that he or she is late in getting a fix. Does the offender scratch himself or herself and complain of frequent sickness? Does the offender have difficulty concentrating and frequently arrives late or misses appointments?

The abuser of stimulants is somewhat harder to detect by behavior in your office. As opposed to the narcotic addict, the stimulant abuser may display an excited, hyperactive, and talkative demeanor, which may sometimes degenerate into hostility and irritability. This will be particularly in evidence if you tell offenders that you suspect their drug abuse and order them to go to a clinic for urinalysis. All offenders whom you suspect of drug abuse should be made to undergo urinalysis at frequent but always random intervals (Bouffard & Taxman, 2004). Research studies suggest that regular urine testing in conjunction with intensive supervision is more effective in reducing recidivism among probationers and parolees than if intensely supervised without urine testing (Speckart, Anglin, & Deschenes, 1989).

As indicated above, urinalysis should be performed on a random basis because regular users know how to avoid detection of most drugs. Cocaine, for instance, is detectable in the urine for only up to 48–72 h, often even less if the user “flushes” (consumes large quantities of water to dilute the concentration of foreign substances per unit of urine). Relatively cheap drug adulteration tests can be used to discover either flushing or the contamination of a specimen with various substances. The onsite, relatively immediate, drug-testing methodology has advanced rapidly in recent years. There are “kits,” portable machines, and testing cups, all with various advantages and disadvantages in terms of practical value. Staff must determine their particular office’s needs, meet the various company representatives, and do the cost-pricing research, accordingly. Although still fairly expensive, and this may change over time, hair analysis shows promising results. Unlike most all the other drug-testing methodologies, examining hair samples can provide information about an offender’s drug use over time, often dating back years. One popular company that provides onsite kits for numerous common substances is Expomed; their website is <http://www.expomed.com>.

An even better alternative may be the sweat patch. The supervising officer may apply this patch to the offender’s arm, and the offender may wear it for up to 14 days. The patch is resistant to environmental contaminants and is tamper-evident (no one can tamper with it undetected). The pad collects and contains various residues from the offender’s sweat left behind after it evaporates, including residues from consumed drugs (Baerand & Booher, 1994). Probation and parole officers taking part in a field trial of the patch conclusively endorsed it over traditional urinalysis because of its gender-neutral convenience and the elimination of the need to handle urine samples. The patch is more expensive than urinalysis, but since it may cover the same period as two or three analyses, it may be more cost-effective over the long run (Vito, 1999).

15.7 Self-Help Support Groups

The results indicated above underscore the need for ongoing treatment and support for drug addicts over an extensive period. Those addicts who abstain with relative ease while in closely supervised programs with others battling the same problem may find it extraordinarily difficult once out in the world by themselves. Addicts in therapeutic communities obtain reinforcements for abstaining from others, but such reinforcements are not forthcoming outside where they will find stimuli conducive to taking up with drugs again. Thus, relapse prevention is the biggest issue correctional workers face with their drug-addicted offenders after completion of a residential program (Litt & Mallon, 2003), but meta-analytic research suggests that it can be helpful to reduce recidivism (Dowden, Antonowicz, & Andrews, 2003).

Among the many nonresidential mutual support options available today are Narcotics Anonymous (NA) and Cocaine Anonymous (CA), two 12-step fellowship groups located throughout the world and modeled after AA. Programs such as Rational Recovery (RR) and Secular Sobriety also are available for referrals.

Self-help support groups are not sufficient by themselves for offenders with multiple needs; social support means more than the empathetic support of the similarly afflicted. It is the correctional worker's role to coordinate and broker several other sources of potential social support. For instance, you should try to enlist the help of concerned family members in getting offenders to stay clean and to obtain educational and job opportunities for them. Being socially connected to family and working colleagues has long been considered of the utmost importance in the treatment armamentarium available to correctional workers in dealing with drug-abusing offenders (Bouffard & Taxman, 2004; Lemieux, 2009; Leukefeld et al., 2003).

15.8 Pharmacological Treatments

Arguing that addiction is a brain disease, Alan Leshner, Director of the National Institute on Drug Abuse, states that: "If we understand addiction as a prototypical psychobiological illness, with critical biological, behavioral, and social context components, our treatment strategies must include biological, behavioral, and social context elements" (Leshner, 1998, p. 5). The biological elements are the various drug antagonists (drugs that inhibit the effects of other drugs). Opponents of pharmacotherapy argue that it merely substitutes one drug for another and it, therefore, is not a treatment. However, advocates of this method of treatment counter that it enhances and augments, not replaces, traditional methods of treatment and is more cost-effective and immediate. First, we try to stabilize their brain chemistry and then their lives; one logically precedes the other.

Among the various drug therapies, the best known and most widely used is methadone maintenance. Some authorities feel that this method should be used only after psychotherapeutic methods have been tried and failed because methadone creates its own dependence. However, it is extremely successful in blocking the withdrawal pains of heroin without producing any rewarding euphoria or rush of its own. Best

of all, the heroin addict on a methadone program can function normally in the community. Although addicts retain their physical dependence on a narcotic (methadone), they defeat their psychological craving for heroin and no longer have to engage in criminal activity to avoid withdrawal (Kleber, 2003). Addicts typically report to a clinic daily to drink their methadone mixed with orange juice. Methadone appears fairly successful as a treatment method (Schuckit, 2016).

If psychological craving for heroin exists, narcotic antagonists such as cyclazocine and naltrexone are available to offset the craving. They do not possess the narcotic-like properties of methadone, but they do produce rapid detoxification. These antagonists block the desirable effects of heroin. Like Antabuse, they should be used in conjunction with intensive counseling designed, as always, to get offenders to exert control over their own lives and to behave responsibly. A recent study of more than 1600 cocaine addicts in treatment in 11 US cities found that 77% remained cocaine-free in the year following treatment, with relapse incidents being highly related to severity of patient problems and shorter stays (less than 90 days) in treatment (Simpson, Joe, Fletcher, Hubbard, & Anglin, 1999). A study of drug addicts on federal probation found that roughly two-thirds of those who received only counseling for their problem relapsed versus one-third of those who received counseling plus naltrexone (Kleber, 2003). Based on studies such as these, one has to wonder with Kleber why (with few exceptions) the criminal justice system is relatively uninterested in using pharmacological treatments.

Desipramine is a drug that has been used experimentally in the treatment of cocaine addicts within the context of a full treatment plan that may include counseling and dietary changes. It has a claimed success rate in keeping addicts from craving the drug for up to 9 months. This is quite an advance over the use of other methods, which have reported records of only 15 days (Koob & Le Moal, 2008). However, desipramine is not a magic bullet and must be used as an adjunct to other therapies.

A newer antagonistic drug is buprenorphine, which can be used to treat both cocaine and heroin addiction and potential addiction to other drugs as well. It has several advantages over methadone, namely, in its reduced risk of overdose and death (Srivastava, Kahan, & Nader, 2017). However, buprenorphine treatment has significantly lower levels of treatment retention.

There are quite a few complications involved with the pharmacological treatment of drug addiction. These complications are not your affair, however. Your responsibility is to become familiar with medical facilities that dispense these antagonistic drugs for a particularly intractable offender with whom all else has failed. Do not be put off by arguments that these drugs “only treat symptoms, not the cause.” The symptoms are precisely those aspects with which we are most immediately concerned. Much of medicine is concerned with “treating symptoms” while the body marshals its natural defenses to attack the cause. In fact, apart from the infectious diseases, wounds, and breaks, medicine has very few “cures.” Ailments such as heart disease, diabetes, and arthritis, just like alcoholism and drug addiction, are never cured. Drugs designed to alleviate these medical problems help people cope

by minimizing the destructive effects of symptoms associated with the problems in people's lives.

Further, do not be disheartened by those who tell you that it is practically "impossible" to wean substance abusers successfully from their problems, or by those who will assert that voluntary acquiescence on the part of the offender is "absolutely necessary" for successful treatment. A number of studies of troops returning from Vietnam show that many men were able to kick their habits regardless of whether they were treated. One study found that 43% of a sample of 600 returning soldiers reported an addiction to heroin. Although some reported occasional use in the United States, only 12% of those reporting addiction in Vietnam relapsed to addiction levels back in the United States. Once they returned home, "removed from the pressures of war and once more in the presence of family and friends and opportunities for constructive activity, these men felt no need for heroin" (Peel, 1978, p. 65). This is an instructive statement about the power of attachment, commitment, and involvement to generate responsible behavior and the stabilizing effects of a supportive environment. However, recall that only some users of illicit drugs have the genetic predisposition for drug addiction, so do not take this optimistic statement to mean that it applies to everyone.

Of the second pessimistic assertion, the majority of chemically dependent people who were successfully treated were forced into treatment against their wills. They did not necessarily want to discontinue their chemical usage, but certain crises in their lives forced them to accept help. Being involved with the criminal justice system because of substance abuse should be crisis enough to generate the beginnings of motivation in some offenders, and the experiences undergone in the treatment program may motivate others.

As a correctional worker who is probably not trained in direct clinical techniques, most likely you will not be directly involved in the treatment of alcohol or other drug-dependent offenders. However, you will be indirectly involved by being a knowledgeable broker about available programs in your community, insisting on frequent urine testing (or other equivalent test) of offenders not in residential treatment, and, above all, holding offenders strictly responsible for remaining alcohol- and drug-free. Treating offenders with substance abuse problems is a team effort, and you do your part by effective offender monitoring and liaison with treatment agencies according to the principles of good case management.

15.9 Summary

Looking at illegal drug abuse and addiction, we noted that illegal drug users bear the added burden of the crime associated with their use. Illegal drugs cost a lot of money and generally precipitate great risks on the part of the dependent or potentially dependent offender.

Drug classification is important to understand. The depressants range from the relatively mild analgesic sedatives to the more challenging narcotics such as heroin and opium. Since purity levels have risen, and offenders are worried about dirty

needles, many more are snorting or smoking these drugs as opposed to injecting them intravenously. The stimulants, of course, have the opposite effect. Crack cocaine and methamphetamine are powerfully addictive substances ravaging some parts of the country with their enticing capacity to generate a stimulating sense of well-being.

Identification and assessment of offenders in trouble with illegal drugs and alcohol is a critical component of your job. Although drug-dependent offenders respond to the full range of treatment resources available, therapeutic communities (TCs) seem particularly suited to many of them. As always, referral to mutual self-help support groups such as Narcotics Anonymous (NA), Cocaine Anonymous (CA), and Rational Recovery (RR) should be routine in every case and accompany any other professional treatment referral.

The criminal justice system underuses pharmacological therapy although a wide variety of studies show that medication plus counseling provides better treatment outcomes than does counseling alone. Do not be overly pessimistic about drug treatment; it can and does work for many with addiction.

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16.1 Sex and American Society

Sexual offenses encompass such a wide range of behaviors that you reasonably may question the wisdom of placing all of them in a single polyglot category. After all, the exhibitionist is as different from the rapist as the check forger is from the armed robber. Up until 2003, if you lived in a state that has anti-sodomy laws, you may even have committed a felony if you had engaged in oral or anal sex (in some states, with a member of either sex), even with your consenting spouse. In 2003 the US Supreme Court ruled Texas' anti-sodomy law unconstitutional in *Lawrence v. Texas*, which means that sex offenses are now limited to offenses that involve a true offender/victim relationship, such as rape and child molesting, that is, behavior that is almost universally considered to be a serious breach of lawful behavior.

We have to view the sex offender and his behavior in the context of his culture (we use the male personal pronoun because sex offenders are almost invariably male, although there may be more female perpetrators than is generally suspected (Denov, 2003)). Few things interest Americans more than sex. Sexual themes are prevalent throughout our society. Americans spend billions of dollars every year on cosmetics, hairstyling, breath mints, health spas, and so forth, to make us appear sexually attractive. Our bodies are pierced, lips painted, and underarms sprayed, and men and women alike pour themselves into shrunken jeans. Goaded on by the wizards of Madison Avenue, many of us have fallen prey to the notion that we are less than good Americans if we are not supremely sexual beings.

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16.1.1 The Public Image of the Sex Offender

Americans do not like sex offenders. They are the only group of offenders we keep in prison under indefinite civil commitment laws after they have completed their criminal sentences, a practice given the seal of approval by the US Supreme Court in *Kansas v. Hendricks* (1997). This remedy is well applied to sexual predators (and Hendricks was certainly that), but there is a danger that it may be applied to less serious sexual offenders in the future. Practices such as this, as well as notification and registration laws, set our criminal justice handling of sex offenders apart from other offenders (all 50 states now have such laws on the books) (Talbot, Gilligan, Carter, & Matson, 2002). In many states, the laws that govern adult registration apply to adjudicated juvenile delinquent sex offenders as well, which means that they will have to register as convicted sex offenders for the rest of their lives unless the law changes. This may be appropriate to older adolescents who commit serious sex offenses such as rape; however, they have also been applied to a 12-year-old boy who mooned a group of younger children and a 15-year-old boy who grabbed the breasts of a female classmate (Trivits & Reppucci, 2002). Applying draconian measures such as these across the board may, in turn, trivialize the horrible experiences of victims and create lifelong stigma for young offenders, thus leading to future criminal behavior.

As a society, we appear to be convinced that the sex offenders are brutally depraved and oversexed monsters who spend time haunting dirty movies and teenage hangouts, an incurable, spiritually disfigured “dirty old man.” He is a “species apart,” either a “super male” in an interminable state of tumescence or a pathetic and evil old man searching for sparks of sensuality in the unwilling arms of a child (Quinn, Forsyth, & Mullen-Quinn, 2004). Although such characteristics are sometimes true, all “sex offenders,” unfortunately, tend to be defined by the very worst of their kind. According to Quinn et al. (2004), current American attitudes about sex offenders have been formed by sensationalized news media accounts of extremely atypical sex offenders. The label of “sex offender” is powerful enough to illicit public support for more punitive criminal justice measures such as residential and social networking restrictions (Harris & Socia, 2016).

No common denominator distinguishes all sex offenders. Unlike the typical robber or burglar, sex offenders are businessmen, physicians, teachers, attorneys, police officers, and ministers, as well as unskilled laborers and “street people.” In terms of their crimes, a sex offender can be everything from a sexual sadist who uses his penis to defile and degrade his victim to the gentle and unassuming church deacon who grooms young church members to be molested. While both are heinous crimes, there are certainly underlying differences between the sex offender who rapes his date after plying her with alcohol and the rapist who attacks with equal intensity the nubile homecoming queen and the octogenarian cripple—differences that will affect your sentencing recommendations and treatment strategies.

16.1.2 Rape and Rapists

Until 2013, forcible rape was defined in the Federal Bureau of Investigation's Uniform Crime Reports (UCR) as: "the carnal knowledge of a female forcibly and against her will" (Federal Bureau of Investigation, 2007, p. 27). This definition was found to be problematic, however, as it restricted victimization to females, required use of force, and was in many ways vague. In 2013, the FBI revised their definition to "penetration, no matter how slight, of the vagina or anus with any body part or object, or oral penetration by a sex organ of another person, without the consent of the victim" (FBI, 2014). Under this revised definition, a member of any sex may be the victim of rape. Further, the idea of consent is added—that is, rape does not mean physical force (or active "no"), but rather, the absence of consent (or an active, capable "yes"). While UCR statistics for rape have been steadily decreasing, an uptick in rape occurred between 2013 and 2014 with 113,695 rapes reported in 2013 and 116,645 rapes reported in 2014. Even though rape rates have largely been decreasing steadily since 1990, rape is still perhaps the most underreported of all crimes. Studies consistently find that large portions of victims do not report their victimizations. For example, Ceelen, Dorn, van Huis, and Reijnders (2016) found that 80% of victims did not report their victimization, citing reasons such as lack of evidence, feelings of shame, guilt, and other emotions as the most common reasons not to report.

To avoid reporting issues with official reporting, self-reported victimization surveys may give us a better idea for the actual impact of rape and sexual assault. According to the 2016 National Crime Victimization Survey (NCVS), there were an estimated 298,410 sexual assaults in 2016 against victims age 12 and older. No doubt that rape is an excruciatingly traumatic event for its victims, the effects of which may last long after any physical scars have healed. This can be true even if the perpetrator is an acquaintance, boyfriend, date, or even the spouse of the victim which is the case in approximately two-thirds of rape incidents (Tjaden & Thoennes, 2000).

The views of the rapist in the professional literature run the gamut, with many of the opinions being strongly colored by such nonobjective factors as personal morality and sexual politics. Each view, of course, fits some rapists, but no view fits all rapists. There are those who regard rape as being symptomatic of some dark psychological disturbances and others who see it simply as part of a complex of cultural values that emphasize macho masculinity, power, aggression, and violence. The first of these views is exemplified by the work of Drzasga, who explains rape as an act performed by "degenerate male imbeciles" seeking to satisfy "sadistic and aggressive desires for sexual dominance" (1960, p. 57). In this perspective, rape is a violent rather than a sexual act in which the penis substitutes for the gun or knife.

The feminist perspective generally rejects the idea of sexual motivation for rape, although some feminists now recognize the sexual motivation for rape, claiming that the "not sex" argument was initially necessary to emphasize that women got no pleasure out of being raped (Gilmartin, 1994; Herman, 1990; Mealey, 2003). This view may be accurate in some unknown percentage of rape cases, but to ascribe

such motivations across the board is to commit what philosophers call the logical fallacy of affirming the consequent. Affirming the consequent means that having observed the consequences of an action, we infer that they were the motivations of the actor. Thus, we observe that the rapist asserts his dominance over his victim and in doing so humiliates, defiles, and degrades her. It is unwarranted, however, to assume that this outcome necessarily constituted his motivations for his crime.

The contemporary treatment literature is replete with studies that explicitly or implicitly view rape as sexually motivated. This is evident by the treatment modalities, which emphasize cognitive restructuring for deviant sexual fantasies and/or medications designed to reduce sexual arousal (Bogaerts, Daalder, Vanheule, & Leeuw, 2008; Dreznick, 2003; Giotakos, Markianos, Vaidakis, & Christodoulou, 2003; Grubin, 2007; Harvard Mental Health Letter, 2004; Howard, 2002; Lindsay, 2002). Science rather than sexual politics should be the guide to the “true” nature of this horrible crime. In a plea to depoliticize rape, Craig Palmer asserts that the “not sex” explanation prevents researchers from learning more about the phenomenon of rape, and this occurs “at the expense of an increased number of rape victims” (1994, p. 59). Palmer’s point is that if we misidentify the motives of rapists, we compromise treatment plans for the rapist as well as efforts at rape prevention. This is what should concern us most as correctional workers.

Lee Ellis supplies voluminous evidence to support his contention that rape is “sexually motivated, and that aggressiveness and dominating behavior exhibited by rapists largely reflect tactics rather than goals” (1991, p. 632). However, he agrees that the drive to possess and control is a motive, although it is secondary to the sex drive. He states that in the overwhelming majority of acquaintance rapes, force is used only after other tactics (pleading, use of alcohol, claims of love) have failed, which makes it difficult to claim that rape is “nonsexual.” Similarly, Figueredo, Sales, Russell, Becker, and Kaplan (2000, p. 315) write that “coercive sexual strategies” are engaged in “when the major noncoercive and prosocial avenues of sexual expression fail.” Additionally, the nonhuman equivalent of rape exists in a number of animal species, making it difficult to claim that similar behavior in humans is motivated by hatred of females, or is the result of socialization (Thornhill & Palmer, 2001).

While Ellis (1991) claims that the motivation for rape is unlearned (the sex drive and the drive to possess and control are considered the products of evolutionary selection forces), the specific behavior surrounding it is learned. The mechanisms he proposes are those of operant conditioning. The raw basics of operant conditioning are that behavior that is rewarded tends to be repeated, and punished behavior tends to become extinguished. He contends that males who have successfully employed forceful tactics to gain sexual favors have been reinforced in that behavior. The early reinforcements may have been little more than a necking or petting session, but if he learns that each time he escalates his forcefulness that he gains greater sexual access, his behavior will gradually be shaped in ways that eventually could lead to rape.

It appears that the majority of rapes are motivated by misdirected and misguided sexual desires rather than by dark, sadistic, and disturbed psychological motivations

far removed from sex. Perhaps rape is best viewed as a fusion of sex and aggression because both sexual and aggressive behaviors are mediated by the same neurological substrates, and both are facilitated and activated by the same sex steroids (Grubin, 2007; Marshall & Barbaree, 1990; Pinel, 2000).

As a correctional worker, you will be doing offenders a disservice if you succumb uncritically to interpretations of rape motivations that sound esoteric but may well be empty. Perhaps the best way to view someone accused of rape is suggested by Albert Ellis (1961, p. 954):

Under no circumstances should sex offenders ... be viewed as horrible, villainous criminals to be harshly punished to atone for their sins. Rather, they should be viewed either as relatively normal individuals who are rash enough to get into occasional difficulty or as seriously disturbed persons who are sufficiently disordered to keep getting into legal difficulties because of their sexual behavior.

In other words, unless there is evidence to the contrary (e.g., the perpetrator is a repeat offender), you should view him as a relatively psychologically healthy individual who has committed a very heinous crime.

Most rapes involve offenders and victims who are acquainted with one another (Tjaden & Thoennes, 2000). Many men who are convicted of rape under these circumstances hold traditional, but toxic, masculine values. They often value sexual prowess and tend to hold the “whore/Madonna” image of women. They have difficulty understanding how their victims could be so ungrateful as to accuse them of rape. They feel that once a woman’s initial protestations are overcome in a forceful “masculine” way, just like the romantic heroes in the movies, then she should just melt into their arms. After all, in the world of veiled sexual messages it is “common knowledge” to them that “no” really means “yes,” or at least “Maybe, if I push hard enough.”

Here is an excerpt from a presentence investigation report in which the processing officer is commenting on the statement of a defendant convicted of raping his sister-in-law. This defendant came home drunk one night (rape is often associated with alcohol), dragged his 17-year old sister-in-law into his bedroom, told his sleeping wife to get up and get out, and proceeded to rape her sister:

It is clear from the defendant’s explicit statement that he does not deny the charge. On the contrary, one almost gets the impression that he rather enjoyed writing his statement, which depicts him as an accomplished lover and mentor to the sexually naive.

“How can this be rape?” he asks in an aggrieved tone of voice. He believes that his amorous designs were pursued fully in accord with the rules of the game; i.e., in the “masculine” way of his subculture. For him the crime was little more than an “assault with a friendly weapon.” It strains this officer’s imagination to think of the defendant as venting his sexual passions on an unwilling girl whose mother was in the next room fully aware of what was going on. Not only that, he had the audacity to ask his wife to vacate her bed so that he could do his thing in comfort.

After this young man was placed on probation, he actually divorced his wife and married his victim! This event corresponds to one of the strangest (yet consistently found) findings related to date rape, to wit: “a significant percentage [of date rape victims] continue to date a date rapist after the rape,” and that, “a larger percentage of women continue to date the perpetrator of a completed rape than of an attempted but uncompleted rape” (Mealey, 2003, p. 91). Perhaps the reason for such occurrences is explicable in terms of the same mechanisms that lead many battered women to remain with their spouses and boyfriends: a sense of powerlessness and perceived or actual financial, social, or psychological dependency on the perpetrator.

There are predatory rapists who become more sexually aroused when victims fight back and may even be impotent without such stimuli. They may prefer violent to consensual sex, and defiling and humiliating their victims may be “necessary” for them to achieve sexual satisfaction. Such rapes tend to be stranger rapes and, although far less common, are more terrifying and physically injurious to the victim. Rapists of this type tend to have marked feelings of inadequacy, inferiority, and powerlessness and tend to be highly sexed and socially inadequate, especially in terms of heterosocial competence—they lack the ability “to interact with a person of the opposite sex in an actual, hypothetical, or potentially romantic situation, or the ability to correctly interpret a woman’s affective cues” (Dreznick, 2003, p. 177).

Unlike the typical date or acquaintance rapist, stranger rapists tend to have histories of other violent crimes (Freeman, 2007; Mills, Anderson, & Kroner, 2004). Most studies of rapists concentrate on the violent rapist. We do know with relative certainty that among these subjects, violence is an important component of the sexual excitement they obtain from their crimes. This pattern of preferential violence is determined by comparing penile responses of convicted rapists with those of nonrapists when exposed to sexual stimuli with a strong content of violence. A device called a penile plethysmograph, which is rather like a blood pressure gauge, measures penile response. The penile plethysmograph measures the pressure of blood in the penis to ascertain how sexually excited subjects become when exposed to auditory and/or visual stimuli depicting various sexual situations. Violent rapists become significantly more aroused than nonrapists or nonviolent rapists when exposed to this material (Robertiello & Terry, 2007; Tong, 2007).

Most men will show some penile response to a variety of sexual stimuli, especially novel stimuli, even if they consider it deviant and would not engage in such behavior. The value of the penile plethysmograph lies not only in comparing the responses of convicted rapists with those of “normal” males but also in comparing rapists’ penile responses to stimuli depicting violent sex to their responses to stimuli depicting nonviolent consensual sex. For instance, if a rapist achieves a 30% erection when viewing nonviolent sex and one of 80% when viewing violent sex, we can conclude both that he is more interested in violent than consensual sex and that he is probably a dangerous individual. Likewise, if a man has a 90% erection in response to sexual stimuli involving young boys and one of only 5% to stimuli involving adult females, we can conclude that he is more likely to be a homosexual pedophile.

Such findings do seem to indicate that the violent rapist is “sick” in that he apparently needs violence to complete the sexual act. In fact, forensic considerations were at the forefront of recent changes to DSM-5 criteria for paraphilic disorders (First, 2014). Generally, paraphilic disorders occur when a person “feel[s] personal distress about their interest, not merely distress resulting from society’s disapproval,” or “have a sexual desire or behavior that involves another person’s psychological distress, injury, or death, or a desire for sexual behaviors involving unwilling persons or persons unable to give legal consent.” While these conditions are not, themselves, criminal, often the behaviors that follow from them are. Accordingly, individuals who exhibit patterns of violent behavior should be placed in custodial care for as long as the law allows.

16.1.3 A Look at Stranger Versus Date/Acquaintance Rape

Data on sex offenders reveal some remarkable differences between stranger and date/acquaintance rape that suggest that quite different men commit these offenses. Victims of stranger rape tend to range more broadly in age, typically from about 10 to 70. The age range of victims of date/acquaintance rape is typically much smaller (14–44), as would be expected in a dating context. Stranger rapists have significantly more serious criminal histories, are of significantly lower class, and are much younger (Figueredo et al., 2000; Mills et al., 2004). While effects of rape victimization are deleterious regardless of whether the perpetrator is a stranger or an acquaintance, stranger rapes have been found to lead to more severe life-threatening and PTSD symptoms (Ullman et al., 2006). Despite this fact, Ullman et al. (2006) find that victims of stranger rape also experience more negative social reactions from others (such as stigmatizing and victim blaming).

16.1.4 Assessment and Treatment of Sex Offenders

It is part of popular lore that sex offenders are untreatable and cannot prevent their compulsive offending. For instance, Fortney, Levenson, Brannon, and Baker (2007) conducted a study of attitudes about sex offenders among community members and sex offenders and found huge differences in the perceptions of both groups on a variety of sex offender-related questions. For example, the published data on sexually reoffending for convicted sex offenders shows that about 14% will reoffend, but the estimate of their sample of sex offenders was that 21% will, and the community sample estimated that 74% will. Fortney et al. commented: “Common misconceptions may interfere with offenders’ treatment and reintegration into society as well as influence legislatures to pass laws that are misguided and inefficient” (2007, p. 1). Indeed, many of the laws that apply only to sex offenders seem almost purposely designed to prevent rehabilitation and reintegration.

Thus, taken as a whole, sex offenders are less likely to reoffend than any other type of offender. Researchers looking at years of British crime statistics found that

sex offenders were the least likely (19%) to recidivate within 2 years of being released from prison and that burglars (76%) were the most likely (Mawby, 2001, p. 182). Reviews of US studies conducted by the Center for Sex Offender Management (Bynum, Carter, Matson, & Onley, 2006) examining recidivism of sex offenders broken down by different types of offenders found the following ranges of recidivism:

- Child molesters with male victims (13–40%).
- Child molesters with female victims (10–29%).
- Rapists (7–35%).
- Incest offenders (4–10%).

Different studies find different rates of reoffending because of different definitions (Do we include all offenses or only sex offenses as a measure of recidivism?) and different follow-up periods. Of course, recidivism rates include only those offenders who have been caught, so the above rates should be considered only as bare minimum figures. This, of course, is also true of recidivism studies of all offenders.

Perhaps the most instructive study of recidivism conducted to date was a study by the Bureau of Justice Statistics whose researchers tracked 9691 sex offenders released from prisons in 15 states in 1994 (Langan, Schmitt, & Dunrose, 2003). These men were followed for a period of 3 years after release. As with the British data reported by Mawby (2001), over the 3-year period, sex offenders had a lower rate of rearrest (43%) than 272,111 non-sex offenders released at the same time in the same states (68%). The 43% rearrest rate for sex offenders included all types of crimes and technical violations such as failing to register as a sex offender or missing appointments with their parole officers; only 3.5% were reconvicted of a new sex crime during the follow-up period. We should repeat and underscore that only 3.5% were reconvicted for a new sex offense. Of course, this is not to deny that there are true sexual predators, who will indeed continue to prey while at liberty to do so.

Public outrage at rapists and child molesters has made the idea of treatment rather than administration of swift punishment for sex offenders a very unpopular idea. However, Quinn et al. (2004) point out that the realization that most incarcerated sex offenders will eventually be released has generated a demand for treatment to insure a successful reintegration into the community, and from their review of a number of studies dealing with sex offender treatment programs, they are cautiously optimistic. Most studies did report a gratifying rate of success when comparing results from treated versus untreated offenders.

A recent meta-analysis of 11 meta-analyses suggested that sex offender treatment programming is a proven, or at least promising, solution to reducing sex offending (Kim, Benekos, & Merlo, 2016). That is, there is robust evidence that sex offending can be reduced with treatment interventions and that such offenders are not “untreatable.” While this reduction in sexual offending was seen for both adults and juveniles, the effects appear to be stronger for juvenile offender treatment than adult treatment with 24% and 5% reduction in offending, respectively.

The assessment and treatment of sexual offenders is almost always conducted by mental health teams; your job as a correctional worker is to refer offenders to them

and to monitor their treatment. If an offender's crime or his record of sexual offenses warrants it, you should refer him to a diagnostic center, or to individual psychologists or psychiatrists in communities lacking such a specialized center. Typically, the offender is administered a series of tests such as the MMPI and an IQ test, and he undergoes a series of psychosocial interviews. The judge and the PSI investigator receive the results of these tests, a diagnosis, treatment prognosis, and a sentencing recommendation.

Despite protesting that it violates civil rights, chemical castration is mandated or allowed in certain circumstances by certain states (e.g., California, Florida, and Texas). Through the use of drugs, such as medroxyprogesterone (Depo-Provera) or cyproterone acetate (Androcur), chemical castration reduces libido by drastically reducing testicular production of testosterone, and Androcur does the same thing by blocking testosterone receptors (Maletzky & Field, 2003). People call such drugs "limbic hypothalamic tranquilizers" because they "allow the offender to concentrate on his psychosocial problems without the distracting fantasies and urges accompanying androgen driven limbic hypothalamic activity" (Marsh & Walsh, 1995, p. 87). Grubin (2007) makes a similar statement: "By blocking testosterone receptors, cyproterone [acetate] lowers both psychological arousal and interest (libido) and the physical ability to an erection, with a reduction in the frequency of masturbation, 'sexual tension,' and sexual fantasies" (p. 442). He also adds that selective serotonin reuptake inhibitors such as Prozac and Zoloft (these drugs inhibit impulsivity) and cognitive-behavioral therapy should be part of a comprehensive treatment regimen.

In other words, these drugs reduce the effects of the male sex hormone, testosterone, which leads to a diminution of sexual arousal. With the activity of the more primitive brain area (the limbic system) dampened, the counselor can concentrate on combating neocortical weaknesses ("thinking errors") with cognitive behavioral therapy. We should note that castration does not eliminate the sex drive and that a castrate can become aroused with a willing partner's patient stimulation. What are greatly reduced are sex offenders' excessive and compulsive sexual fantasies and desires.

Not all sex offenders can or should to be treated with such drugs, however. Most therapists believe that they should be reserved for the most chronic and recalcitrant offenders who have previously failed cognitive-behavioral treatment. A pilot program run by the Oregon Department of Corrections uses a weighted 13-point scale called the Depo-Provera Scale to assess suitability for this type of treatment. According to the lead researchers in this program: "Those with hypersexuality, impaired impulse control, developmental disabilities, or homosexual pedophilia were deemed particularly appropriate [Depo-Provera treatment targets]" (Maletzky & Field, 2003, p. 399). The authors emphasize that pharmacological treatment should always be accompanied by intense cognitive-behavioral counseling.

Whereas the convicted violent rapist nearly always is incarcerated, the date or acquaintance rapist tends to get probation more often than imprisonment. The treatment of the latter type of rapist while on probation should center on group counseling sessions to correct "thinking errors" in which stereotypical images of women

are brought out into the open and discussed. Educating males to accept women as equals who have the right to say “no” can go a long way toward preventing a reoccurrence.

As we have seen, it is a sad fact that many men do actually believe that women “ask for it” if they accept a date or willingly engage in any physical behavior. Egocentric thinking (believing that everyone thinks as we do) leads some men to the conclusion that, “Hey, I’m aroused and ready to go so she must be, too.” The type of men who tend to believe these things and to commit date rape are masculine males in the traditional “macho” sense of the word (Bernard, Bernard, & Bernard, 1985). “Real men don’t take no for an answer.” Given this, it would not hurt to also explore thinking errors as they relate to the date rapist’s conceptions of what a “real man” is. The questioning and challenging techniques of rational emotive behavioral therapy (REBT) and a healthy dose of bibliotherapy (both discussed in a previous chapter) should prove useful in this regard.

Exercises such as the one concerning the victim experience (empathy training) in the chapter on institutional counseling can be used fruitfully here. You can show videos that reveal the psychological trauma that accompanies rape. In the spirit of restorative justice, it is better yet to have a rape victim speak to the group about her experience and about how it affected her life. Select the victim carefully, however. You do not want one who spouts trendy sexual politics and who defines rape as everything from violent sexual assault to sexual innuendo and jokes, nor do you want one who flays the group and denigrates all men because of her experience. Although such a response from a victim is quite understandable, the group will act defensively against her and refuse to take her seriously. If this does become the group’s reaction, the whole exercise probably will have done more harm than good. Local rape crisis centers usually have a number of strong victims willing to talk to various groups about their experiences in a dispassionate way. Certainly, if alcohol were involved in the incident, attention to that problem area also should be part of the offender’s treatment.

16.1.5 Child Molesters

Child molesters are persons who use children to gratify their sexual urges. Robertiello and Terry (2007) provide a general thumbnail sketch of child molesters’ common characteristics, which include:

poor social skills, low self-esteem, feelings of inadequacy, a sense of worthlessness and vulnerability, a hindrance to normal adult relationships or previously frustrating experiences with adult relationships...physically unattractive, have problems with potency, and they have feelings of inadequacy, humiliation, and loneliness. (p. 512)

Approximately two-thirds of all sex offenders in state prison offended against children (Talbot et al., 2002).

A child molester may or may not be a true pedophile (a person who is literally a “lover of children”). Most individuals convicted of molesting children apparently prefer adult sex but have opportunistically taken advantage of a child, but pedophiles are preferentially sexually attracted to children, sometimes exclusively (Harvard Mental Health Letter, 2004). Some child molesters are offenders who take advantage of any form of sexual gratification immediately available to them, regardless of age, sex, or, even at times, species. Child molestation tends to be associated with three age categories: the teen years, the mid- to late 30s, and the mid-50s and older.

Teenage molesters tend to be socially withdrawn and of lower intelligence than the average teenager. Young molesters rarely attempt intercourse. Sexual activity tends to take the form of kissing and the digital manipulation of the genitals. The victim most often is known to the offender, and the act can be viewed as a form of sexual curiosity on the part of a teenager who is too self-effacing to attempt to satisfy it with consenting persons of his own age. Estimates are that juveniles commit about one-half of all child molestation in the United States (Talbot et al., 2002).

Offenders in their mid- to late thirties are more likely than not to be married, and quite often the victim is a stepchild of the offender. Having a stepfather is the strongest single predictor of sexual abuse for girls, and the greatest predictor for boys is living in a father-absent home (Glaser & Frosh, 1993). A nationwide study of children ages 2 through 9 found that children of single parents were 6.7 times more likely to witness family violence, 3.9 times more likely to be maltreated, and 2.7 times more likely to be sexually assaulted than children with both biological parents present. The figures for stepparent families were even worse at 9.2, 4.6, and 4.3, respectively (Turner, Finkelhor, & Ormrod, 2006).

Not infrequently, the molestation can go on for quite some time. The offender usually is able to maintain the ongoing “relationship” by telling his victim that the child’s mother would get mad if she found out, or that the child probably would be placed in a juvenile detention center or a foster home if the offense became known. The initial act of molestation is likely to occur when the offender finds himself unemployed for an extended period of time or is under the influence of alcohol or drugs.

Most child molesters, with the exception of child rapists (strangers who attempt or accomplish genital intercourse), tend to have a strong stake in conformity, and “the majority of them do not have extensive criminal histories or ‘traditional’ criminal lifestyles” (Carter & Morris, 2002, p. 3). If the offense were not violent or if the offender has no previous record of similar behavior indicative of an abiding interest in children as sexual targets, he usually can be considered a good probation risk. However, given the level of seriousness attached to this type of behavior, it is imperative that you conduct a thorough investigation into his background prior to making any recommendations to that effect. Obviously, the findings and recommendations of mental health professionals should be read and considered very carefully.

16.1.6 Assessment and Treatment of Child Molesters

Globally, approximately 7.9% of boys and 19.7% of girls fall victim to sexual abuse before the age of 18 (Pereda, Guilera, Forns, & Gómez-Benito, 2009). With estimates this high, the problem of the sexual assault of children is obviously an urgent one. Unfortunately, as we have seen, an aura of “nothing works” pessimism surrounds the treatment of child molesters. Laws, mandating registration for convicted child molesters and requiring that neighbors be informed when a convicted child molester moves into a neighborhood, make it clear that the public is more concerned with punishment and surveillance than with treatment.

Nevertheless, about 60% of all convicted sex offenders are in the community as probationers or parolees at any one time (Carter & Morris, 2002), making the issue of their treatment of the utmost importance. Most probation and parole officers have neither the time nor the training to counsel child molesters, and even those whose exclusive role is to supervise sex offenders will find it difficult to treat them without more expert help. Therefore, it is necessary to gain some idea of the treatment modalities available for sex offenders in your community.

Public and private agencies have implemented a variety of treatment modalities, although those most frequently implemented rely almost exclusively on group therapy, interpersonal communication skills, and psychoeducational programs. Some researchers question the efficacy of such modalities in terms of recidivism rates (Grubin, 2007; Studer & Aylwin, 2006). They have failed to find statistically significant differences in recidivism rates between sex offenders on probation who received treatment and control groups of offenders who did not. This would seem to indicate that either the treatment modalities themselves are not successful, or else treatment was initiated without a proper assessment of the condition to be treated. Psychometric assessment by itself is of limited utility for the assessment, classification, and treatment of sexual offenders (Hall & Proctor, 1987; Maletzky & Field, 2003).

16.2 Summary

Few types of criminals arouse our passion for punishment more than do the sex offender. Sex offenses are perhaps the most underreported of all major crimes, but we should not put all sex offenders into a common basket. The rapist differs dramatically from the child molester, and stranger rapists and acquaintance rapists also differ considerably. The majority of rapists appear to be traditional macho males who hold onto the erroneous notion that “no” means “yes.” They rarely respect women as autonomous human beings who have absolute rights to their own bodies. There are those rapists (usually strangers to their victims) who do appear to require violence and victim degradation for their perverted satisfaction. This type of rapist is rare in comparison with the acquaintance/date rapist.

Treatment of rapists in community corrections should focus on discussions of sex roles, images of women, and the victim’s experience. Usually, rapists who are imprisoned are those who are violent. Their treatment must be more intense and

specialized and, therefore, tends to be administered by psychiatrists and psychologists. Child molesters are, in the main, weak and lonely individuals. Only occasionally will you run into a true pedophile. Child molesters tend to be concentrated in three age categories: the teens, mid- to late 30s, and the mid-50s and older. Usually some special conditions contribute to child molestation, such as mental deficiency, unemployment, and loneliness. Just as there are some major demographic differences between acquaintance and stranger rapists, major differences exist between rapists and child molesters. The biggest differences are the average ages of the two groups and the rapists' greater propensity to use force. The treatment of child molesters is best accomplished within specialized sex abuse clinics.

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Mentally Ill and Mentally Deficient Offenders

17

Mentally ill and mentally deficient (low IQ) offenders pose a particularly difficult set of challenges for the correctional worker. For new correctional workers used to dealing with only “fully rational” people in their daily lives, their first acquaintance with mentally ill or deficient offenders comes as quite a shock; even experienced officers report being ill at ease with them (Skeem & Louden, 2006). Nevertheless, correctional workers must be prepared to deal effectively with offenders who are especially ill equipped to respond positively to their problems.

Table 17.1 presents the highlights of a Bureau of Justice Statistics report on the mental health problems of prison and jail inmates that provides a preliminary idea of the problem faced in corrections (James & Glaze, 2006).

This study found that 24% of state prison inmates, 14% of federal prison inmates, and 21% of jail inmates had a recent history of mental health problems, with female inmates more like to have such problems than male inmates. The 2006 study did not address probation and parole populations, but a 1999 Bureau of Justice Statistics report indicated that 547, 8000 (about 14% of the total) probationers/parolees had some form of mental illness (Ditton, 1999). These figures do not include mentally deficient (IQ 70 or below) offenders, who are estimated to constitute 10% of the jail and prison populations (Schmalleger, 2001). The Judge David L. Bazelon Center for Mental Health Law estimates that about 16% of individuals on probation or parole have some form of mental illness (2008).

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Table 17.1 Prevalence of mental health problems in prison and jail inmates, 2011–2012

Selected characteristics	Prison			Jail		
	Serious psychological distress	History of mental health problem	No indication of mental health problem	Serious psychological distress	History of mental health problem	No indication of mental health problem
Percent of inmates with each condition	14.5%	36.9%	49.9%	26.4%	44.3%	36.0%
Charge of assault of a CO or correctional staff	14.2%	11.6%	4.1%	9.7%	9.9%	4.2%
Current offense violent	16.6%	41.7%		29.2%	41.7%	
<i>Most common mental health diagnoses</i>						
Major depressive disorder	24.2%			30.6%		
Bipolar disorder	17.5%			24.9%		
Schizophrenia/ other psychotic disorder	8.7%			11.7%		
Post-traumatic stress disorder	12.5%			15.9%		
Anxiety disorder	11.7%			18.4%		
Personality disorder	13.0%			13.5%		

Source: Bronson, J., & Berzofsky, M. (2017). Indicators of mental health problems reported by prisoner and jail inmates, 2011-2012. *Bureau of Justice Statistics*: U.S. Department of Justice

17.1 Bipolar and Mood Disorders

As you can see in Table 17.1, some of the most common mental illnesses that offenders suffer from include bipolar disorder and major depressive disorder (MDD). 2.8% of adults in the community suffer from bipolar disorder compared to 17.5% of prison and 24.9% of jail inmates. Similarly, disproportionate rates of mood disorders are present in correctional populations with, for example, 7.1% of adults in the community suffering from MDD compared to 24.2% of prison and 30.6% of jail inmates (Bronson & Berzofsky, 2017). These rates are clearly staggering and can present unique challenges to institutional on community supervision.

Bipolar disorder is actually a class of disorders (bipolar I, bipolar II, and cyclothymic disorder) that are unique in some ways but largely focus on periods of mania to varying lengths and extremes. Mania is a state in which the individual feels a sense of euphoria, has extremely high energy, and may feel invincible. Mania is much more extreme than simply being extra motivated. Mania is then followed by

periods of depression that leaves the individual feeling very low, sad, and hopeless. Bipolar disorder is characterized by cycling back and forth between mania and depression, while MDD is characterized by cycling between depressive and normative states. While this can lead to criminal behavior (particularly mania), the largest increase in risk for contact with the criminal justice system is when bipolar disorder is coupled with substance use (Fovet et al., 2015; McCabe, Christopher, Pinals, & Fisher, 2013; Quanbeck, McDermott, & Frye, 2005).

Both bipolar and MDD increase the likelihood of suicide (Fovet et al., 2015). As such, to ensure safety of these individuals when incarcerated, supervision of individuals with bipolar or depressive disorders should include assessment of suicidal-ity using validated assessment tools (e.g., the Personality Assessment Inventory [PAI] or the Depression, Hopelessness and Suicide Screening Form [DHS]). Failure to monitor and account for inmate suicidality may lead to charges of negligent homicide. In community correctional settings, counselors should be mindful of how depressive episodes can impact motivation for normal day-to-day activities and thus may impact adherence and drive to meet to correctional goals. While these are important considerations, medication and mental health treatment often reduce the impact of these disorders on criminal offending (Quanbeck et al., 2005), particularly if coupled with treatment for co-occurring substance use (see Chaps. 13 and 14).

17.2 Schizophrenia

While we cannot conduct a comprehensive overview of mental illness, we concentrate on the syndrome illnesses most associated with offending. Although other disorders have been seen to increase the risk of crime (e.g., bipolar disorder more than doubles the risk of offending) (Fazel, Lichtenstein, Grann, Goodwin, & Långström, 2010), schizophrenia is related with a two- to tenfold increase in violent criminal behavior (Fazel, Långström, Hjern, Grann, & Lichtenstein, 2009). Thus, we focus our discussion of mental illness on this group although your clients may also face a number of mental illnesses indirectly related to offending.

Schizophrenia is one of the most widespread of the psychotic disorders, affecting perhaps as much as 1% of the population (Mueser & McGurk, 2004). With an incidence of this magnitude, you can expect to have to supervise at least a few diagnosed schizophrenic offenders on your caseload at some time or another. With the evolution of concerns for patients' rights and the accompanying deinstitutionalization movement, many schizophrenics previously hospitalized are now living on the streets. For instance, in 1955 there were 339 per 100,000 individuals in state mental hospitals compared with 20 per 100,000 in 2001 (Lamb, Weinberger, & Gross, 2004). This, combined with the elevated risk of criminal behavior among this population, leaves the criminal justice system as the only system left to absorb much of the mentally ill population (Lamb et al., 2004). Robinson (2005) reports that there are now about three-and-one-half times more mentally ill people in American prisons and jails as there are in psychiatric hospitals.

Schizophrenics are extremely difficult to supervise in a community corrections setting, and they frequently end up seriously violating their conditions of probation or parole and being consigned to prison. Schizophrenics are not, however, a homogeneous category of individuals. There are various medically defined subtypes, which need not concern us here. The most severely impaired schizophrenics are hospitalized, so those with whom you may be dealing are able to function minimally in the community (Lurigio, 2001).

As well as being differentiated behaviorally and symptomatically, schizophrenics also may be differentiated by the pathway they took to their condition. The most serious and most typical type of schizophrenic is the process schizophrenic. Process schizophrenia develops insidiously over a long time. The histories of individuals with process schizophrenia show an early inability to function normally, to make friends, to handle schoolwork, and to behave acceptably.

The second type of schizophrenic is the reactive schizophrenic. People with reactive schizophrenia may not have a history of psychological and social dysfunction. Their descent into schizophrenia is usually marked by the onset of an acutely stressful experience. The psychological evaluation of Bill Bloggs described him as “being in the early stage of reactive schizophrenia,” related to the stress of his arrest and incarceration (sometimes termed “jailhouse psychosis”). Research evidence bears out the proposition that incarceration for the first time, along with other profoundly stressful experiences, can bring out symptoms of mental disorder not previously in evidence (Walker, Kestler, Bollini, & Hochman, 2004).

The “four A’s” are readily observed symptoms used by mental health professionals to make a preliminary diagnosis of schizophrenia (American Psychiatric Association, 2001). These are the following:

1. Autism (living in a subjective fantasy world).
2. Ambivalence (simultaneous conflicting feelings).
3. Inappropriate affect (emotions and feelings that are not congruent with the situation).
4. Loose associations (the connection of an experience or idea with an unrelated experience or idea).

Although offenders are probably diagnosed with schizophrenia before community corrections workers see them, be on the lookout for evidence of any of these four A’s. Many people suffering from psychosis are not identified/diagnosed unless their symptoms are explicitly part of their offenses (Lurigio, 2001); so, if you encounter them, make a referral to the local diagnostic and treatment center.

It is extremely difficult for the average person to have any idea what the schizophrenic experience is like. To obtain an inkling of what it might be like, think of the scariest and most vivid dreams you have ever had. When we are in a dream state, our neurons are active making random connections. We do not make these connections in response to external stimuli as occurs when we are awake; since we are unconscious during sleep, there are no external stimuli. The brain has an inherent need for structure, to make sense of the information coming into it from the outside in the form of electrochemical impulses. During sleep, it does the best that it can to generate order from this chemical chaos by drawing on experiences stored in its memory.

However, since the brain impulses are largely haphazard, darting from one memory to others that may be quite unrelated, the images they generate are less than coherent. As Garrett (2009) describes the process: “the brain engages in a sort of confabulation [a process of filling in gaps in one’s memory with fabrications that one believes to be true] using information from memory to impose meaning on nonsensical random input” (p. 474). Based on brain imaging studies, some hypothesize that this “confabulation” is the result of abnormal interactions between the prefrontal cortex and other brain areas (Lawrie, McIntosh, Hall, Owens, & Johnstone, 2008).

Individuals evoke their dreams and schizophrenic states from a very private reality, which may be scary and quite incoherent. The difference—and what a difference it is—is that when we dream, we wake up, are aware that we were dreaming, and begin to respond “normally” to stimuli from the outside world. Schizophrenics must remain in the scary and incoherent private world with their brain trying to make sense out of a neurochemical cascade that has little or no connection with external reality. In sum, schizophrenics have great difficulties in filtering information and focusing their attention and responding appropriately to environmental stimuli (Pinel, 2000).

17.2.1 Causality

The causes of schizophrenia have long been hotly debated. Very early explanations held that schizophrenia is a myth, or as a diagnostic “grab bag” used against poor people of whose behavior we disapproved. This viewpoint was radically wrong, for schizophrenia is an identifiable entity that we can “see” with the use of positron emission tomography (PET) and functional magnetic resonance imaging (fMRI) scans. PET and fMRI scans provide information about brain functioning and produce distinct neurological maps of normal, schizophrenic, and manic depressive individuals (Walker et al., 2004). These identifiable differences in brain functioning indicate an objective physical reality corresponding to the observable behavioral symptoms that describe the condition we call schizophrenia.

Experts now know that schizophrenia has a genetic basis, but just how strong that basis remains an open question. As we have seen, the heritability of a trait is most often determined by comparing its incidence among identical twins, who share 100% of their genes, with fraternal twins, who share only 50%, on average. According to the logic of behavioral genetics, if genes influence a trait, we should see stronger similarities between individuals who share more of their genes than among people who share fewer of their genes. Heritability studies suggest that there is a substantial genetic component to the development of schizophrenia. A recent study, for example, found that the heritability of schizophrenia was approximately 79% and schizophrenia spectrum disorders was approximately 73% (Hilker et al., 2018).

An earlier clue to the chemical basis for schizophrenia came with the advent of the antipsychotic drugs, such as haloperidol and clozapine, which work by blocking the neurotransmitter dopamine at the synapse. All antipsychotic drugs are effective,

but a number of patients are neurologically treatment-resistant. Clozapine works well in such cases but carries a significant risk of seizures (Hales, Yudofsky, & Talbot, 1996). The new-generation antipsychotic drugs include risperidone and aripiprazole, which are more powerful and have fewer side effects (Buckley, 2004).

A literature review of the various antipsychotic drugs concluded that they have differing effects on the various cognitive deficits suffered by schizophrenics, and thus medication should be specifically tailored to the severity of each individual's symptoms (Meltzer & McGurk, 1999). All antipsychotic drugs work more effectively for symptoms such as hallucinations, delusions, and incoherence, which represent increased neural activity, than for symptoms such as decreased neural activity, such as withdrawal, lack of warmth, and blunted emotions (Buckley, 2004; Pinel, 2000).

Schizophrenia, viewed at the molecular level, seems to be a function of one of three possible conditions: (1) an excess of dopamine, (2) a deficiency of enzymes that remove dopamine after it has performed its excitatory function, or (3) an excess of dopamine receptors in the brain (Pinel, 2000). Any one of these conditions (or a combination of all three) would cause the hyper-stimulation of the brain characteristic of schizophrenics.

Other researchers note that high doses of amphetamines can produce symptoms mimicking psychosis by stimulating the secretion of dopamine (Mueser & McGurk, 2004). If any offenders show schizophrenic symptoms, it is a good idea to check their substance abuse history for excessive use of stimulants and hallucinogens; substance abuse may induce and/or exacerbate schizophrenic symptoms (Buckley, 2004).

17.2.2 The Diathesis/Stress Model

Linking the schizophrenic syndrome to brain structure and functioning and genetic predisposition does not preclude strong environmental input. After all, heritability is not 100%, and, as such, there must have been something environmental that influences the likelihood to develop schizophrenia. The diathesis/stress model is a biosocial model that has dominated the schizophrenia research field for a long time. This model posits that a congenital predisposition (diathesis) combined with environmental stressors is necessary for the syndrome to occur. In other words, persons can possess constitutional vulnerability for the disease but not succumb to it unless they are exposed to one or more major environmental stressors. The list of potential environmental stressors is seemingly endless: genetic mutation suffered during embryonic development, rubella, maternal influenza, birth complications such as oxygen deprivation, exposure to abuse and neglect, poverty, and extremely traumatic environmental events (Buckley, 2004; Mueser & McGurk, 2004). A number of researchers have hypothesized that the hormonal surges of puberty (adolescence is the most common time of the onset of schizophrenic symptoms) trigger the expression of liability genes and the brain malfunctions that underlie the syndrome (Walker & Tessner, 2008).

There are thus many possible pathways to schizophrenia, and we certainly do not want to fall into the trap of blaming every developmental outcome on parental behavior as used to be the case when strict environmentalism ruled the causal roost. Many of the negative parental events observed among families of schizophrenics are more likely to be effects of schizophrenia rather than a cause. Even the most loving of parents may become frustrated and eventually turn away when their mentally ill children continually rebuff their best efforts. Schizophrenia can develop even in “model” loving families.

17.2.3 The Link Between Mental Illness and Crime

After several decades of denying that there was any link between mental illness and crime, the psychiatric community has reversed its stance. Many of the studies that led to the conclusion that there was no link between crime and mental illness were conducted during the period when individuals with serious mental illnesses were routinely institutionalized for very long periods and often even for life. As we have seen, the deinstitutionalization movement in the 1960s shifted many such persons into the community and resulted in greater visibility and higher arrest rates for the mentally ill (Bartol, 2002; Marzuk, 1996).

Even with the new evidence, there is some reluctance to affirm the link between crime and mental illness out of fear of further stigmatizing an already highly stigmatized group. However, the evidence cannot be dismissed or ignored, especially by correctional workers charged with supervising the mentally ill. In one review of 86 studies that examined the relationship between mental illness and criminal/antisocial behavior, 79 (92%) found the relationship to be positive, 6 studies were non-significant, and only 1 study was negative; that is, mental illness was associated with lower levels of criminal and antisocial behavior in this study (Ellis & Walsh, 2000).

However, the vast majority of the mentally ill are nonviolent, and they are more likely to be victims of violence than perpetrators. In a study of mentally ill individuals, while 13% engaged in violent offending, 19% were the victim of violence (Silver, Piquero, Jennings, Piquero, & Leiber, 2011). The mentally ill most at risk include those who are homeless, those who use alcohol and other drugs, and those who do not take their antipsychotic medication (Buckley, 2004).

As is the case with sex offenders, all mentally ill persons are usually defined by the worst among them. Patients who remain connected to other human beings and who faithfully take their medication are probably less dangerous than the average person is (Bartol, 2002). Most of the worst killers in American history were morally rather than mentally “sick.” Most of the truly scary people one of the authors has met in his days in the field were not mental patients, and most of the mental patients he has met seemed much more scared and anxious than dangerous. Nonetheless, the correctional worker must be aware that if the situation is right, the mentally ill offender is at greater risk for committing violence than is the typical offender.

17.3 Treatment

The treatment of schizophrenics is primarily a medical concern. The correctional worker is involved as a community resource broker and as a medication monitor. Most schizophrenics are quite manageable and cooperative as long as they are taking their antipsychotic medication. The difficulty has always been to make sure that they take it. They are quite prone to “forgetting” their daily dose, and some who may be willing to take it one day will be unwilling to take it the next day for fear that they are being “poisoned,” or because of its side effects. You may be able to circumvent schizophrenic offenders’ ambivalence about daily pill taking by negotiating an agreement to treatment with the long-acting drug risperidone. This drug is injected every 2 or 3 weeks, and the medication is gradually released over that time (Buckley, 2004). You usually can enlist the help of a family member to drive the patient to the community health clinic for this treatment every 2 weeks or so.

Again, be cautioned against the old “treating symptoms rather than causes” argument. Drugs no more cure schizophrenia than insulin cures diabetes. Yet, who would deny insulin to the diabetic? Antipsychotic drugs do for schizophrenics what insulin does for diabetics. They stabilize biological functions, and by doing so, they help them to cope and enable them to control desires to act out their delusions. The combination of appropriate medication and individual and family counseling has shown good results with schizophrenics who have been properly assessed as being able to benefit from such a regimen (Lamberti, 2007; Spaulding et al., 1999).

Sometimes schizophrenics who do not suffer too severely from the disorder are able to stabilize their lives through a supportive marriage and the acquisition of some work skills. You cannot play Cupid, but you can try to obtain employment for schizophrenic offenders in sheltered workshops. Sheltered workshops provide an opportunity for individuals to learn work skills, gather self-esteem, and become somewhat independent in a protective work setting that is not as demanding as a regular work setting. Such work shelters also provide counseling and instruction on such work-related activities as grooming, timekeeping, learning work habits, following instructions and orders, and getting along with fellow employees.

Most large cities have at least one such workshop in the community, but the final decision about admissions belongs to their administrators. If you have an offender whom you feel is a likely candidate for admission to a work shelter, you should accompany the offender on a visit so that you can learn about its program and of the administrator’s reasons for granting or denying the offender a place.

Remember, schizophrenics’ perceptions of reality, however distorted, are as real to them as your vivid dreams are to you while you are experiencing them. Schizophrenics have withdrawn from the common reality because it is too painful and threatening, so they have a stake in maintaining their own. You should not argue with their reality, but this restraint does not preclude your pointing out its disadvantages or comparing it with your own reality in a gentle and reassuring manner. You should not validate their reality by pretending to participate in it, and you should not accept their condition as hopeless. Involving family members of schizophrenics in

their treatment (Heinssen & Cuthbert, 2001) and using cognitive-behavioral therapy while they are on their medication is beneficial (Mueser & Bond, 2000).

17.3.1 Milwaukee's Community Support Program

A "model" community-based program for schizophrenics is Milwaukee's Community Support Program (CSP). The program's primary objective is "to keep persons afflicted with chronic mental illnesses out of local jails and hospitals and to help them live independently" (McDonald & Teitelbaum, 1994, p. 8). The program receives most of its clients from the courts and probation agencies in the area, although some are referred from elsewhere. Like all good criminal justice programs, the Community Support Program adopts a "carrot and stick" approach to managing its clientele. It does everything that it can to help offenders live independently and within the law, but noncompliance with directives often results in withdrawal of services or a new court appearance. The principal kinds of services provided to Community Support Program participants are therapeutic, financial management, and housing assistance.

Therapeutic services include both medical and psychosocial services. Offenders receive a full medical examination upon entry; they receive close monitoring thereafter. The primary medical service is the provision of antipsychotic medication 5 days per week. After nurses verify that offenders have taken their medication, offenders receive a chit, which they turn in at the cashier's window where they receive their daily monetary allowance. Failure to take medication results in nonpayment of this allowance. It is surprising how many notoriously reluctant patients suddenly become motivated to take their medication when there is an immediate cash reward for doing so.

The Community Support Program is able to reward offenders for taking their medication because it is the legal recipient of each offender's social security and disability benefits. The program pays all offenders' fixed expenses such as rent and utilities, with the rest doled out after each dose of medication. Financial management services are particularly useful for mentally ill offenders who are poorly prepared to manage their own finances and often are preyed on by thieves who know when social security checks are delivered. Full-time financial advisers maintain offenders' accounts and work out budgets and other money management techniques with them to maintain the relative stability of their cash flow.

The third major component of the program is housing assistance. Many offenders come to the program lacking any type of stable accommodation. Housing specialists at the Community Support Program indicate that they are able to find stable housing for offenders with relative ease because property owners like the idea of regular payments coming directly from the program rather than having to chase down renters every month.

Space does not permit more than this bare-bones description of this program that appears to be the probation/parole officer's dream. Such a program in any jurisdiction would prove a tremendous asset to correctional workers who could not possibly

supply the services supplied by Community Support Program. The program illustrates that it is possible to supervise mentally ill offenders in the community quite successfully and relatively inexpensively. While this program (which began in 1978) has not been formally evaluated, its continued funding from state and local government as well as high praise from the local judiciary and probationary agencies speak of the high esteem in which the program is held (McDonald & Teitelbaum, 1994).

The National Institute of Corrections document, *Mentally Ill Offenders in the Community*, provides descriptions and evaluations of a number of other similar community programs in various states (Veysey, 1995). The conclusions made following these evaluations are as follows:

- Cross-training of probation and mental health staff is crucial to develop an understanding of the complex needs of individual probationers and of the systems involved in providing services.
- Probation programs that contract for or provide mental health services in conjunction with special revocation or supervision practices show great promise.
- Integration of services is critical to meet the many needs of probationers with mental illness. Intensive case management programs that link mental health, substance abuse treatment, and other social support services with housing and entitlements are effective mechanisms to promote integration of services. Caseworkers can use mechanisms that encourage integration of systems, such as community planning boards and memoranda of understanding, to identify and overcome barriers to the provision of services, particularly concerning fiscal and turf issues.

17.4 The Mentally Deficient Offender

Although there are high IQ offenders (e.g., corporate criminals and some serial killers), the great majority of the criminal offenders you will be dealing with will have IQs below the general population average of 100. The relationship between IQ and crime can be visualized in the form of the normal (bell-shaped) curve. Very low IQs (50 and below) are at very low risk for committing crimes; the risk climbs steadily from there and peaks with IQs in the “dull-normal” category (IQ in the range 80–90). The risk then declines with increasing IQ (Ellis & Walsh, 2003). In other words, very low and very high IQ individuals are underrepresented in the criminal population, and those with IQs from about 70 to 90 are overrepresented.

Mental deficiency (also sometimes called intellectual disability) is defined as having an IQ score under 70 together with poor social functioning (Petersilia, 2004). Although people fitting this description constitute only about 2.5% of the population, they are overrepresented in prisons and community corrections in many Western countries (McBrien, 2003). These people are childlike in their thinking and are easily manipulated by their more intelligent (albeit, below average) peers. The definition of mental deficiency may be extended to include anyone whose level of intelligence makes it difficult for him or her to function adaptively and prosocially

in our increasingly complex world. We will thus look at the impact of low IQ in general and not confine ourselves to offenders with IQs below 70.

Our intelligence is influenced by both genetic and environmental components (Feldman & Ramachandran, 2018). Environmental factors such as low birth weight, poverty, malnutrition, lack of stimulation, and abuse and neglect, all of which modify gene expression, will thus change heritability estimates (Turkheimer, Haley, Waldron, d'Onofrio, & Gottesman, 2003). For instance, one study found that abused and neglected illegitimate children had both the lowest average verbal IQ (83.02) and highest average performance IQ (102.24) among four cross-classified groups of juvenile delinquents (Walsh, 1990). These findings lend support to the hypothesis developed in Chap. 3 that abuse and neglect can lead to elevated performance IQ scores relative to verbal IQ scores through the possible effect of abuse and neglect in dampening autonomic nervous system response. A review of the literature by Salzinger, Feldman, Hammer, and Rosario (1991) found across various studies that abuse and neglect has a serious negative impact on IQ levels.

Most studies linking IQ to crime and delinquency have viewed IQ as a unitary phenomenon. That is, IQ studies have tended to correlate full-scale IQ with various measures of crime and delinquency. Such a conceptualization of IQ may obscure as much about the IQ/delinquency relationship as it reveals. You can obtain full-scale IQ (FIQ) by summing VIQ and PIQ scores and dividing by two. For example, if an individual has a VIQ score of 100 and a PIQ score of 90, his or her FIQ is $(100 + 90)/2 = 95$. The reason that the use of FIQ might distort the IQ/delinquency relationship is that offenders typically show a greater deficit in VIQ than they do in PIQ relative to general population norms. Combining the two subscales to obtain FIQ has the effect of making the overall IQ mean scores for the general and delinquent populations somewhat more equal than they would otherwise be (Walsh, 2003), thus leading to the underestimation of the influence of cognitive variables on delinquency.

You may view low VIQ individuals as somewhat more prone to violence and aggression because they lack verbal skills that mediate between a stimulus and a response. Restak (2001) tells us that the motor areas of the cortex mature earlier than areas involved with thought processes, making for speedy responses to stimuli on the part of infants and young children that are not mediated by thought processes. As children mature, increasing communication occurs between the verbal and motor hemispheres of the brain, and their responses to stimuli slow while the left brain processes and interprets motor behavior initiated by the right brain. Initially, this is an "after the fact" interpretive process, but with increasing language acquisition and socialization, children eventually are able to foresee their response before they react. In other words, there is an ever-increasing engagement of the left hemisphere in the processing, organization, and appropriate inhibition, of emotional transmissions received from the right brain.

The efficiency with which the left hemisphere performs its interpretive and inhibitory task varies considerably from person to person. Early environmental experience greatly influences this variability. There is stiff competition within the infant's rapidly branching neurons for synaptic connections, and those neurons

activated most frequently are those that firmly establish themselves (Kolb, Gibb, & Robinson, 2003). To borrow a couple of metaphors from transactional analysis, established neuronal connection patterns function as “memory tapes” playing over and over in the head until they become a “life script” governing our interactions with others.

Children who have strong visual spatial capabilities relative to their verbal capabilities may tend to retain some of the unmediated rapidity of response to stimuli that is characteristic of the immature brain. As such, when these children grow older, they retain their childhood priorities for instant pleasure and self-gratification without having developed the “self-talk” necessary to generate a sense of discipline, responsibility, and recognition of the rights of others. When we have a young child who processes information this way, we have a “brat” who slaps playmates and steals their candy. A juvenile or an adult using similar cognitive processes may be a delinquent or a criminal, who steals, assaults, robs, and rapes. The cognitive processes of the immature child and the delinquent or criminal are the same, but the content of those cognitions becomes much more threatening as the person becomes older, stronger, and more ambitious in the pursuit of instant self-gratification.

Low IQ indexes a low level of social and interpersonal maturity, which means that individuals with low IQs will need somewhat different treatment modalities. Researchers have linked low IQ (particularly VIQ) to levels of interpersonal maturity using the I level (“I” for “interpersonal maturity”) system. This system proposes that cognitive and personality integration follows a sequential pattern in normal human development and sets up seven I levels. Level 1 is the most basic (the character Lenny in *Of Mice and Men* is an example of I-level 1 functioning), and the extremely rare level 7 is considered the ideal (perhaps only someone such as Mother Theresa fall into this category). Criminals generally are levels 2 through 5, with level 5 so rarely found among them that only levels 2 through 4 usually are used to assess delinquent and criminal subjects. Bartollas and Miller (2005) point out that the I-level system has been widely used, particularly in training schools for delinquents, throughout the United States.

Mental deficiency does not necessarily have to mean mental retardation. The former term connotes a correctable deficiency in mental functioning; the latter connotes a congenital impairment of the ability to learn. Relatively large numbers of offenders with mental deficiencies will be on correctional caseloads. These people have the mental capacity to commit crimes but are deficient in the capacity to forge a responsible lifestyle.

17.4.1 How Does IQ Affect the Probability of Offending?

A number of reviews over the decade have characterized the IQ criminality relationship as ubiquitous and robust (Beaver et al., 2013; Stattin & Klackenber-Larsson, 1993; Walsh, 2003). Nevertheless, perhaps because of mainstream sociology’s distaste for explanations of individual differences, some criminologists have tended to avoid the issue of the link between IQ and criminality, or have even considered the

topic taboo. Some consider it particularly distasteful if those individual differences are linked to genetic factors. Ellis and Walsh (2000) report that 130 out of 159 studies (82%) found a negative relationship between IQ and criminal and antisocial behavior (the lower the IQ, the greater involvement in such behavior), 24 found nonsignificant results (mostly in self-report studies), and 5 actually reported a positive relationship. Demonstrating a link between IQ and crime is not the same as demonstrating a causal link.

We have already seen how the effects of IQ on the probability of offending can be underestimated by combining verbal IQ with performance IQ given that offenders are almost invariably below average on the former but not on the latter. Another is to estimate the effects of IQ on offending by combining youths who limit their offending to adolescence (Moffitt's adolescent-limited offenders) with those who commit offenses across the lifespan (Moffitt's life-course-persistent offenders). Moffitt (1993) reports that there is only about a 1-point deficit between adolescent-limited offenders and non-offenders, but about a 17-point deficit between life-course-persistent offenders and non-offenders. Analyzing these groups as if they constituted a homogeneous whole obviously diminishes the estimated effects of IQ on offending. Other studies have found the same 17-point difference (Gatzke-Kopp, Raine, Loeber, Stouthamer-Loeber, & Steinhauser, 2002).

Low intelligence may exert its influence indirectly through a long chain of other negative factors. Figure 17.1 shows the most likely sequence of events.

This chain indicates that individuals with low IQs tend to do poorly in school, which may lead to frustration, low self-esteem, and negative labeling by teachers. These outcomes have the effect of increasing the probability that low IQ people will drop out of school and associate with others ("bad company") with similar characteristics and experiences. This results in a number of frustrated and alienated young men (and, increasingly, young women) of limited intelligence and achievement hanging around together on street corners with nothing to do, and as we all know, "The devil finds work for idle hands."

The other possibility is that IQ has a more direct effect. In other words, poor cognitive skills and conduct problems are evident before children enter school, and poor school performance is another manifestation of these disabilities. This evokes the cognitive and temperamental deficits of Terrie Moffitt's life-course-persistent offenders. In fact, a California Youth Authority study showed that early delinquency starters were much more likely to continue their criminal activity into their 20s and 30s than late starters and that low IQ was a significant predictor of both early offending and offending into the 30s (Ge, Donnellan, & Wenk, 2001).

We advise correctional workers to consider offenders' IQ scores, especially at the lower levels, as a reflection of their minimal rather than their maximal level of functioning. Of course, low intelligence does place limitations on what a person can achieve, but with a caring, involved, optimistic, and demanding helper, most offenders can be taught to behave responsibly and can be motivated to make the best of their capacities.

Selected Characteristics	Prison			Jail		
	Serious Psychological Distress	History of Mental Health Problem	No Indication of Mental Health Problem	Serious Psychological Distress	History of Mental Health Problem	No Indication of Mental Health Problem
Percent of inmates with each condition	14.5%	36.9%	49.9%	26.4%	44.3%	36.0%
Charge of assault of a CO or correctional	14.2%	11.6%	4.1%	9.7%	9.9%	4.2%
Current offense violent	16.6%	41.7%		29.2%	41.7%	
Most Common Mental Health Diagnoses						
Major Depressive Disorder		24.2%			30.6%	
Bipolar Disorder		17.5%			24.9%	
Schizophrenia/other Psychotic Disorder		8.7%			11.7%	
Post-Traumatic Stress Disorder		12.5%			15.9%	
Anxiety Disorder		11.7%			18.4%	
Personality Disorder		13.0%			13.5%	

Fig. 17.1 Possible sequence of the effect of IQ on crime and delinquency

17.4.2 Special Problems Working with Mentally Deficient Offenders

There are no glaring differences between mentally deficient offenders and other offenders; intellectual functioning is a matter of degree, not of kind. Yet, because of their deficiencies, many such offenders cannot express themselves adequately or indicate their needs, which often makes it difficult for correctional workers to identify the appropriate services they may require. Realizing this, some probation/parole agencies have special units dedicated to this caseload, staffed by officers specially trained in mental retardation issues. According to Bowker and Schweid (1992), this is the “optimal” solution to supervising such offenders. Unfortunately, many departments do not have the resources to develop and train yet another “specialized” unit requiring relatively small caseloads. Given this situation, all correctional workers should be aware of the following concerns and difficulties when dealing with mentally deficient offenders.

17.4.2.1 The Nature of Today’s Economy

People define terms such as mental retardation or mental deficiency relative to the level of intellectual functioning needed for meaningful participation in society. In labor-intensive agricultural and industrial societies, low IQ individuals have many opportunities to earn a living wage and thus participate meaningfully in their

societies. However, as we move into the less labor-intensive postindustrial age, the intellectual demands of the workplace have become increasingly complex. The more difficult those demands become, the level of intellectual functioning required to meet them becomes higher. The American economy has been bleeding manufacturing jobs overseas for the last two or three decades, and the competition for those jobs that remain leads employers to demand ever-increasing educational achievement to enter them, regardless of whether higher levels of educational preparation are really required to do the job. Thus, for those at lower levels of IQ, it becomes more frustrating for them to find and maintain employment that pays a living wage. Such unfortunate facts about the modern economy make the community brokerage aspect of correctional work more difficult, but not impossible.

17.4.2.2 Self-Esteem Maintenance

Most people are well aware of their limitations and do not need others to remind them of what those limitations are. Few things are more self-esteem deflating than being told you are “stupid.” Many offenders adopt their tough and aggressive veneer to resist others applying the “stupid” label to them (Carbonell & Perkins, 2000). You must never imply by word, deed, or gesture that mentally deficient offenders are anything less than valuable human beings. It is particularly important that you establish a warm supportive relationship with mentally deficient offenders because they may tend to operate more from an emotional rather than an intellectual frame of reference (but take care that they do not become overly dependent on you).

Offenders are easier to deal with if they feel that you value their humanity. However, it is easy to become frustrated and angry with offenders who continually fail to follow instructions. You must hold them accountable for such failures, but you should never be demeaning. Be firm, but be cognizant of the person’s need to maintain his or her sense of self-worth.

17.4.2.3 The Self-Consistency Motive

Have you ever nodded knowingly in class when catching your professor’s eye to acknowledge that you are following what he or she is saying when, in fact, you did not have a clue? Although you missed the chance to have the point clarified, it was probably more important to you to maintain the impression for yourself and others that you are a person who “catches on.”

Some low-functioning offenders, likewise, are inclined to nod in response to what you might consider simple instructions when they actually are quite confused. They fear that to ask constantly for clarification would upset their (and your) tenuous hold on the image of themselves as “not stupid.” Do not assume that mentally deficient offenders fully understand your instructions just because they smile and nod at you.

Proctor and Beail (2007) frequently found that people with intellectual disabilities fail to develop a “theory of mind,” which is your comprehension that others have a mind and mental states separate from your own. That is, people who lack an adequate theory of mind tend to believe that others think exactly as they do and thus

they have difficulty taking the perspectives of others that do not cohere with their own reality.

17.4.2.4 Patience Is a Virtue

It should be obvious that patience is especially virtuous in dealing with such offenders. Because of their limited ability to take the perspective of others, you cannot assume that offenders with mental deficiencies appreciate what you are telling them. You should impart instructions slowly in simple language, that is, specific and concrete. You should ask offenders to repeat instructions one at a time “just to make sure I know I’m telling you right, Jack.” Remember, limited intelligence usually means a limited time horizon, so make sure that offenders can fulfill any instructions in reasonably short order. Make sure that you pay special attention to balancing (not overtaxing) treatment efforts, that you are especially concrete and specific, and that you proceed slowly.

The techniques of reality therapy are perhaps best suited to working with the mentally deficient offender. Its emphasis on specificity, concreteness, and “one step at a time” appears tailor-made for offenders lacking in the type of talking and reasoning skills required for rational emotive therapy counseling or the analytical skills required for doing structural analysis in transactional analysis.

17.4.2.5 Personal Hygiene

Bathing and other habits or personal hygiene are not particularly important items on the agendas of most mentally deficient offenders. Ignorance of such matters often leads to disgust and ostracism from others. This may further exacerbate the person’s low self-esteem. Poor hygiene and dress can prevent a person from obtaining even the most menial of jobs. There is little forgiveness for poor hygiene habits in today’s society. Make sure that the offender understands this. It would be especially useful in this regard to be aware of special community agencies that work with such problems among the mentally deficient.

Case Study: Portrait of a Schizophrenic

Greg was a frail, good-looking man of 24 when I first met him. He had two prior convictions for misdemeanor vandalism and was in my office now convicted of felony vandalism. Greg had this nasty habit of throwing chunks of rock through plate glass windows.

He was extremely difficult to interview for he manifested all the classic symptoms of the schizophrenic. He sat staring at me with flat affect, his hygiene was poor, and he did not particularly care what I had to say to him.

I was able to find out that his life revolved around the TV set, in front of which he spent practically every waking hour. He was not fussy about which programs he watched, but he was concerned that whatever channel it happened to be, it must not be changed. Each of his vandalism charges stemmed from arguments with his mother or some other family member over changing channels. The upshot of those arguments was that his mother would throw

him out of the house. When that occurred, Greg would proceed to the closest business establishment with a big glass window, put a brick through it, and sit down among the debris to await the arrival of the police. This tactic yielded him a place to sleep and another TV at which he could stare.

I took Greg back home after the presentence investigation interview since he had just been released from the county jail and was penniless. I also wanted to get a feel for his environment. Upon meeting his mother, I soon formed an opinion of her as a dominating, egocentric, and manipulative shrew. She flatly informed me that the only reason that her son was welcome in her house was his \$200 monthly disability check.

His four brothers were likewise unfriendly and cruel. Since Greg was much smaller than his brothers, and a “wacko” to boot, he was a convenient target for their verbal and physical aggression. It seemed to me that rather than involving himself with those who rejected him and offered him no love, Greg had withdrawn into a semi-catatonic world of dials and plastic people. The characters on the screen could not rebuff him as real people could. I came to view his reactions to channel switching as an attempt to protect somehow the existence of those benign characters on the screen.

I learned that Greg was seeing a psychiatrist at a local center who was prescribing Thorazine for him. Unfortunately, family members never made it much of their business to make sure that Greg took his medication as directed. I was able to persuade his mother to request that his psychiatrist place him on Prolixin if medically advisable, arguing that for a small investment of her time (driving Greg to the center for his injection twice a month), she could enjoy a semblance of peace in the house. Additionally, more important for her, she could be assured of the uninterrupted flow of his disability checks. I also suggested that to avoid future problems, she might consider buying Greg his own TV set.

Greg’s mother did both of these things, and peace reigned for about 9 months. Greg reported at my office on time twice a month and was fairly agreeable. Visits to his home revealed that things were still the same in terms of the family’s treatment of Greg. They still picked on and rejected him. He was even beaten by other family members, even though his own behavior had improved rather remarkably.

Then, I received a call from the mental health center informing me that Greg had missed his last two appointments with them. He was also a week late reporting to me. I decided to go to his home to find out what was happening. I was informed that 2 weeks prior to my visit, Greg had gotten into a fight with his older brother and had stabbed him. Although the wound was superficial and the police had not been called, Greg panicked and fled from the house. I never heard from Greg again. Had he remained in my city, he surely would have been arrested again, and I would have seen him. As far as I know,

Greg is still out there somewhere among the hordes of loveless and rejected individuals who aimlessly wander the streets of our big cities. Greg's case is an example of how one's best efforts can sometimes come to less than an ideal ending. We have to accept failures as well as successes and learn from them both.

17.5 Summary

Unless their departments have a specialized caseload of mentally ill offenders, most probation and parole officers are likely to get at least one or two individuals of this type on their caseloads at any one time. Schizophrenia is loosely identified by the "four A's": autism, ambivalence, inappropriate affect, and loose associations. Schizophrenia also can be identified today by the use of the PET scan, which reveals the brain's functioning, as opposed to its structure.

At the physiological level, schizophrenia appears to be a function of an excess of various chemical neurotransmitters, or perhaps an excess of receptors for those neurotransmitters. There are also strong indicators that the development of schizophrenia requires environmental as well as biological input. Your job in dealing with individuals with schizophrenia is to act as a medication monitor and to put them in touch with various community agencies, such as sheltered workshops and specialized counseling services.

High IQ tends to be relatively incompatible with crime (at least with street-level crime), and the mentally deficient commit a disproportionate amount of crime. Nevertheless, most delinquents and criminals are in the normal (90–110) range of intelligence and, therefore, intellectually capable of profiting from counseling, education, and training.

Low IQ offenders present some special supervision difficulties. One of the major problems you may face is helping them to secure work in an increasingly technological, and thus intellectually demanding, society. Pay special attention to the self-esteem and self-consistency needs of such offenders, and be very patient with them. All instructions should be phrased as simply and as concretely as possible to avoid misunderstanding while respecting them as individuals and avoiding any sort of demeaning communication.

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18.1 Introduction

Those who aspire to work in juvenile probation services must become familiar with the differences between the adult and juvenile systems. In the juvenile system, juveniles are never called “criminals,” even when they commit acts defined as criminal. “Delinquent” acts are juvenile acts forbidden by law. The term *delinquent* comes from a Latin term meaning to “leave undone.” The connotation is that the juvenile delinquent has not done something that he or she was supposed to (behave lawfully) rather than done something he or she was not supposed to do. The difference is subtle but reflects the rehabilitative rather than punitive thrust of American juvenile justice. In fact, in some states, juveniles are not put on probation but enrolled in aftercare, and their probation officer becomes their aftercare worker or counselor.

All actions of juvenile courts and their officers, at least in theory, are supposed to be “in the best interests of the child.” Juvenile courts do not have trials; they have “adjudication hearings.” The child does not plead guilty or not guilty; he or she “admits” or “denies” the charge. The court never finds the child “guilty” but rather makes “a finding of fact.” The “finding of fact” can be that the child either is delinquent (i.e., in a condition requiring the intervention and care of the state) or is not delinquent. A presentence investigation report is not written, a “predisposition” or “social inquiry” report is. The courts never sentence the child; rather they “dispose” of the matter, and they seek rehabilitation rather than punishment. Despite all these euphemisms, however, you should still hold juveniles responsible for their conduct.

Juveniles enjoy—or, depending on your perspective, suffer—a special status in society and in its justice system. They cannot legally do a number of things adults have a right to do, such as smoke, drink, drive automobiles, leave home, and ignore

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the wishes of their parents. They also are expected to do a number of things that adults may ignore, such as attend school, obey curfews, and obey their parents. If juveniles violate any of these rules, they can be charged with a *status offense*—an act of commission or omission that is illegal only for juveniles (Whitehead & Lab, 2015). In 2016, juvenile courts in the United States handled almost 100,000 status offense cases (Hockenberry & Puzanchera, 2018). Like crime in general, however, the number of status offenses has declined recently; juvenile courts disposed of an estimated 167,000 status offenses in 2005, a decrease of 43%.

The special status of juveniles in the juvenile justice system rests on a social welfare model and the concept of *parens patriae* (Gann, 2019). This term literally means “father of his country” and practically means that the state may take over the supervision of a child under legal disability and act as a substitute for his or her parents. Underlying this concept is the philosophy that if the child misbehaves, his or her parents are to blame. In such an event, the state may assume parental responsibility for the child, diagnose the problem, and take appropriate remedial action. This responsibility can be in the form of juvenile probation services, with the child remaining in the parental home, or a court order may be issued removing the child from the parental home and placing him or her in a state facility (training school, detention center, or group home).

Figure 18.1 shows the juvenile proportion of all arrests reported to the FBI in 2018. Juveniles accounted for 10% of all violent crime arrests and 11% of all property crime arrests. According to the U.S. Census Bureau (2019), the percentage of the population between 10 and 17 years of age, inclusive, was about 10% in 2018. Juveniles are thus overrepresented in over half of the crime categories shown in Fig. 18.1 (note that juveniles have a particular propensity to engage in maliciously destructive behaviors such as arson and vandalism). Statistics such as these are troubling, but we should realize that while not welcome or excusable, antisocial behavior is normative for juveniles; juveniles who do *not* engage in it are statistically abnormal (Moffitt & Walsh, 2003). Adolescence is when youths are testing their limits and temporarily stressing parental bonds in their own personal declaration of independence.

18.1.1 Why Delinquency?

Though school shootings are relatively rare events in the United States, they garner a significant amount of media attention (Schildkraut, Elsass, & Stafford, 2015). Unusual incidents such as these tend to fuel our perceptions of juvenile offending and offenders. Due in part to incidents like these and the media coverage they accumulate, John DiIulio (1995) predicted that there would be thousands of juvenile “super-predators”—juveniles who commit heinous acts of violence for trivial reasons—roaming the streets at the start of the twenty-first century (Scott & Steinberg, 2008). Krisberg (2005) decried the media-induced notion of juvenile “super-predators,” however, and argued that we have actually witnessed a steady decline in juvenile offending since 1994. Nevertheless, as made plain in Fig. 18.1, juveniles

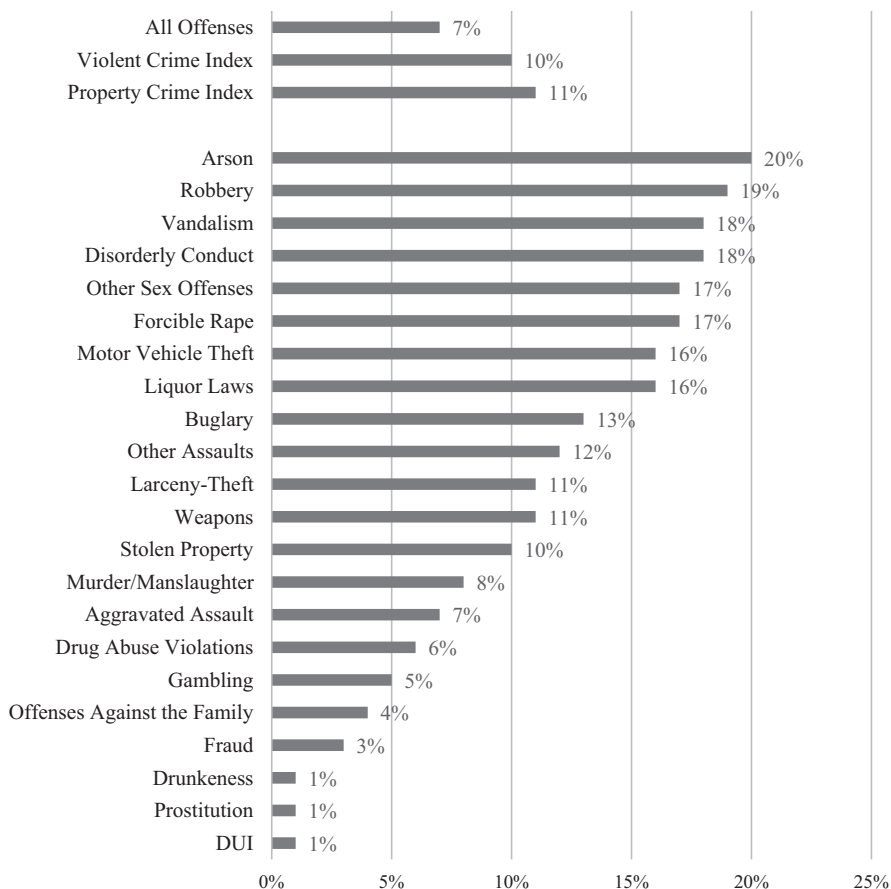


Fig. 18.1 Proportion of Juvenile Arrests by Offense Type, 2018. (Source: *Crime in the United States, 2018*. Federal Bureau of Investigation, Department of Justice)

are still greatly overrepresented among those arrested for certain property and violent offenses.

A large surge in antisocial behavior of all sorts begins around puberty. This situation is not unique to the contemporary United States; juvenile misbehavior occurs everywhere, and everyone bemoans it. In *The Republic*, Plato soundly condemned the behavior of the youth of his time, and William Shakespeare puts the following words into the mouth of a shepherd in *The Winter's Tale*:

I would there be no age between ten and three-and-twenty, or that youth would sleep out the rest; for there is nothing in the between but getting wenches with child, wronging the ancients, stealing, fighting (Act III, Scene III).

However, these observations do not diminish the urgency of the problem in the contemporary United States. Whatever else they may have done, those ancient

Greek or Elizabethan English youngsters never ran around drugged to their eyeballs, wielding automatic weapons, and killing, raping, and robbing for fun.

Antisocial behavior is generated by the various factors discussed in previous chapters, so we will not be fishing in that pond again. Rather, in this chapter, we will explore certain factors unique to juvenile delinquency. A look at graphs depicting age-related crime rates from around the world, and as far back as such graphs have been drawn, show a dramatic surge in offending shortly after the average age of male puberty, a peak in late adolescence, and a slow, steady decline thereafter (Farrington, Loeber, & Howell, 2012). Fortunately, most juveniles involved in delinquency (about 85% of them) do not become adult criminals (Moffitt & Walsh, 2003), so there must be something special requiring its own explanations that is going on during the youthful period of life that dramatically, albeit temporarily, increases the probability of antisocial behavior.

18.2 Delinquency Risk Factors

Table 18.1 presents a number of risk and protective factors for delinquency compiled by researchers at the Office of the Surgeon General of the United States (2001). A risk factor is something in a person's individual traits or in his or her environment that increases the probability of offending. Protective factors are the complete opposite of risk factors; they are those traits or environmental elements that insulate people from criminal or delinquent behavior. Both risk and protective factors are dynamic in that their predictive value changes according to what stage of a person's development they occur in, the presence of other risk and protective factors, and the immediate social circumstances.

For instance, low socioeconomic status (SES) is a family risk factor, but a juvenile with a high IQ who enjoys a warm relationship with parents is "inoculated" against the risks low SES poses and will more than likely attain a higher SES position in adulthood. Similarly, low SES often exposes children to medical problems such as low birth weight and birth complications due to poor maternal health, maternal smoking, drinking, drug use, and so on. These problems can lead to low IQ, which leads to poor school performance, which can lead to offending. The Surgeon General's report (2001) indicates that a 10-year-old child with six or more risk factors is approximately ten times more likely than a 10-year-old child with only one risk factor to be violent by the age of 18. In the following sections, we examine those individual-level factors that have their onset early in life and become more salient in adolescence.

18.3 Causality: Biological Factors

It is impossible to begin to understand juvenile delinquency unless we understand what is going on biologically during the teenage years. Aaron White (2004, p. 4) sums up four key messages from the 2003 conference of the New York Academy of Sciences, which focused on the maturation of the adolescent brain:

Table 18.1 Delinquency risk factors by domain

Domain	Early onset (ages 6–11)	Late onset (ages 12–14)	Protective factors
Individual	Being male ADHD/impulsivity Medical, physical problems Aggression Low IQ General offenses Problem (antisocial) behavior Substance abuse Exposure to TV violence Antisocial attitudes, beliefs Dishonesty	Restlessness Difficulty concentrating ^a General offenses Risk taking Aggression ^a Being male Physical violence Antisocial attitudes, beliefs Crimes against persons Low IQ Substance abuse	Intolerant attitude toward deviance High IQ Being female Positive social orientation Perceived sanction for transgressions
Family	Low socioeconomic status Antisocial parents Poor parent/child relationship Harsh, lax, or inconsistent parenting Broken home Separation from parents Abusive parents Neglect	Poor parent/child relationship Low socioeconomic status Harsh, lax, or inconsistent parenting Poor monitoring, supervision Antisocial parents Broken home Abusive parents Family conflict ^a	Warm, supportive relationship with parents and other adults Parent’s positive evaluation of child’s peers Parental monitoring
School	Poor attitude and performance	Poor attitude and performance Academic failure	Commitment to school Recognition for involvement in conventional activities
Peer Group	Weak social ties Antisocial peers	Weak social ties Antisocial, delinquent peers Gang membership	Friends who engage in conventional behavior
Community		Neighborhood crime, drugs Neighborhood disorganization	Stable, organized neighborhood

Adapted from Office of the Surgeon General. (2001). *Youth violence: A report of the Surgeon General*. U.S. Department of Health and Human Services

^aMales only

1. Much of the behavior characterizing adolescence is rooted in biology intermingling with environmental influences to cause teens to have conflicts with their parents, take more risks, and experience wide swings in emotion.
2. The lack of synchrony between a physically mature body and a still maturing nervous system may explain these behaviors.

3. Adolescents' sensitivities to rewards appear to be different than that in adults, prompting them to seek higher levels of novelty and stimulation to achieve the same feeling of pleasure.
4. With the right dose of guidance and understanding, adolescence can be a relatively smooth transition.

The most obvious and dramatic event affecting behavior at this point in life is puberty, an event that marks the beginning of the rocky road from childhood to adulthood. Puberty does not just signal outward physical changes but also changes in the endocrine (hormonal) system and in the brain. There is a large increase of testosterone at puberty, particularly in males, who have about 20 times the female level of "free" testosterone. Scientists link testosterone to a variety of behaviors (sexual, aggressive, and competitive) that emerge most strongly in adolescence and which are related to offending (Ellis, 2003).

Testosterone, by itself, cannot explain adolescent offending since offending behavior declines rapidly in early adulthood without an accompanying decline in testosterone. There is another half of the biological equation, and that is the physical immaturity of the adolescent brain.

The pubertal hormonal surges prompt the increase of gene expression in the brain. This then plays its part in slowly refining the neural circuitry to its adult form (Walker, 2002). As Steinberg (2005, p. 70) explains: "Significant changes in multiple regions of the prefrontal cortex [occur] throughout the course of adolescence, especially with respect to the processes of myelination and synaptic pruning." Functional magnetic resonance imaging (fMRI) studies reveal that the prefrontal cortex undergoes a wave of synaptic overproduction just prior to puberty, which is followed by a period of pruning during adolescence and early adulthood (Giedd, 2004; Sowell, Thompson, & Toga, 2004). Thus, fMRI studies confirm what "nagging" parents have always known—adolescents are a couple of doughnuts shy of a dozen in the cognitive area. These studies show that the prefrontal cortex is the most immature area of a teen's brain.

The prefrontal cortex functions include such things as making reasoned judgments and modulating emotions arising from the limbic system. FMRI data show that this link between the limbic system and the prefrontal cortex is often tenuous among adolescents (Walker, 2002), which is probably why they rely more on raw emotions to evaluate situations than adults do. Perhaps it is no wonder that teens so often misinterpret the intentions of others and often seem to be moody. The adolescent brain is simply physically immature relative to the adult brain. This may facilitate a tendency to assign faulty attributions to situations superimposed on an unfamiliar and diffuse state of physiological arousal induced by the hormonal surges of puberty. A brain on "go slow" combined with physiology on "fast forward" may explain why many young persons find it difficult to accurately gauge the meanings and intentions of others and experience more stimuli as aversive during adolescence than they did as children or will do so again when they are adults.

Richard Restak (2001, p. 76) explains the relationship between brain and behavior: "The immaturity of the adolescent's behavior is perfectly mirrored by the immaturity of the adolescent's brain." It has long been known that early maturing

boys confronting their “raging hormones” with a less mature brain than their age mates do engage in more antisocial behavior than late maturing boys (Buchanan, Eccles, & Becker, 1993), and the same finding has also been reported for girls (Caspi, Lynam, Moffitt, & Silva, 1993). Studies such as these suggest that the age effect on offending is a function of two biosocial processes on opposite trajectories, one of which (pubescent hormonal surges) holds temporary sway over the other (neurological maturity). Consistent with this suggestion, scientists found that testosterone levels at puberty do affect future problem behavior but only for boys entering puberty significantly earlier than is the norm (Drigotas & Udry, 1993).

Adolescence is a particularly stressful time because of the brain “resculpting” (the adding and eliminating of various neuronal pathways) that occurs during this period (Spear, 2000a). As noted in Chap. 16, these neurological changes may be what trigger “vulnerability genes” for a number of mental disorders that are first evidenced during adolescence such as schizophrenia and depression (Spear, 2000b). A generalized decrease in behavior-inhibiting serotonin and an increase in behavior-activating dopamine also occur during this period (Walker, 2002). We agree with Martin Daly (1996, p. 193) when he writes: “There are many reasons to think that we’ve been designed [by natural selection] to be maximally competitive and conflictual in young adulthood.”

18.3.1 Attention Deficit with Hyperactivity Disorder (ADHD)

Among the many factors associated with delinquency discussed in this section and those that follow is attention deficit with hyperactivity disorder (ADHD). Despite the tendency of some to dismiss ADHD as the medicalization of childish “high spirits,” it is clearly identifiable as much more than that. In fact, brain-imaging studies find differences in brain anatomy and physiology between ADHD and non-ADHD children (Raz, 2004). Ellis and Walsh (2000) found 99 studies in which ADHD was positively related to delinquent and criminal behavior, and only one (for drug offenses) in which no significant relationship was reported.

Children affected by ADHD have extremely short attention spans and are prone to extreme boredom, are restless, have low levels of inhibitory control and great impulsiveness, have difficulties with peers, frequently exhibit disruptive behavior, and are academic underachievers. Although it is true that most children manifest some of these symptoms at one time or another, and it is probably true that ADHD is over diagnosed, the symptoms of children affected by ADHD amass to form a syndrome. Eight out of 14 symptoms are required for diagnosis, and their symptoms are chronic and more severe than are those of children who are simply high spirited (Restak, 2001).

ADHD affects somewhere between 2% and 6% of the childhood population and is four or five times more prevalent in males than in females (Raz, 2004). Although the precise cause of attention deficit with hyperactivity disorder is not known, 15 twin studies and 2 adoption studies show that genetics is a factor (Ellis & Walsh, 2000). The heritability estimate of ADHD is exceptionally high compared to other

behavioral disorders. It is reported to range between 0.75 and 0.91, and the findings are robust regardless of whether the disorder is considered to be a categorical (a discrete, either/or disorder) or continuous (a matter of degree) trait and regardless of the cutoff criteria applied (Levy, Hay, McStephen, Wood, & Waldman, 1997).

Some children diagnosed with ADHD show EEG patterns of underarousal (slow brain waves) similar to adult psychopaths (Lynam, 1996). Youth experience such a brain wave pattern subjectively as boredom, which motivates them to seek or create environments containing more excitement. ADHD symptoms can be normalized temporarily by methylphenidate (Ritalin), which is a mild stimulant drug, and non-stimulant drugs such as atomoxetine. Although stimulants have the effect of increasing activity for non-ADHD individuals, they have a calming or normalizing effect on suboptimally aroused individuals by raising the activity of the brain's sensory mechanisms to normal levels. This relieves boredom because the brain becomes more attentive to features of the child's environment previously ignored, and the child becomes less disruptive, less obnoxious to peers, and can focus more on schoolwork. Child delinquents affected by ADHD are more likely than delinquents not affected by it to persist in their antisocial ways as adults, but this probability rises dramatically for affected children also diagnosed with conduct disorder (CD). Conduct disorder is defined as "the persistent display of serious antisocial actions [assaulting, stealing, setting fires, behaving with cruelty toward animals] that are extreme given the child's developmental level and have a significant impact on the rights of others" (Lynam, 1996, p. 211). ADHD and CD occur together in 30–50% of cases. Lynam (1996) describes the trajectory from ADHD/CD to criminality, stating that the co-occurrence of ADHD and CD:

May tax the skills of parents and lead to the adoption of coercive child rearing techniques, which in turn may enhance the risk of antisocial behavior. Entry into school may bring academic failure and increase the child's frustration, which may increase his or her level of aggressive behavior. Finally, the peer rejection associated with hyperactivity may lead to increased social isolation and conflict with peers. (p. 22)

ADHD does not represent some form of hopeless pathology that leads those with it down the road to inevitable criminality. Many ADHD individuals have very high IQs and are loving and creative. Perhaps, the symptoms of ADHD are only problematic in the modern context in which we expect children to sit still for long periods striving to learn subjects that they do not find interesting. ADHD-like symptoms may have even been adaptive in our evolutionary history when restless boldness and curiosity meant exploring beyond the boundaries of the taken for granted (Lakoff, 2000). Nevertheless, the symptoms of ADHD often do have negative consequences in the modern world, and thus the juvenile caseworker must be cognizant of the syndrome.

18.4 Causality: Psychological Factors

As we have seen, neurological and hormonal changes during adolescence often make the period between childhood and adulthood stressful and confusing for many teens. In the United States, where we keep individuals in the dependent role of childhood longer than any other nation, it is a particularly trying period. This strange and sometimes frightening stage of life we call “adolescence” has been considered everything from a normal developmental period accompanied by a few mild disturbances experienced by about half of all teenagers to a stage of life that is emotionally disturbing for just about all teenagers (Scott & Steinberg, 2008). From a review of the literature, Udry (1990) lists the following changes that typically occur among high school age adolescents:

They complete puberty, [have] lower academic achievement values, increase values of independence, increase tolerance for violation of adult standards, decrease religiosity, decline in church attendance, increase reported alcohol and drug use, and increase sexual activity. (p. 2)

Except for the completion of puberty, parents and other authority figures are not likely to welcome these changes, and they certainly represent a gap between biological and social maturity that must be bridged.

In psychologist Erik Erickson’s (1963) *Childhood and Society* model of human psychosocial development, he identifies eight stages in the human life cycle in which individuals are confronted with new challenges and interactions with themselves and with their environment. Each stage involves crises that can lead to opposite (positive or negative) personality outcomes depending on how we confront and resolve the crises. He identifies adolescence as the transition from childhood to adulthood (no longer a child, but not yet a man or woman) and a stage in which the two polar outcomes are identity versus role confusion. In reality, these outcomes are never either/or dichotomies. Most teenagers emerge from this stage situated somewhere on a shifting continuum.

During adolescence, young people start asking—consciously or subconsciously—philosophical questions about themselves: “Who am I?” “What is my place, and where am I going?” These questions concern identity development and role confusion issues that need resolution for healthy development (Hall & Brassard, 2008; Scott & Steinberg, 2008). Teenagers also start to form opinions and theories and ask questions about many aspects of their environment that they formerly took for granted. Their surging hormones, abundant energies, and new questioning orientation make them impatient, action orientated, and imbued with an aura of omnipotence. If, thanks to loving parents, they were successful in navigating previous developmental states (trust versus mistrust, autonomy versus doubt, initiative versus guilt, and industry versus inferiority), they will emerge with a positive identity (“I’m OK, you’re OK”) and very little role confusion. If mistrust, doubt, guilt, and inferiority were previous outcomes, role confusion is the likely outcome of this stage.

In their book *Rethinking Juvenile Justice*, Scott and Steinberg (2008, pp. 56–57) argue that there are three conditions crucial to the development of psychosocial maturity in adolescence:

1. The presence of at least one adult—typically, but not necessarily, a parent—who is involved in the adolescent’s life.
2. Membership in a peer group that models and values prosocial behavior and academic success.
3. Participation in activities that permit the adolescent to develop and practice autonomous decision-making and critical thinking, [such as] school, extracurricular activities, and work.

Although adolescents naturally turn more toward peer influences than parental influences, secure attachment to parents is vital to healthy identity formation (Hall & Brassard, 2008; Scott & Steinberg, 2008). Teens lacking such attachment will turn away from parents and toward others in the same sorry boat as themselves to sort out their identity. The old adage “Birds of a feather flock together” impeccably describes this situation (Sullivan, Childs, & Gann, 2018). Such a strategy is not a good one, however, because these groups come with negative identities such as “delinquent,” “doper,” and “punk.” The trick is to find the right set of peers. Well-loved youths generally will be prosocial and will seek the company of others like themselves, but children who do not find love, support, and supervision at home may resort to groups outside the family, and these groups are often deviant (Rodkin, Farmer, Pearl, & Van Acker, 2000).

Freed from the apron strings of childhood but not yet bound to the necessities of adult commitments, adolescence is a wonderful time to experiment with all sorts of roles, fads, tastes, and attitudes. Unfortunately, some of these experiments include drugs, alcohol, gangs, unprotected and irresponsible sex, and delinquent behavior (Berzonsky, 2008). Even well-adjusted youths from well-adjusted homes often conform more to their peers’ expectations than to their parents’ during adolescence. This is a normal part of growing up and a vital aspect of identity formation (Scott & Steinberg, 2008).

We emphasize that the great majority of delinquents (adolescence limited) are “normal” youths whose offending reflects adaptive responses to conditions that have temporarily diverted them from their prosocial life trajectories (Matza, 1964). Unlike life-course-persistent offenders, they have built up enough “social capital” that they can cash in when they mature. It would seem that youths (particularly males) who abstain from delinquency altogether are less psychologically “healthy” than their more behaviorally obnoxious peers are. They tend to be extremely self-controlled, timid, fearful, socially inept, and latecomers to sexual experiences. However, they all tend to lead successful and satisfactory adult lives, are typically well educated, and tend to hold high-status jobs (reviewed in Moffitt & Walsh, 2003). We mention delinquency abstainers only to reinforce the point that the great majority of delinquents are healthy and normal individuals who will mature out of their youthful hijinks.

18.5 Causality: Environmental Factors

The list of environmental risk factors that influence juvenile delinquency is exceedingly long; too long to discuss all of them here. Instead, this section focuses on a few of the environmental risk factors that research shows have strong effects on juvenile delinquency: socioeconomic status, antisocial peers, and school performance. Though the parent-child relationship is arguably the most significant environmental risk factor, it has been discussed previously and thus will not be included here.

Socioeconomic status (SES) is an umbrella term that includes family income, parental education, and occupational prestige. Low SES has been associated with many negative outcomes such as limited opportunities for high-paying employment, poor mental health, chronic stress, residential mobility, and crime and delinquency (Bjerk, 2007; Santiago, Wadsworth, & Stump, 2011). According to Rekker and his colleagues (2015), low SES is one of the strongest and most well-documented risk factors for juvenile delinquency. For example, Piotrowska, Stride, Croft, and Rowe (2015) conducted a meta-analysis of 133 studies on the association between family SES and juvenile antisocial behavior and concluded that there was a significant negative relationship between the two. Juveniles from low SES families were considerably more likely to participate in antisocial behavior—including delinquency—compared to youths from higher SES families.

In some ways, the demands of the economy itself can have a direct effect on the probability of youthful offending. As Terrie Moffitt said: “adolescence-limited offending is a product of an interaction between age and historical period” (1993, p. 692). Moffitt means that there are two trajectories—one biological and one social-economic—operating in opposite directions. The first is the increasingly lower age at which youths enter puberty, which is largely a function of better health care and nutrition. The other is the increasingly complex nature of today’s economy, which necessitates longer periods of educational preparation to engage in it. Compulsory education and child labor laws kept our grandparents and great grandparents out of the labor market for a while, but because they entered puberty later and required less education to enter the job market, the gap between puberty and the acquisition of a socially responsible role was perhaps no more than 2 years. Today, this gap is upward of 10 years, and it is within this gap that so much adolescence-limited offending grows.

Thus, just when we need to exercise more control over our young, we seem to have delegated much of the responsibility for socializing them to peer groups, which often represent immature and antisocial visions of reality. Groups have a morality and direction of their own that is often radically different from the sum of their individual parts. Already unsure of identity and direction, being juiced up on hormones and having a brain undergoing a major overhaul, juveniles in peer groups defer to the collective judgment (Sullivan et al., 2018). With internalized standards submerged in groups, and with responsibility diffused among them, sometimes we see horrible manifestations of antisocial “group think” such as “gang banging” and “wilding.”

Socializing with antisocial peers is one of the strongest predictors of juvenile delinquency, though there is still debate as to which “causes” the other (Sullivan et al., 2018; Warr, 2002). Do antisocial children seek out and associate with other antisocial children (peer selection), or does hanging out with antisocial peers cause children to become antisocial themselves (peer socialization)? No matter which side “wins” this debate, the irrefutable fact remains that associating with delinquent peers significantly increases the probability of juvenile delinquency.

Finally, researchers have long known that school performance and commitment are strongly associated with delinquency (Hirschi, 1969). In his book *Causes of Delinquency*, Travis Hirschi (1969) outlined his social control theory. Among the four “bonds” included in the theory is *commitment* to conventional behaviors. When a person invests time, energy, and resources in a certain activity—like getting an education—they are less likely to engage in criminal or delinquent activity due to the risk of squandering their investment if caught. Thus, youths who are committed to their education are less inclined to commit delinquent acts. Similarly, a large body of research has shown that juveniles who perform well in school (good grades and test scores) are less likely to engage in delinquency (Hirschfield & Gasper, 2011; Maguin & Loeber, 1996). As such, a primary goal of juvenile probation officers should be to demonstrate to their charges the negative consequences of associating with antisocial peers and the positive long-term effects of commitment to education.

18.6 Effective Supervision of the Juvenile Delinquent

A child’s psychosocial development must involve at least the nine requirements outlined below. Love is essential, of course, but it is not enough. Although the primary responsibility for meeting these requirements rests with the parents, when a child is placed in the care of the state, responsibility partly rests on the juvenile probation officer and sometimes the detention officer, group home counselor, or care worker. The requirements presented below should serve juvenile correctional workers as a minimal working model for understanding their juvenile offenders and for meeting their needs. “Child” is the usual term in juvenile probation for an offender of any age who has not reached the age of majority.

18.6.1 Children Need Discipline

The cornerstone of raising children to healthy and responsible adulthood is discipline. An undisciplined child is either (1) smothered with unconditional love, making the child a spoiled brat who makes excuses for everything or (2) is an unloved child, an unruly child who probably will grow up to be an unconscionable adult. The authors consider discipline to be *applied* love (or “tough love,” if you prefer).

Although there are components of punishment in discipline, the two terms are not synonymous. Juvenile delinquents have suffered far more than their share of

punishment but have received little discipline. Forcing children to follow rules by inflicting pain, hitting, punching, yelling, screaming, and other forms of humiliation is punishment. Looking into the family histories of delinquents, you will find many arbitrary rules have been applied inconsistently. If mom or dad feels good on Friday (payday), the violation of rule X perhaps is overlooked. If they feel bad on “blue” Monday, the same violation is severely punished. In this situation, it is no surprise that the child is confused and comes to view punishment more as a function of parental mood than of rule violation. Children soon learn that being caught rather than breaking rules is the thing to be avoided.

On the other hand, discipline “always starts with trying to teach children to follow reasonable rules through negotiation... Discipline involves the sanctions of the loss of either freedom or privileges until the child is willing to negotiate” (Glasser, 1984, p. 197). Children must know the rules, what is expected of them, and the guidelines they must follow.

This does not imply that the household should be democratic in that the child’s wishes are given equal status to those of the parents. Children lack the maturity to receive such privileges. Rather, it should be a benevolent dictatorship in which the best interests of the child are given every consideration. Few children would not benefit from increased expectations such as doing chores around the house, having more common courtesy, and participating in family functions. Living up to reasonable expectations gives children a sense of participation in common goals, a sense of accomplishment, a sense of being needed, and the beginnings of a success identity.

If children violate any of these expectations, they must be allowed to suffer the natural consequences. Although these sanctions should not be severe or designed to humiliate, they should be applied swiftly and with absolute certainty. Of course, the imposed sanctions are punitive in the sense that children do not welcome them. However, since both the rules and the consequences of violating them are agreed to before the violation occurs, children retain feelings of control over their life that are absent in households that alternate arbitrarily between permissiveness and punishment. If delinquents lack this sense of control, Glasser (1984, p. 198) asserts that they should be “treated with strict but creative probation where they would learn to regain control of their lives.”

18.6.2 Children Must Learn To Understand and Accept Themselves

The development of a realistic and positive self-concept (identity) is necessary for all of us and is the goal of all counseling. It is the juvenile probation officer’s role, in corroboration with children’s families, teachers, and other interested parties, to help them accomplish this. These efforts should be coordinated by the juvenile probation officer, with special attention to assure that individual efforts are not working at cross-purposes. Consistent discipline related to reasonable rules gives children structure, predictability, and the ability to think about an outcome in the abstract and

then to select a behavior that will achieve it. This is self-discipline. The sooner this structure and predictability is in place, the sooner the children can build their self-concept around it.

18.6.3 Children Must Become Aware of and Understand Their Emotions and Feelings

The ability to select the appropriate response to a feeling from a number of possibilities is part of the process of acquiring a realistic sense of the self. When children are aware of their feelings and understand them for what they are, they can respond to them more appropriately. For instance, a frustrated adolescent may respond with terms such as “I hate you” or “I could kill you.” They pluck these immature labels from their immature brain and place them on feelings they do not understand well. We hope what they mean is that “I don’t like what you’ve done,” rather than “I hate you,” and “I would very much like you to stop,” rather than “I could kill you.” Whenever children inappropriately label their emotions and feelings, you should help them explore these feelings in a patient, caring, and nonauthoritarian fashion. Even more than an adult offender, juveniles will “shut down” if they perceive an attitude of “I know best.” In reality, you do “know best,” but children must come to this conclusion themselves. The better children relate to you, the sooner this will happen.

18.6.4 Children Must Understand the Feelings and Emotions of Others

This involves the ability to empathize with the feelings and concerns of others. Several studies have shown that the lack of empathy is strongly related to criminal and delinquent behavior (Jolliffe & Murray, 2012; Posick, Rocque, & Rafter, 2014). As Granello and Hanna (2003, p. 14) put it: “Empathy is the intrinsic enemy of the criminal. If one were to feel a victim’s pain, it would surely hinder the performance of criminal acts.”

Inappropriately socialized children live only in their own emotionally egocentric worlds, and they blame other people or circumstances for their antisocial behavior. If such children constantly feel angry, hostile, mean, and uncaring, they will assume that it is natural to feel that way and thus will think everyone else feels that way, too. With the realization that this is not so, the children perceive alternatives and pay attention to positive role models who can exchange their caring, compassion, and understanding for the children’s anger and hostility.

All children know when they have been hurt, and they all know that they do not like it. They must learn that other people have feelings too, and that these feelings must be respected. Sometimes their lack of maturity does not allow them to realize that they may deeply hurt their parents by their troublesome behavior. This is more often the ignorance of immaturity than the “I don’t care” of malice. Empathy

training in group sessions may lead them to this realization. Getting a child enrolled in team sports or an organization such as scouts or Big Brother/Big Sister goes a long way to show them that many people do care (Sullivan et al., 2018).

All communities contain their share of physically and mentally disadvantaged youths. Something that would be advantageous to both these youths and to delinquents is a program, supervised by a probation officer, in which delinquents are assigned to help handicapped youths. This could involve everything from wheeling chair-bound youths around the local shopping mall to teaching them to read. Handicapped youths obviously would benefit and so would their delinquent helpers. They would gain a measure of empathy with the truly disadvantaged, a feeling of accomplishment, community involvement, and enhanced self-esteem. As a lot of us know, it is often much more rewarding to give than to receive, and research supports the notion that empathy training is useful in reducing aggressive behavior (Sahin, 2012; Spinrad & Eisenberg, 2009).

18.6.5 Children Must Learn to Establish Positive Interpersonal Relationships

Parents often blame “bad companions” for their children’s problematic behavior (of course, to other parents their children are the bad companions). The obvious answer to this is to forbid juvenile delinquents from associating with other juvenile delinquents. However, like so many other things, this is much easier said than done. As with adolescent romantic relationships, to forbid is to drive the parties further into each other’s arms (the “Romeo and Juliet” effect). Birds of a feather flock together, and if we want to stop the flocking, we have to clip some feathers. We have to teach children and provide them with positive prosocial alternatives to the birds with whom they are currently flying. We have to discover their prosocial interests and make them as exciting as antisocial behavior. They have to learn to relate to more mature peers, to cooperate through teamwork, and learn how to settle conflicts peacefully.

Organized sports, such as those offered at Police Athletic Leagues and at various probation departments, are an excellent vehicle for teaching children teamwork, competence, and self-esteem through positive and constructive endeavors. Bill Wakefield (1991) discussed a low-cost athletic program for delinquents that significantly increased these positive attributes among participants. He organized a running program staffed by volunteer coaches and with running gear donated by local athletic stores (you will be surprised how generous businesses can be when asked for a good cause). He reports increased pride in the youths, both in terms of achievement and body image, as they covered increasing distances, a greater sense of group cohesion, and less “acting out.” Successfully completing a run of some distance garners the all-important approval of their peers for socially acceptable behavior, and, at the same time, the approval of authority figures. Wakefield’s study shows that “treating” troubled children means more than just sitting in an office trying to reason with them.

18.6.6 Children Must Understand the Processes Involved in Making Choices and Decisions and in Solving Problems

We are all constantly making choices and decisions; delinquents just make too many bad ones. Making positive choices depends on (1) the knowledge we have of the consequences of these decisions (the remote as well as the immediate consequences) and (2) on the control we feel that we have over our lives that allows us to make relatively independent choices.

As we have pointed out, an unloved and undisciplined child will turn to peer groups for connections and attention. The members of these groups have had similar experiences and will likewise lack the ability to make positive decisions. Choices and decisions within such a peer group will be made under antisocial pressure and based on gut emotions unburdened by thoughts of remote consequences. Children must be taught to make their own decisions. The task of parents and probation officers is to seek and achieve a sound balance between supporting the child's decision and making sure these decisions are responsible ones.

18.6.7 Children Need Positive Values and Ideals with Which to Guide Their Lives

Values are the vital core of society; the cement that holds it together, without which social life would be literally meaningless. Values have to be taught. Children need to know what goals are worth striving for, what ideas are worthy of being preserved, what is important in life, and how they should lead a good life. Some people view values such as the golden rule, honor, and personal integrity as hopelessly old-fashioned and restrictive of personal liberty. On the contrary, values set us free by anchoring our lives in a meaningful sense of community and provide us with guidelines for social living. Children who never learn the importance of values trudge through life caring for little else other than the immediate gratification of their selfish impulses.

Juvenile probation officers should serve as role models for their offenders by emphasizing in word and deed that prosocial values are indispensable. You should never adopt offenders' mannerisms and speech in an effort to "identify" with them. This does not mean that you always look cold and professional and use language that smells of old books. A little contemporary vernacular is fine but stay away from delinquent slang that expresses antisocial values such as "rat," "narc," and "pigs." The use of such language by the correctional worker gives it an aura of legitimacy. This might be "identifying" with juveniles, but the point of the whole process is to get them to identify with you and the prosocial values you are supposed to embody.

18.6.8 Children Must Learn to Appreciate the Value of Education and Work

We all know the tremendous value of education and work, but we will never convey the message to delinquents (who are convinced otherwise) by preaching to them. They have heard it all before and rejected it, so they are not likely to buy it from you. We tend to reject and belittle things we feel that we do not understand or that we cannot master. This happens even in college, where students presumably do have a belief in the value of education.

Although many delinquents have attention deficit disorders and other learning disabilities, there are few reasons why healthy children should not be able to master the typical American high school curriculum. However, students need to know and understand why education is important and what it can do for them. For example, a 1999 television news item reported that youths who dropout of school in Virginia cannot obtain a driver's license. Given the importance of driving for teenagers, it is not difficult to guess what has happened to Virginia's dropout rate (it declined substantially). Yes, it is coercion (discipline), but we are all coerced to some extent. How many of you reading this are in college for no other reason than being possessed of an insatiable desire to acquire knowledge for its own sake? You are probably in college because you have made a contract with yourself to forego immediate gratification in favor of the greater rewards that education yields. You have learned this lesson; others can too.

We often think of police officers as “bustin’ ‘em” and probation officers as “trustin’ ‘em.” Yet, police officers and probation officers can work in conjunction with school authorities as a three-pronged team to help troubled children. An innovative program implemented by the Boise (Idaho) Police Department has been in operation for more than 25 years in various Boise elementary and high schools. Plain-clothes Boise police officers are assigned to schools as school resource officers. These officers, because of the authority inherent in the police role, often can be more effective than school authorities in dealing with hostile and uncooperative youths and parents because they cannot be intimidated by them in a way that teachers and school counselors can.

School resource officers are effective in not only detecting and deterring school crime but also in counseling and helping many troubled youths (Theriot & Orme, 2016). As for the attitude of the youth toward the police in these schools, interviews with students revealed a positive humanistic view of police and their role in society. They showed a high degree of trust in the resource officer and a clear indication that many students have altered their attitudes concerning wrongdoing as well as how they think about the functions and motives of the police.

This is an encouraging attitude from teenagers, many of whom have had little contact with caring police officers, whose attitudes toward the police are usually ones of fear, contempt, and disrespect. Turning kids' heads around about the most visible symbols of authority goes a long way to turning their heads around about all reasonable authority. If your city has such a program, as a juvenile probation officer, you should find out all you can about it and use this valuable resource to its fullest.

18.6.9 Children Need a Sense of Responsibility for Their Actions and Lives

This whole book is more or less about the development of a sense of responsibility. *Responsibility* means disciplined action such as doing chores around the house, doing your schoolwork, occupying your time with meaningful activities, giving to others, and so on. It means having a positive self-concept around which you can organize your life and pursue meaningful and socially useful goals. It also means having the maturity to know when you are wrong and being willing to accept the consequences for your actions. Even some law-abiding adults have problems with this, so be patient with your young delinquent charges.

Imposition of community service and restitution orders goes a long way to help juvenile offenders develop a sense of responsibility. Repaying the community through putting in useful work hours with a nonprofit organization can give children a sense of usefulness as contributing members to the community they have offended. It also places children in the company of prosocial others from whom they may learn valuable lesson.

Both community service and restitution are integral components of the restorative justice philosophy. Restorative justice principles mandate that monetary restitution in the amount the child usurped also should be assessed. Restitution is reparation (“repairing” damage done) performed for justice’s sake and for teaching juveniles moral values (Bartollas & Miller, 2005). In other words, in addition to being simple justice for the victim, the child learns that you cannot get something for nothing. Sometimes the payment of restitution presents a problem for a child who is below the age requirement for legal employment. If children cannot pay restitution themselves, the court may order the parents or guardians to do so because they are financially and legally responsible for their children. Research indicates that relatively mature offenders view restitution as right and proper and see its reparative and rehabilitative intent, while immature offenders tend to see it as punitive (Gladfelter, Lantz, & Ruback, 2018). Your task is to convince all offenders ordered to pay restitution of the morality and responsibility of such an order.

18.7 Different Strokes for Different Folks

No treatment modality or counseling technique works uniformly for everyone. This is particularly true of juveniles who come to you in various stages of maturity and from various backgrounds. You need to treat subcultural delinquents who view the gang as an extension of the family differently from neurotic delinquents, who may be from fairly functional families. In turn, both these types of delinquents have to be treated differently from sociopathic delinquents. From the well-established finding that delinquents who begin offending before puberty become the most frequent and serious offenders (Gann, Sullivan, & Ilchi, 2015), you should certainly be aware that these children need very special attention.

Delinquents may be classified for treatment purposes in many ways, far too many, in fact, for an attempt at any exhaustive coverage here. Unless your department has routine testing of its children by psychologists, and unless you are well versed in interpreting these tests and translating the information imparted into treatment action, you may be in the self-defeating position of treating all juveniles alike. It is useful, however, to know something about offenders' treatment potential and how they might differ among themselves vis-à-vis this potential. For instance, take the differences between extroverts (people whose attention and interests are directed predominantly toward what is outside the self) and introverts (people who are predominantly inward looking and introspective). Extroverts condition less well than introverts because typically the former are suboptimally aroused. For this same reason, extroverts do less well in school and are more likely to be delinquent than introverts (Moore, 2011; Scarpa & Raine, 2003). Just in terms of the extroversion/introversion dimension, then, you would expect different treatment strategies to follow.

Yet, how do you know at what level of maturity offenders are, or if they are introverts or extroverts? You could learn the dynamics of I-level interviewing as described by Ruth Masters (1994) if you have the time, or you could read a few books or articles on the subject to sensitize yourself to this system. In addition, various scales in the literature tap the concepts of sensation seeking and introversion/extroversion. However, unless your department allows for time and funds to pursue these strategies, you are on your own. This is not as bad as it sounds. After two or three sessions with offenders, you should have a good idea about their maturity levels and how they are situated along the introversion/extroversion continuum. Additionally, you usually will have access to a piece of information that may serve as an adequate proxy for these intellectual and personality attributes.

As discussed in previous chapters, one of the most readily available tests for correctional workers is the Wechsler performance/verbal IQ profile, which correlates with the I-level classification system (Masters, 1994). Although the verbal (V) > performance (P) intellectual profile (high maturity level/introvert) is rare among delinquent and criminal populations, if a child with such a profile becomes seriously delinquent, he or she may be more psychologically disturbed than other delinquents. Walsh, Petee, and Beyer (1987) found that V > P children who do become delinquent are more seriously involved in it than are intellectually balanced (P = V) children but less so than P > V children. The implication is that while subcultural delinquents may be "normal" children reacting to criminogenic environments, the delinquency of V > P children may have its origins in some psychological disturbance rather than in outside factors. You should have children with a significant V > P profile psychologically tested by a competent psychologist. If the examining mental health professional uncovers some disturbance, they will be the one to treat it. You also need to get their input on how you should handle the child.

However, the Wechsler test is not a classification panacea. Interpret it with caution and only if the subscale scores are significantly discrepant (12–15 points or higher). Even then, the discrepancy is only meaningful in terms of predicting anti-social behavior if we have a fairly normal PIQ combined with a significantly below

normal VIQ. With so many factors to consider, you can see why prediction and classification are such a tricky business, specifically among juveniles.

18.8 Family Counseling

An added dimension of difficulty in juvenile probation work not encountered in adult correctional work is the necessity of dealing with the children's parents, who can be more difficult to handle than their children. As a juvenile probation officer/caseworker, you may receive resistance and hostility from the child but also from the child's parents. If the child comes from a negative family situation in which there is parental criminality and substance abuse, you are not likely to receive voluntary cooperation. If the parents care little or not at all for the child or his or her future, such children are not likely to understand why you should, and if they come to believe that you do, they may consider you a "sucker." Your home visits and telephone calls may be considered just another hassle they have to endure. They also may be concerned that you might uncover many negative aspects of the family's lifestyle (such as drug dealing or physical and sexual abuse) that may further incur the wrath of the adult authorities.

You may experience some parental hostility and resistance even if the child comes from a relatively healthy family. Parents may feel threatened by your probing of the family dynamics. They may feel it an unwarranted intrusion into their private lives and perhaps as an effort to pin the blame for their child's predicament on them. They also may seek to protect the child from you, believing that he or she is a blameless victim of circumstances or the bad influence of friends (it is always someone else's kid who causes the trouble). This is particularly devastating to your efforts to help the child who may come to view the relationship as "us against them" (he or she and the parents against you and probation services, in general). This reinforces any feeling that the child has that he or she is being picked on. After all, "mom and dad think so." Such parents are enabling their children's delinquent behavior.

Nevertheless, the juvenile probation officer needs, and should insist on, parental support in working with children. Your task is to help parents understand that their role and responsibility is not diminished when their children are placed on probation. On the contrary, parental supervision is even more critical during this period. It is the parents, not the probation officer, who handle routine day-to-day discipline in the home. Parents have to realize that their cooperation during this period is of the utmost importance, and you should supply them with general guidelines relating to the direction that this cooperation should take. It includes such things as attending appointments with the juvenile probation officer when requested, arranging transportation for their child's appointments, reporting violations of probation rules, enforcing consistent discipline, and working with their child on the conditions of probation, including family counseling.

Experts believe the involvement of the family in the rehabilitative effort is necessary (Bleckman & Vryan, 2000). The child is embedded in a family, so if the family system is dysfunctional, it is of little use concentrating on the individual child, who

is only a minor part of the whole. If the juvenile court is to function “in the best interests of the child,” it must have jurisdiction over the family so that it can enforce its decisions. The juvenile court has authority to order parents, under pain of contempt of court, to receive counseling. This could take the form of simple Parent Effectiveness Training (PET) in which parents receive schooling in the art of parenting, or it could explore, in conjunction with their child, the family dynamics contributing to the child’s misbehavior. Bartollas and Miller (2005, p. 384) conclude that: “Family therapy appears more likely to be successful when it is focused on teaching parents communication, problem solving, and discipline skills.”

Because the family is an interlocking system containing a number of complicated relationships, effective family counseling is more difficult than individual counseling. The maximum number of paired relationships in any family can be obtained by total pairs = $[N(N - 1)]/2$, where N is the number of people in the family. If the Evans family consists of mom, dad, and five children, the total number of possible paired relationships existing in that family is $[(7)(6)]/2 = 21$. This is 21 interacting pairs! That is just the beginning; there are many other combinations consisting of groups greater than two. These relationships may include everything from genuine love to genuine hatred, all existing within a single household. Therefore, you can see why family counseling is a specialty that only those with training in this field should employ. Any attempt to engage in it on the part of a correctional worker unschooled in its techniques may do more harm than good.

Some well-funded jurisdictions have family crisis units directly responsible to the juvenile court, but if your department lacks such a luxury, you must be aware of counselors in the community to whom you can refer the family. Even short-term family counseling—focusing on clarity of family communication, limit setting, contract negotiation, conflict resolution, and the presentation of alternative problem-solving strategies—show progress in decreasing delinquent behavior (Robins & Szapocznik, 2000). These same types of programs also have positive effects on the prevention of younger sibling delinquency. In other words, an improvement in family dynamics spills over to prevent delinquency in younger children who, while not delinquent at the time that the counseling took place, are at risk of becoming so. The (relatively) short-term Prosocial Family Therapy System described by Bleckman and Vryan (2000) is a comprehensive system with very encouraging results. However, it works on a family-by-family basis and requires master’s level counselors. The great majority of juvenile probation departments have neither the time for such individualized counseling nor the appropriate treatment staff. As frequently stressed, if the child’s family is in need of such counseling, refer, refer, refer!

When all is said and done, how successful is family counseling? One study comparing recidivism rates among first-time juvenile offenders on probation found that juveniles placed in a family-group-intervention program were an astonishing 9.3 times less like to reoffend than other first-time youth placed on probation without family counseling (Quinn & Van Dyke, 2004). Even youths whose families initially enrolled in the program but subsequently dropped out were 4.4 times less likely to reoffend. Since families could dropout of the program, there is an obvious self-selection factor involved here.

Nevertheless, the family is a natural resource and buffer against the stresses of the world, and if the relationships that exist within the family are healthy, family counseling will be a very useful tool and clearly a very valuable part of delinquency prevention and treatment. It is more realistic than individual counseling in a juvenile setting because it takes place in a context in which children are fully immersed and because it enlists the treatment aid of (hopefully) more mature adults who are in full legal control of the delinquent child. It often forces parents and children to engage in what they both want (parent/child reconnection) but lack the knowledge and insight to initiate themselves.

18.9 Assessing the Child's Needs

The first thing you have to do when you are presented with new juvenile offenders is to find out as much as you can about them. In addition to the information you may have at your disposal from various sources, such as school counselors, teachers, and parents, you need to get a “feel” for your offenders from an assessment interview. Table 18.2 provides a suggested interview guide by which you can learn something about the children, their family, and peers. We developed the interview topics around the nine components for healthy psychosocial development, previously addressed.

When you have learned something about the children's needs, you will have to obtain a commitment from the children and their family to cooperate with you in the rehabilitative effort. You then have to match the children's needs with the available resources in your community whose business is to address these needs, making very sure that you do not undertax or overtax the children's coping resources or those of the family. Treatment plans for juveniles then can be developed and implemented in a fashion similar to the process outlined in this chapter.

18.10 Summary

A correctional professional in juvenile services has perhaps the most demanding and important job in the criminal justice field. The juvenile officer gets individuals at a crucial juncture; the time before their criminal roots are too deeply embedded. If through your caring efforts you can wrench these roots from their criminogenic soil, you have performed a great service both to the child and to your community. Edwards and Nuckols (1991) provide us with a statement that all juvenile officers should stamp in their minds:

Working with high risk children and adolescents is a long, long walk with many disappointments. It is important to know that no matter how horrible the environment, the fact remains that children respond to love, although it's a cliché, one person can make a difference in the life of a child. (p. 40)

Table 18.2 An assessment guide on juvenile delinquents and their needs, attitudes, and attributes

1. What is your perception of the child's self-worth?
 2. Does the child frequently feel depressed, angry, or rejected?
 3. Does the child lie and/or manipulate facts and situations?
 4. Does the child accept the validity of society's value system?
 5. Does the child express empathy toward others?
 6. What are the child's full scale, verbal, and performance IQ scores, and is there a significant (12 or more points) discrepancy between his/her verbal and performance scores?
 7. Does the child have any positive goals in life?
- Behavior*
8. Do the child's behavior patterns indicate an age-appropriate maturity and sense of responsibility?
 9. Do the child's behavior patterns indicate extroversion/introversion?
 10. Does the child show the ability to defer gratification and control impulses?
 11. Does the child show appropriate remorse for delinquent acts?
 12. Does the child abuse alcohol/drugs, and why (peer pressure, reduce inhibitions, kill emotional pain)?
 13. What is the child's offense pattern (violent, sexual, stealing, related to substance abuse, status offenses) and does it evidence an increasing pattern of seriousness?
 14. Does the child have any hobbies or engage in sports?
 15. Is the child sexually active?
- School behavior and attitudes*
16. How does the child perform in school? Does the child live up to his/her potential as indicated by IQ scores and teachers' perceptions?
 17. Does he/she put adequate effort into studies?
 18. Does the child have a learning disability that contributes both to low self-esteem and school difficulties?
 19. What is the child's attitude toward school and his/her teachers?
 20. Does the child have frequent absences (excused or unexcused)?
 21. Does the child sufficiently appreciate the value of education?
- Family dynamics*
22. Does the child feel attached to parents and siblings or does he/she feel rejected?
 23. What is the attitude of parents toward the child?
 24. Is there evidence of abuse and neglect in the family?
 25. Do parents know the difference between punishment and discipline, and which do they use?
 26. Does the child speak and behave very differently when in the company of parents from when he/she is not?
 27. What family stresses (financial, occupational, legal, emotional, and so forth) exist, and how are they being dealt with?
 28. Do parents and siblings model illegal and irresponsible behavior?
 29. Do parents encourage, support, and reinforce desired behavior?
 30. Do parents monitor school performance and take an active part in the child's school interests?
 31. Do adequate communications skills exist in the family?
 32. Do parents expect too little or too much from the child?
- Peer groups*
33. Does the child associate with delinquent peers?
 34. Does the child have any nondelinquent friends?
 35. Do the child's peers model illegal behavior?
 36. How dependent on the peer group is the child for his/her feelings of support, attachment, acceptance, and direction.
 37. Has there been a recent drastic change in the child's dress and appearance (tattoos, colors, hair style) suggesting a deepening integration into a gang subculture?
 38. What are the peer group's typical nondelinquent activities, and are they constructive or destructive?
 39. What was the peer influence (if any) on the current offense?

Working with juveniles presents some special problems (and opportunities) not found among adult criminal populations. Despite the sometimes overwhelming nature of working with juvenile delinquents, the official ideology of the juvenile court is rehabilitative and avoids many of the stigmatizing terms (“criminal,” “defendant,” “trial,” “guilty,” and so forth) used in the adult system.

With the realization that most delinquents do not become adult felons, we identified certain biological, psychological, and environmental factors as possible causal factors in delinquency. We described adolescence as a trying time for many youngsters, caught as they are in a “time warp” between childhood and adulthood. During this time, they are trying to distance themselves from the authority of their parents and to find their own identities. They make this attempt often under the influence of the peer group and the entertainment media, both of which often model antisocial attitudes and behaviors. We also cited the “hardening” of poverty, especially in our ghettos, as a factor in many of the worst manifestations of modern American delinquency.

Then, we discussed the effective supervision of juveniles and placed emphasis on the essential requirements for the healthy psychosocial development of children. Loving discipline is the first essential requirement. Such discipline differs from punishment and lays a foundation for a responsible lifestyle. Other requirements addressed were the children’s acceptance of themselves and of their emotions and feelings, their understanding of the feelings of others, and the process of making decisions, problem solving, and establishing positive interpersonal relationships. We also addressed values, education, and a responsible lifestyle. Then, we expanded on the idea of treating different individuals differently, addressed in earlier chapters, with emphasis on two dimensions: maturity level and extroversion/introversion and on the Wechsler $P > V$ test to form a preliminary impression of where the child fits along these dimensions. We urged caution when making interpretations, noting that any interpretation should account for the environmental context.

Family counseling is the most important component of a delinquent’s treatment. We cannot deal effectively with delinquency until we define and confront delinquency-generating factors in the family. Although many families are reluctant to get involved in counseling, they must be involved in it, and the juvenile probation officer/care worker’s task is to make sure that they do become involved and come to appreciate its values. Many families and delinquents welcome the opportunity to learn how to communicate more effectively, and studies have shown that family counseling is useful and productive.

The chapter ended with a guide for a needs assessment interview to help correctional workers get a feel for offenders and their environmental situations. After making an assessment, the next step is to match the children’s needs with available community resources to help them.

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19.1 Gender Differences in Criminal Behavior

Across time, national boundaries, and type of crime, females commit far fewer crimes than males. Moreover, the more serious, brutal, and violent the offense, the more males dominate in its commission (Campbell, 2009). Prostitution (which is male driven) is the only crime for which females are arrested more frequently than males. The lower crime rate among females is reflected in their incarceration rates. The latest figures from the Bureau of Justice Statistics (Carson, 2018) reported that in 2016, 7% of all of the national prison population consisted of females. Overall incarceration rates have been shrinking slightly; however incarceration rates for women are not shrinking as quickly as they are for men. From 2006 to 2015, the decrease in incarceration was -0.3% for men and -0.1% for women (Carson, 2018). Women were 25% of the probation and 13% of the parole populations in 2016 (Kaeble, 2018).

Figure 19.1 shows male/female differences in percent of arrests in 2018 for seven of the eight FBI index crimes; rape is not included because it is discussed in a previous chapter. Across all crime types, males are arrested at significantly greater rates than females. The percentages of males arrested for murder and robbery are approximately nine times the number of females, and the male larceny/theft number has a much more equitable percentage of arrests for males and females.

Are these large differences in male/female arrests an accurate reflection of actual sex differences in behavior or of something else? Some criminologists view the relationship between gender and crime as largely a function of differential reporting and differential application of formal arrests rather than actual differences in male and female criminality. In other words, there is a bias in favor of women that dispose individuals victimized by women not to report crimes and a similar bias in the

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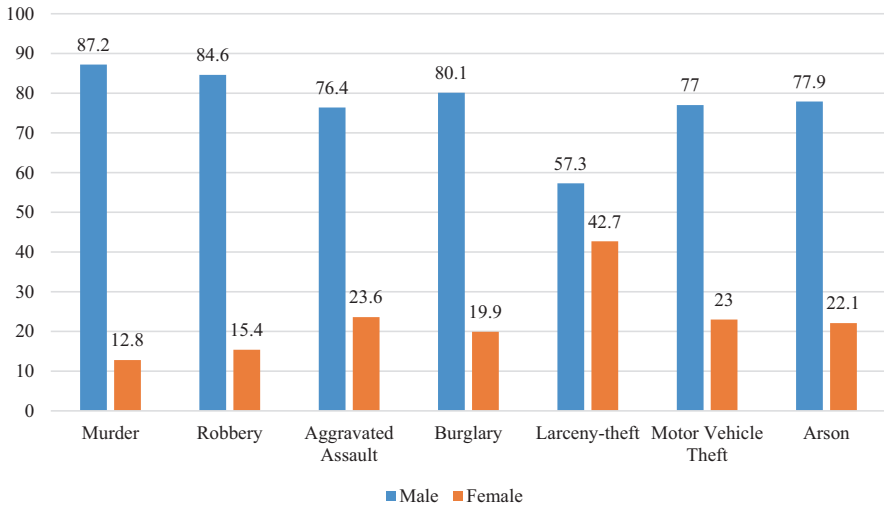


Fig. 19.1 Female/male crime arrest percentage comparisons: 2018 uniform crime report data. (Source: *FBI Uniform Crime Reports: Crime in the United States, 2018*)

“chivalrous” criminal justice system revealed in the unwillingness of police to arrest women and in the unwillingness of the courts to convict them.

Researchers tested and rejected this male-chivalry hypothesis by comparing Uniform Crime Report (UCR) data and National Crime Victimization Survey (NCVS) data in which victims are able to identify the sex and race of their victimizers for researchers. Researchers find that official and victimization data agree extremely well with one another. In fact, the first such test of this hypothesis found that women perpetrators appeared more in the official arrest data than in the victimization surveys, a finding that runs directly contrary to the chivalry hypothesis (Hindelang, 1979). Similar findings have been consistently found (Steffensmeier & Allan, 1996). Most feminists now assert that the chivalry hypothesis is dead and that the courts now appear to have gone the other way (arresting and incarcerating more women), mainly due to net widening and the war on drugs (Schwartz, Steffensmeier, & Feldmeyer, 2009; van Wormer & Kaplan, 2006).

19.2 The Female Offender

Why are females so much less prone to criminal behavior than men are? Proposing a structural explanation for the differences is difficult because female offenders are found in the same places as their male counterparts: they are “typically of low socioeconomic status, poorly educated, under- or unemployed, and disproportionately from minority groups” (Steffensmeier & Allan, 1996, p. 465). As Bennett, Farrington, and Huesmann (2005) state: “Males and females are not raised apart and exposed to an entirely different set of developmental conditions” (p. 280).

The correlations between male and female rates strongly support this contention. For instance, Campbell, Muncer, and Bibel (2001, p. 484) report correlations between male and female violent and property crime rates in the United States of 0.95 and 0.99, respectively, and that the average correlations across a number of countries for a variety of crimes are all in the mid- to upper 0.90s. What these correlations tell us is that no matter how wide the gender gap and crime rates are, they go up or down together. Additionally, the individual predictors of male offending (e.g., low self-control, conduct disorder, attention deficit hyperactivity disorder) also predict female offending, although more males than females have these traits and are more affected by them (Moffitt, Caspi, Rutter, & Silva, 2001).

It would seem to follow from the above that females who become criminal are more atypical of their gender than criminal males are atypical of theirs. The reasoning is that since females generally tend to be more conformists in their behavior than males, the threshold for crossing the line from conforming to criminal behavior is much higher for females than for males. That is, it takes greater frequency and/or severity of the risk factors typically related to criminal behavior to push females over the line dividing prosocial from antisocial behavior. This idea is termed the “multiple threshold hypothesis” (Carter, 1970).

Studies among female prison inmates found that they had been subjected to physical and sexual abuse (either as children or by husbands and boyfriends) at rates exceeding three to four times the national rate (Chesney-Lind, 2000; Van Voorhis, Peiler, Presser, Spiropoulis, & Sutherland, 2003). Women’s offending is more likely to involve relationship issues, such as parental and/or spousal/lover abuse, and ensnarement into the antisocial activities by criminal males (Van Voorhis et al., 2003). Because females are more resistant to criminogenic environmental influences (the multiple thresholds hypothesis), a number of theorists have hypothesized about a probable stronger genetic component involved for females who engage in crime than there is for males who engage in crime (Campbell, 1999; Mealey, 1995; Raine, 1993; Van Hulle, Rodgers, D’Onofrio, Waldman, & Lahey, 2007; Vaske et al., 2011; but see Rhee & Waldman, 2002). This does not mean, of course, that females are more genetically prone to criminal behavior than males; quite the opposite is true. It simply means that just as females require a stronger environmental push than males to cross the line to criminal activity, they also apparently need a stronger genetic push than males.

19.2.1 Causality: Cultural and Structural

As we have seen, female crime rates are as sensitive to shifting cultural and structural factors as are male rates. The correlations between male and female rates reported above by Campbell et al. (2001) mean that we can predict the female assault rate from the male rate, and vice versa, with almost complete accuracy. Thus, as previously noted, while we can use structural variables to predict fluctuations in crime rates for both sexes, it is difficult to formulate a viable structural explanation for the differences between the rates.

As in so many “sensitive” areas of criminology, heated debate surrounds the issue of why we observe such a criminality gender gap. Some writers, citing the ideology that always seems to intrude into the issue of gender difference, indicate that to even explore the issue borders on the taboo (Scarr, 1993). Not to explore an issue because it may cause psychic pain for some is to agree with those who feel that ignorance might be bliss, which is sheer nonsense. The best approach is to admit that no single cause of the gender gap exists and that the issue is not one of nature versus nurture but rather nature via nurture, as it is in all human behavior. Let us first look at typical feminist explanations.

Feminist criminology has two major concerns: (1) Do the traditional male-centered (malestream) theories of crime apply to women? (2) What explains the universal fact that females are far less involved in crime and other forms of antisocial behavior than males (Belknap, 2014)? Only the second concern is relevant to us here. Feminist criminologists’ explanations for the large gender gap in criminality rest heavily on traditional sociological notions of the power of socialization. Males are socialized to be assertive, aggressive, ambitious, and dominant. These are qualities may be conducive to crime in some situations. Females, on the other hand, are socialized to be passive, nurturing, “ladylike,” and home- and family-oriented; these qualities are negatively related to criminality. This viewpoint suggests that if we socialized females in the same way as males and gave them similar roles and experiences, gender differences in criminality would disappear. We will address this point later, but for now, we briefly will examine what feminists mean by examining female criminal behavior from a feminist point of view.

In asserting the inadequacy of mainstream (malestream) theories to explain female crime, feminists are not saying that females do not face, nor are they insensitive to, the same kinds of pressures that influence male criminality. What they are saying is that individuals often face situations that are more or less specific to their gender that may lead to crime but which mainstream criminology ignores too often. It is through this gendered reality that individuals experience the world and, as such, ignoring gender in our explanations of criminal behavior may mask important gender differences in the causal processes leading to—and away from—criminal offending.

Two gender-specific accounts of female criminality are criminalizing girls’ survival and victim-precipitated homicide. In the first instance, research shows that girls are far more likely than boys are to be sexually victimized, especially by family members (Chesney-Lind, 2000). This victimization leads to a variety of internalizing and externalizing responses such as depression, anger, anxiety, and running away from home (Maschi, Morgen, Bradley, & Hatcher, 2008; Snyder & Sickmund, 2006). The first runaway offense probably will result in the girl being returned to the conditions she sought to escape, reinforcing her belief that “nobody cares,” and strengthening her resolve not to be caught again. In order not to be caught again and to survive, the girl may steal food, money, or clothing, may use and sell drugs, and may prostitute herself. These “survival behaviors” probably will result in arrest and may precipitate lifetime patterns of criminal behavior. According to Chesney-Lind, patriarchy (as expressed in male-centered family dynamics) combines with

paternalism (as expressed in official reactions to female runaways) to force girls into “lives of escaped convicts” (1995, p. 84).

Victim-precipitated homicide (a homicide in which the victim initiates the sequence of events leading to his or her murder) is a second gender-specific theory. This concept begins with the fact that homicides committed by males are mostly intrasexual (male/male) while most committed by females are intersexual (female/male). This suggests that the causes of homicide might be very different for females and males.

Researchers have long noted that African-American women are second only to African-American men in the rate of arrest for homicide in the United States. Most instances of black female homicide involve women killing their husbands or lovers in self-defense situations (Mann, 1995). Assaults by African-American males on their wives and lovers tend to be more frequent, violent, and injurious than assaults by males of other races (Rasche, 1995), but black victims are less willing or able to make use of agencies dealing with spousal abuse (Rasche, 1995). Consequently, African-American women often resort to the use of deadly weapons to protect themselves.

The sequence of events leading to victim-precipitated homicide typically is described as follows: The frustrations experienced by African-American males in American society often lead to violent assaults on their wives/lovers. Because these wives/lovers have less access to social agencies, and may be taken less seriously if they have, they may have to resort to violence to protect themselves (Mann, 1995; Rasche, 1995). Thus, feminist criminologists consider women who kill in self-defense situations to be victims of a classist, racist, and sexist society, as well as victims of a black subculture that has a high level of tolerance of violence.

19.2.2 Causality: Biosocial

As long as we continue to view the commission of any crime as simply a function of differential opportunities and/or differential socialization and ignore biological differences between the sexes, we will remain puzzled regarding the gender gap. Males are simply more “prepared” to do violence than females whether we look at children, adolescents, or adults and regardless of the culture in which it takes place (Barash & Lipton, 2001; Campbell, 2009). Frank Cullen has written of his “persua[ti]on that sociological criminology has exhausted itself as a guide for the future study of the origins of crime. It is a paradigm for the previous century, not the current one...[biosocial criminology is] a broader and more powerful paradigm” (2009, pp. xvi–xvii). From a biosocial perspective, gender differences are the result of differences in neurological organization due to the influence of prenatal hormones, which, in turn, reflect sex-specific evolutionary pressures.

Most gender differences are small and inconsequential, but the largest differences are those at the center of one’s identity as male or female (Hines, 2004). These core differences are the traits most strongly related to criminal behavior, such as aggression, dominance, empathy, nurturance, and impulsiveness, all of which reflect

sex-specific evolutionary pressures. Sarah Bennett and her colleagues (2005) write in explaining the pathways from sex-differentiated brain organization to antisocial behavior:

Males and females vary on a number of perceptual and cognitive information-processing domains that are difficult to ascribe to sex-role socialization ... the human brain is either masculinized or feminized structurally and chemically before birth. Genetics and the biological environment in utero provide the foundation of gender differences in early brain morphology, physiology, chemistry, and nervous system development. It would be surprising if these differences did not contribute to gender differences in cognitive abilities, temperament, and ultimately, normal or antisocial behavior. (p. 273)

Biological gender differences are especially pertinent when we consider life-course-persistent versus adolescence-limited offenders of either gender. Moffitt and Walsh (2003) tell us that the sex ratio for life-course-persistent offenders (LCP) is ten males for every one female and add that:

Much of the gender difference in crime is attributed to sex differences in the risk factors for LCP antisocial behavior. Girls are biologically less likely to encounter the putative neurophysiological links that initiate the causal chain for LCP antisocial development. Girls are at lower risk for symptoms of nervous system dysfunction, difficult temperament, late verbal and motor milestones, hyperactivity, learning disabilities, reading failure, and childhood conduct problems. In other words, more girls than boys lack the congenital elements of passive, reactive, and active person/environment correlations and interactions that initiate and maintain LCP antisocial behavior. (p. 137)

Taken as a whole, the evidence points to a neurohormonal foundation for sex-typical (not sex-specific) social behavior, including criminal behavior. A review of the behavior and personality characteristics of the various types of genetic and chromosomal pseudohermaphrodites (Klinefelter's and XYY syndromes, androgen insensitivity syndrome, and congenital adrenal hyperplasia) concluded that the further we depart from "pure" femininity (defined as the complete absence of androgen activity) along the intersex continuum, the more deviant and antisocial both personality and behavior tend to become (Walsh and Vaske, 2015). This should not be taken to mean that hormonal factors determine antisocial behavior, but rather as underlining the point that androgens that organize the male brain differently early in the second trimester of pregnancy and activate it further at puberty cannot be ignored in the study of human behavior.

One of the benefits of examining female criminality separately from male criminality is that it cautions against simplistic, male-centric biological or environmental determinism. Both biological and environmental factors contribute to criminality and always act in tandem. The black/white comparison of homicide rates highlights the role of the biology of sex differences (males have a much higher homicide rate than females) and the role of sociocultural factors (black female access and utilization of police services is lower).

Case Study: “Dr. Jekyll and Ms. Hyde”: Portrait of a Violent Woman

One of the most memorable cases I ever had was that of a well-educated 30-year-old 5' 1", 110 pound woman, “Jane.” She had gotten into a vicious fight with her husband, and with the help of a butcher knife, which she embedded in his chest, she got the better of him. She then left the house and returned some minutes later to have another go at him. By that time, her husband had staggered into a bedroom for his pistol, with which he shot her in the chest and shoulder. Both parties were taken to the hospital, he with a collapsed lung, she to have her right breast removed. Jane was arrested for aggravated assault.

Looking at Jane’s record, it was clear that until the age of 27, she was the picture of propriety and conformity, with only two traffic tickets on her rap sheet. After the age of 27, her sheet began to resemble that of an aggressive psychopath, with ten assaults recorded (including the present offense). The stories behind those assaults revealed that she had assaulted her parents several times, driven her car at police officers when they attempted to arrest her, chased a woman whom she accused of having an affair with her husband with an ice pick, and threatened her husband’s employer with a gun. These attacks had grown in number and severity over the several months before the stabbing of her husband.

To all who knew her, it seemed as though this sweet and dedicated daughter, wife, and mother had been transformed overnight into a raging monster. She was only an occasional drinker, but her aggressive outbursts did not coincide with her drinking; she did not use any kind of illicit substances, and her family could not identify any tension or stresses in her environment that had occurred prior to the onset of her bizarre behavior. Yet, she certainly had them now. Her husband was awarded custody of their children, her right breast had been shot off, and she was facing sentencing for aggravated assault for which she could receive 4–25 years in prison.

I met Jane in the county jail in the course of conducting a PSI interview. She was quite depressed, but articulate and cooperative, and she did not seem the least bit dangerous. Before being placed in jail, she had been placed in a local psychiatric hospital for 10 weeks. They had done the usual psychiatric workups on her and concluded that she was “rather severely maladjusted, extremely impulsive, and in dire need of psychiatric care.” There was no attempt to explain Jane’s apparent “Dr. Jekyll and Ms. Hyde” behavior or its rather abrupt onset at age 27. Instead, they had chosen a series of adjectives describing her emotional state at the time of the commission of her assaults in terms of describing her behavior, but that did not explain that behavior. In a conclusion consistent with Jane’s diagnosis, the psychiatric team recommended “due process” (which meant incarceration) with extensive psychiatric treatment. Initially, this author agreed with them, but Jane said one thing that made him reconsider. Her assaultive behavior always seemed to occur around the time of her menstrual period. She also had mentioned this to her psychiatrist, but since this was the late 1970s, the heyday of strict environmentalist

explanations for all kinds of behavior, he dismissed it as an “old wife’s tale.” I was aware of studies by psychiatrist Katharina Dalton (1964) and her colleagues that implicated the role of premenstrual tension syndrome (PMS) in violent crime among women.

Further reading revealed that PMS had been successfully used as a defense in many European courts. I discussed these things with the sentencing judge and indicated that we might have the basis for medical treatment. The judge allowed 2 extra weeks to complete the PSI report, during which I sought a physician to corroborate “this PMS stuff” and to treat her. Although PMS is a well-known syndrome today, there were still a lot of physicians in the 1970s who agreed with her psychiatrist that PMS was an old wife’s tale. One biologically oriented psychiatrist prescribed progesterone hormone therapy for Jane. She remained in the county jail for an additional 2 months while the psychiatrist assessed the effectiveness of the treatment. Her behavior during that time was sufficiently good for the judge to take a chance with her, and, much to the chagrin of her husband, she was released on probation.

While on probation, Jane received physical therapy for her arm, which had withered somewhat due to the effects of her gunshot wound, and she continued with her progesterone treatments. She obtained employment, and she became reconciled with her parents. Although her husband retained custody of their children, Jane was allowed previously denied visitation rights. Not once during her 4-year period of probation did Jane feel the urge to assault anyone, and she was a very cooperative probationer.

Looking back on this case, I was glad that I was successful in sustaining my point of view, but from Jane’s perspective, the whole thing was a tragedy. Because of an accident of physiology, she lost her husband and the custody of her children, became estranged from her parents, had her right breast shot off, and had been imprisoned in a psychiatric ward and jail. Her unpleasant story may well have continued on the same track had the author been unable to find a psychiatrist not afraid to go up against the conventional wisdom of the time. The simple administration of progesterone turned Ms. Hyde back into the much more appealing Dr. Jekyll. It is indeed a pity that it came so late.

19.3 Counseling Female Offenders

Some readers may wonder why it is necessary to devote a separate chapter to the female offender: “Can’t women benefit from the same kinds of counseling and treatment that men get?” Early arguments have been made by Judith Resnik (1983, p. 109) who goes so far as to say that prison inmates should not be classified by sex because, “sexual segregation does harm to the emerging, but still fragile, societal value of sexual equality,” and some counseling theorists believe that men and women should not be treated differently in counseling for much the same reasons (Spiegel, 1979). Although these arguments have some validity, few people take this

view today, either in terms of sex segregation or in terms of the use of different counseling modalities for women. These folks seem to believe that equitable means identical, which it certainly does not. More recently, there has been a movement to recognize the gendered lives of offenders and thus the risks and needs women offenders are different from men in certain respects that demand different (but not unequal) treatment. The American Psychological Association (APA) recognizes this and has set forth a series of principles that they consider essential for the counseling of women. The APA has released guidelines for gender-responsive justice as a guide and presented this work to the House Judiciary Committee in 2016. These guidelines are presented in Fig. 19.2.

19.3.1 Feminist Counseling

Evans, Kincade, Marbley, and Seem (2005) define feminist counseling thusly: “Feminist therapy incorporates the psychology of women, developmental research, cognitive-behavioral techniques, multicultural awareness, and social activism in a coherent and therapeutic package” (p. 269). Mirroring the feminist complaint about male dominance in criminology, McLeod (2003) states, “Virtually all the key historical figures in counseling and psychotherapy have been men, and they have written, whether consciously or not, from a male perspective” (p. 208). Feminist counselors want to rectify this.

A number of important differences exist between traditional and feminist counseling. Feminist counselors use a number of traditional counseling theories, which they tailor to fit feminist philosophy by stripping them of their male-centered biases (Slattery, 2004). Another important difference is that while traditional counseling theories encourage their adherents to adopt a value-free stance, feminist counseling is unabashedly ideological and encourages its adherents to adopt a value-laden

1. **Provide equitable resources to female offenders.** Many resources available in male-serving institutions are not offered in female serving institutions or are not adapted for female inmates. This includes parenting programs, training, and education. Policies are needed to ensure that shared staff in co-located institutions are shared equitably, and that administrators have access to consultation for gender-specific issues.
2. **Prioritize women’s health care.** Women cycling through the justice system need access to reproductive health care, including safe and supportive care throughout pregnancy and childbirth.
3. **Trauma-informed therapy, substance abuse treatment, and system-wide education is also imperative.** Learning to care for themselves can provide women with increased capacity to break the cycle of incarceration and to care for their families upon release.
4. **Provide gender-responsive, trauma-informed care when appropriate and protect against further retraumatization during incarceration.** Correctional officers and administrators recognize the need for non-traditional approaches with women and girls, and have developed programs and policies to respond to those needs. However, support and funding is needed to bring those programs to scale.
5. **Ensure access to vocational programs.** Women tend to have shorter sentences than men, and as such are likely to return to the workforce more quickly. Vocational programs enable inmates to develop work habits and learn skills, and should be available equitably to both men and women and include a full-range of opportunities.

Fig. 19.2 APA guidelines for gender-responsive justice

activism (Enns, 1993; Evans et al., 2005). They consider “consciousness raising” as necessary to free women from the shackles of patriarchy, which many feminists see as the “cause” of women’s offending. On the other hand, confrontational methods appear to threaten women because of past confrontations with men (Shearer, 2003). The best programs for women appear to be those that empower them, in other words, programs that help them to build skills and competencies to achieve independence (Barringer, Hunter, Salina, & Jason, 2017; Bloom, 2000). These feminist approaches are not only for the counseling of women, however. Research suggests that they may also be applied to men (Wolf, Williams, Darby, Herald, & Schultz, 2018)

A corollary of consciousness raising is that offenders are taught how to separate the external and internal sources of their problems. In other words, offenders should not blame themselves for the problems they have, which arise from institutionalized sexism, sex-role socialization, patriarchy, and so forth (Worell & Remer, 1992). Recognizing external sources of our problems is an aid in both reducing guilt and anxiety associated with self-blame and in knowing what steps to take to change those sources. Research indicates that most (about 60%) of the females in prison or on probation/parole have experienced physical and sexual abuse (Prichard, 2000) and that childhood victimization greatly increases the risk of incarceration (Belknap & Holsinger, 2006; Conrad, Tolou-Shams, Rizzo, Placella, & Brown, 2014; Widom, 2000). When women are empowered by the knowledge that they are not to blame for their victimization, and come to value themselves as independent persons who do not need their batterers’ “support,” they may take steps to terminate the relationship before either they murder their batterer or their batterer murders them.

Externalizing blame is not always an inappropriate defense mechanism, nor is it “copping out.” It is entirely appropriate to divest yourself of responsibility for bad things that happen to you if they are truly the result of the actions of others. As discussed earlier, the trouble is that many of us have a built-in bias to accept readily suggestions that exonerate us. Women never should blame themselves for their own abuse, or for using whatever methods they must to defend themselves. However, we have severe reservations about any counselor telling a female thief, forger, drug addict, child abuser, or whatever that she can lay all her actions and problems at the door of our sexist and patriarchal society. There is a real danger that such “consciousness raising” will serve as an exculpatory factor, and thus be counterproductive. If the offender is truly blameless, however, the question for the feminist counselor becomes “Now that you have correctly attributed blame, what are you going to do about it?”

19.3.2 Feminist Counseling Techniques

Feminist counselors employ a variety of techniques in common with traditional counselors such as role-playing and bibliotherapy. This description is limited to only those techniques relatively unique to feminist theory as described by Judith Worrell and Pam Remer (1992) and Brenda Wiewel and Toni Mosley (2006). These

descriptions demonstrate that feminist counselors must have knowledge of the sociology of sex roles and be conversant in assertiveness training skills.

19.3.2.1 Sex-Role Analysis

Counselors often conduct sex-role analysis in a group context. This analysis explores sex roles and the messages they imply and shows how the consequences of these roles (both positive and negative) affect women. It invites offenders to identify how they have internalized these messages and then decide which of these messages they would like to change. Women may ask themselves questions such as “What are the costs and benefits of continuing to adopt this particular sex role for me?” “Are the internalized messages related to this role really congruent with my innermost feelings, or are they strongly at odds with them?”

19.3.2.2 Power Analysis

Power analysis extends sex-role analysis by increasing offenders’ awareness of sex-based power differentials (how do sex-role stereotypes affect the male/female use of power?). It also empowers offenders to be able to influence factors external to themselves that are affecting their lives.

19.3.2.3 Assertiveness Training

To become empowered is to stand up for yourself, to refuse to be exploited psychologically or physically by others who have influence on your life. To achieve this goal, it is necessary to receive assertiveness training. Being assertive is not the same as being aggressive. Indeed, asserting one’s right to be treated with respect may be the very thing needed to avoid aggressive confrontation in the future.

19.3.2.4 Reframing and Relabeling

Reframing refers to a shift in the frame of reference used to view the offenders’ problems. Feminists want to shift from a diagnosis-based “What is wrong with this woman?” to an experience-based “What has happened to this woman?” (Scott, 2004, p. 256). There is a definite danger in this since it focuses the offender on the past rather than the present or the future. However, it is a useful starting point for the counselor to explore what issues the offender has. Relabeling refers to a change in the name or evaluation of offenders’ characteristics and behaviors, usually from negative (based on male-centered norms) to positive (based on female-centered norms). From the feminist perspective, reframing concerns a shift from the individual to the sociopolitical system. This is the most controversial aspect of feminist counseling. It would be unacceptable by other counseling theories, not because our sociopolitical system is beyond criticism, but because if blame lies outside of ourselves, then change only can come when that external thing changes, which may be never. Blame shifting to the sociopolitical system is not the same as identifying specific relationships negatively affecting one’s life. An individual can change relationships with specific persons readily; the “system” obviously cannot be changed as easily.

19.4 Positive Rehabilitative Aspects of Female Offenders

So far, all seems negative. As a group, female criminals have suffered more abuse and neglect than male criminals have. They appear to be more atypical of their sex than males are of theirs. What are the positive aspects of dealing with female offenders? First, in general, females tend to possess more of the attributes that contribute to a prosocial lifestyle, such as empathy and altruism, than males. For instance, in a study of gender differences in neural activation and empathy, Rueckert and Naybar (2008) found that females were more empathic than males. The authors attribute this difference to the influence of possible variation in how empathy is processed in male and female brains. In every study surveyed by Campbell, she found females more empathetic than males regardless of the tools and methods used to assess empathy (2006).

The “male” hormone testosterone dampens empathy (Knickmeyer, Baron-Cohen, Raggatt, Taylor, & Hackett, 2006), and the neuropeptide oxytocin, found in much higher levels in females, enhances empathy (Taylor, 2006). For instance, women who received a single sublingual dose of testosterone showed a statistically significant reduction in empathetic responses to experimental stimuli than women in a control group who were administered a placebo (Hermans, Putman, & Van Honk, 2006). On the other hand, males given a single intranasal dose of oxytocin significantly enhanced their ability to infer the mental states of others (empathy) relative to a placebo control group (Domes, Heinrichs, Michel, Berger, & Herpertz, 2007). In other words, studies such as this show that males become more empathetic with the administration of “female” oxytocin, and females become less so with the administration of “male” testosterone.

Second, females receive very little peer or social support for their criminality. There are no accolades for being tough and street smart for females as there often are for males. As destructive as they may be, males do receive some psychic rewards from likeminded others, but such rewards are not forthcoming for females. Consequently, females are less comfortable with a deviant identity, less committed to criminal values, less likely to rationalize their antisocial behavior, and psychologically more motivated to change their behavior (Van Voorhis et al., 2003).

We can safely generalize these studies to female offenders because they reflect general sex differences typically found among non-offender samples. As a result of differing neurological maturation patterns between males and females, most females will be better candidates for counseling methods that emphasize cognitive skills. As a result, female offenders seem to be in a better position intellectually than male offenders are to seek and to use information about themselves and their situations so that they may change and become prosocial and independent human beings. You can help them to do this if you understand the gendered lives and stresses suffered by women in a society that still tends to afford women second-class status.

19.5 Summary

Although some women can be as dangerous and as criminal as men are, females, in general, are much less crime prone. Although the demographic profile of the typical female offender matches that of the typical male, numerous studies have shown that females who do become criminal have suffered a greater frequency and/or intensity of many of the negative environmental factors said to increase the probability of criminal activity than do male criminals. They tend to have suffered more physical, sexual, and psychological abuse, parental substance abuse, and parental neglect and come from poorer homes and homes that are more likely to be broken. Yet, it appears that women have a higher threshold against antisocial behavior than men do.

Feminist criminologists wish to look at female criminality in light of the experiences that color the female world. Some feminists view female crime as extensions of normal female roles, while others concentrate on how patriarchy and sexism can lead to female criminality. We examined “criminalizing girls’ survival” and “victim-precipitated homicide” as examples of the latter.

In all cultures and at all time, males commit far more crimes than females, and the more serious the crime, the greater the gap. This suggests that we have to go beyond culture to explain this gap. Mountains of data from the biological sciences tell us that females are less biologically “prepared” to do violence than men are. Greater nonviolence among women is probably attributable to neurohormonal factors.

Although there is some disagreement as to whether female offenders should be treated differently in terms of counseling, the American Psychological Association and feminist counselors believe that they should. Many problems leading females to commit crimes are the result of their relationships with males, making it unreasonable to expect female offenders to respond positively to male counselors. Feminist counseling tailors traditional counseling theories to feminist philosophy and is unabashedly ideological. Such counseling seeks to raise consciousness among its clientele by techniques such as sex role and power analysis, assertiveness training, and reframing and relabeling.

Many female characteristics make female offenders better candidates for rehabilitation than male offenders. Females are less comfortable with a deviant lifestyle, are more empathic and altruistic, and have higher maturity levels than male offenders. Thus, although women suffer greater social disadvantages than men, they are less well serviced by the criminal justice system. We may view female personal characteristics as affording them greater rehabilitative potential.

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20.1 Scope of the Problem

The elderly criminal offender is perhaps the most under-researched topic in the criminological literature (Curtice, Parker, Schembri Wismayer, & Tomison, 2003). This neglect is understandable because so few older people commit crime, and there are so few elderly offenders under correctional supervision relatively speaking. However, we can expect an increase in interest in the elderly offender as the American population ages. The US Census Bureau estimates that nearly 25% of the American population will be 65 years of age or older by the year 2060 (see Fig. 20.1).

There is a problem in defining the term “elderly” in a criminal justice context. In the larger society, elderly usually describes those who have achieved senior citizen status, that is, those aged 65 or older. However, age is relative, and anyone over the age of 30 is considered “old” in prison settings (Chaiklin & Fultz, 1985). In some systems, the term geriatric is applied to inmates as “young” as 59, regardless of the presence or absence of health problems (Snarr, 1996). Alston points out that the literature on the “older offender” has referred to age groups ranging from 40 to 65 and adds that these discrepant definitions make generalizations difficult (1986). The Uniform Crime Report (Federal Bureau of Investigation, 2004) defines older offenders as those 55 years of age or older. Given the overabundance of definitions, we variably define the term “elderly” in this chapter.

According to a Human Rights Watch, in prisons, the inmate population over the age of 65 years old grew 94 times faster than the rest of the prisoner population between 2007 and 2010 (Fellner & Vinck, 2012). Despite this rise, only 2.7% of the US inmate population was over the age of 65 in 2018 (Carson, 2018). The neglect of the elderly offender in terms of criminal justice policy also can be attributed to the reluctance of criminal justice administrators to allocate scarce funds for special

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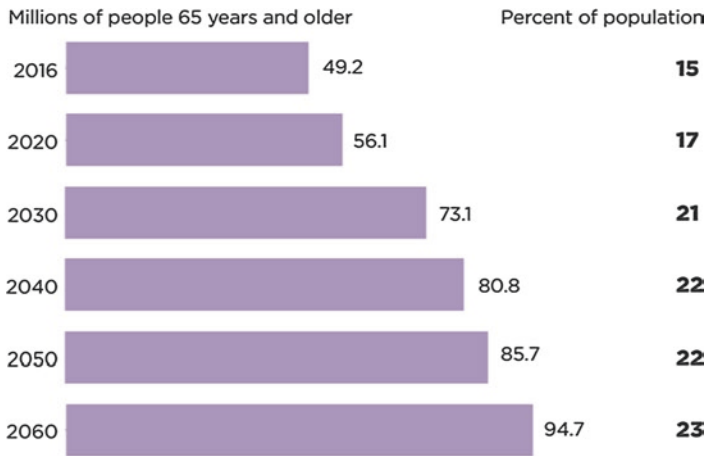


Fig. 20.1 U.S. Census Bureau projections of elder population 2016–2060. (Source: U.S. Census Bureau, 2017 National Population Projections)

programs aimed at a small category of offenders who present them with few supervision problems. As McCarthy and Langworthy (1987, p. 8) point out: “As we have found from research on female offenders, small numbers and the designation of an offender group as a ‘nonproblem’ may lead to a lack of agency attention.” Being widely seen as basically nonproblems also makes the crimes of the elderly less of a sexy research topic for criminologists than alternative topics.

According to the latest 2016 Uniform Crime Report statistics, individuals over the age of 65 accounted for 1.1% of arrests. Of course, far fewer people in society are 65 or older than those who are younger than that, so we must take the age distribution of the population into account. According to the US Census Bureau (2017), those over 65 accounted for only 15% of the total US population, so even when we adjust for the number of over 65 in the general population, they still are massively underrepresented among criminal offenders.

Does the increased elderly prison population mean that we have a geriatric crime wave going on in the United States? No, however, we must interpret the huge percentage increases in elderly incarceration rates in light of the much lower base rates of the elderly. Better health care and awareness of health issues among the older population mean that more people are becoming old enough to be called “elderly,” and we are witnessing the graying of the huge post WW II baby boomer generation. Thus, the increasing number of older people in America is reflected in the increasing numbers of them in prison.

A study of the elder crime trends from 2000 through 2013 found that: “While the percentage of arrests for Index Crimes for the elderly is still small, it is important to note that the proportion increased significantly over more than 10 years” (Kratcoski & Edelbacher, 2016, p. 60). The growing elder crime rate is consistent across both violent and property crime arrests. Despite this growth, 2016 UCR statistics indicate that the elderly have the lowest arrest rate of any segment of the population, with the exception of children under 12.

The increase in the number of elderly persons in the general population comes nowhere near to matching their increase in the prison population. Much of the increase in the elderly behind bars, beyond the increase of the elderly in the general population, can be attributed to tougher sentencing policies such as the three-strikes laws, mandatory minimums, and truth in sentencing legislation. They capture more offenders in the net and keep them for longer periods. In addition, the prison building booms in the 1980s and 1990s reduced the need to release prisoners early to alleviate crowding (Rikard & Rosenberg, 2007).

Very few older people are arrested for committing the major index offenses (murder, rape, robbery, and so forth). In 2016, individual 65 and over constituted only 1.3% of the homicides. Nearly 25% of all elder crime involved drug or alcohol-related offenses.

20.2 Some Causes of Elderly Crime

If we examine the causes of crime among elderly offenders with long criminal histories, the social or personal situations that moved them in criminal directions when they were young are presumably the same ones that influence them today. They may be successful career criminals who continue to receive psychic and financial rewards from crime, which they consider to be preferable to those they feel that they could receive from leading a “straight” life. Since most criminals “mature” out of crime by the time they are 40, if not well before that (Sampson & Laub, 2005), we have to assume that offenders who continue the criminal lifestyle past this age are either “successful” criminals or else are psychologically immature individuals who lack the requisite insight to engage in the midlife reassessment process that most of us go through, criminal or not. Of course, some elderly criminals simply have found their “comfort zone” in prison and are proud of their criminal exploits and values (McKenzie, 2004). One researcher described many long-term older prisoners as “jitterbug celebrities proud of their 50-year mandatory minimums” (Chaneles, 1987, p. 556).

What about offenders who enter the criminal justice system for the first time at an advanced age? Why, after presumably leading a conventional life up to that point, do they become involved with crime for the first time long after most former criminals have matured out of it? Interestingly, a greater percentage of older offenders than younger ones report problems with alcohol and have been convicted of sexual offense in the United States (Schmallegger, 2003), Canada (Brown & Brozowski, 2003), and the United Kingdom (Curtice et al., 2003). This suggests that there may be special considerations concerning the causes of crime among the elderly just as there are for juvenile crime. Some suggest that certain brain syndromes associated with age may lead to loss of inhibitions against illegal sexual behavior, such as exhibitionism and child molestation, and against aggression. However, this explanation would account for only a very small proportion of elderly criminal behavior. Abnormal brain functioning that is secondary to old age (such as Alzheimer’s

disease) is far less common than many people think and has a typical onset age of around age 70 (Restak, 2001).

From a psychological point of view, many of the frustrations of old age—poverty, loss of occupational status, and boredom—combined with situational factors such as loneliness and liquor, create opportunities for sexual acting-out and/or violence. The problem also may be associated with a declining range of personal contacts, which may lead to emotional intensity and conflict. As Curtice and his colleagues (2003, p. 261) put it: “Elderly sex offenders may have a long lasting ‘Achilles heel’ normally held in check by compensatory satisfactions or pressures but liable to emerge in times of stress.” Indeed, research finds that sex offenders are disproportionately found among elderly offenders, with 42% of offenders over the age of 50 having been convicted of a sex offense (Ginn, 2012). Fazel and Jacoby (2000) write in a similar vein:

The need to compensate for a ‘collapse of narcissism’—the loss of the outward symbols of masculinity such as work, physical health, sexual activity—could also contribute to an explanation as to why men with previously unblemished records commit sexual offenses in old age. (p. 201)

Thinking about the correctional population in chronological terms is not useful. For instance, Rikard and Rosenberg (2007, p. 151) write “The combination of physical and mental declines makes aging inmates, on average, ten to eleven and a half years older physiologically than their unincarcerated age peers.” Thus, in addition to role losses and the natural decline in physical health, the unhealthy lifestyles these men have led make them a lot older than their chronological age suggests. Accompanying all these declines and deficits is a loss of self-esteem. A study of self-esteem across the lifespan among 326,641 individuals found that self-esteem is high in childhood, drops during adolescence, rises gradually throughout adulthood, and declines sharply in old age (Robins, Trzesniewski, Tracy, Gosling, & Potter, 2002). This finding held true for both genders, across socioeconomic classes, and in every racial and nationality grouping.

However, Robins and his colleagues suggest that this loss of self-esteem might not mean the same thing for the elderly as it does for younger people. They suggest that relatively low self-esteem scores among the elderly reflect a more realistic appraisal of themselves to a more balanced and modest view, less use of defense mechanisms used to inflate feelings of self-worth, and less need for self-promotion. In short, all of the things that artificially boost reports of self-esteem among younger respondents have been shelved in favor of acceptance of self, warts, and all. It may be among the elderly who commit criminal acts that they have not reached this stage of self-acceptance and that their crimes reflect efforts to regain feelings of mastery.

The theme of age-related stressors is also found in a study of MMPI profiles of older prison inmates that found them to be less psychopathic than younger inmates but much more neurotic. Commenting on these profiles, Pantou states: “They appeared to have limited ability to cope with emotional stress and appeared to have difficulty in personal adaptability and resourcefulness” (1977, p. 207). Since elderly

first-time offenders apparently have led conventional lifestyles up to the point of committing their crimes, it is possible that any and all of these causal factors may have contributed to the sudden onset of their criminal behavior. The spontaneity and impulsiveness of the crimes of the elderly first offender also point to the possibility that the cognitive infirmities of age play an important role in the criminal act.

20.3 Maturing Out of Crime

Why are the elderly, even the elderly who were formerly criminals, less crime-prone than the young? Some of us may think of crime as a physical occupation requiring strength and stamina, attributes that decline with age, so criminals desist from crime as they age because they no longer can cut the mustard. As appealing as this simple explanation may be, it widely misses the mark. Maximum endurance can be maintained into the mid-30s; strength does not usually peak until the late thirties to early forties; and the coordination of a 40-year-old man is about on par with that of a man half his age (Donnelly, Kane, Thigpen, & Thigpen, 1991). In most cases, most formerly criminal men withdraw from crime before the age of 40, an age long before any normal person becomes infirm or enfeebled (Doherty & Bersani, 2018). However, given the health-destroying lifestyles that many folks who land in the lap of Lady Justice have led, they probably become enfeebled long before the average person does.

All countries note the accelerating decrease in criminal activity after its peak during the mid-teens—ever since crime statistics have been kept (Ellis & Walsh, 2000). This suggests that something “law like” akin to the increase in offending among adolescents is occurring. Baldwin (1990) addresses this issue by focusing on average age-graded levels of arousal at different developmental periods and finds that these levels closely mirror the age/crime curve (see also Raine et al., 2001). Infants are often confronted by novel stimuli that surpass their optimal arousal level and become distressed as a result. Children become habituated to more and more stimuli and need higher levels of sensory input to be optimally aroused as they age.

The need for arousal is greatest during adolescence when ratios of behavior-facilitating dopamine and the behavior-moderating serotonin favor dopamine. As we age, habituation sets in as formerly novel occurrences become commonplace. As we age further, even formerly optimal levels of neurological arousal become aversive to many, and we take pains to reduce the level of stimuli to more tranquil levels. Baldwin does not claim that the neurohormonal mechanisms underlying sensory reinforcement and habituation are all that we need to know to understand the age-related crime levels.

Related to Baldwin’s theory are findings from five different countries showing that age brings with it a decrease in personality traits positively related to antisocial behavior and increases in personality traits negatively related to antisocial behavior (McCrae et al., 2000). McCrae and his colleagues state:

From age eighteen to thirty there are declines in Neuroticism, Extraversion, and openness to experience, and increases in Agreeableness and Conscientiousness; after age 30 the same trends are found, although the rate of change seems to decrease. (p. 183)

Thus, shifting neurohormonal ratios are related to shifting personality patterns as we age, and these shifting patterns are in the direction of prosocial behavior.

Testosterone also decreases considerably with age, with 70-year-old males having levels on par with prepubescent boys (Ellis, 2003). Testosterone is the great facilitator (not cause) of much aggressive and dominance-seeking behavior (Walsh, 2002), and its decline should be expected to bring with it a decline in behaviors that can often lead to antisocial behavior. Of course, one can exhibit aggressive and dominant behavior without normal adult male levels of testosterone, as many women and prepubescent boys demonstrate. We simply assert that older males have less of a hormone that constitutes a risk factor for such behavior among younger males.

From a social-psychological perspective, there are some significant insights as to why the elderly are so much less crime prone than the young. The elderly are likely to experience changes in role expectations and in their aspirations and goals, so that they no longer strive for the same level of material fulfillment and recognition that they sought when younger. In effect, the major sources of reinforcement for criminal behavior—money, sex, status, intense and lasting hostility toward others, and antisocial peer pressure—are absent or relatively weak in old age.

Shifting contingencies and opportunities thus result in decreasing reinforcements for antisocial behavior and increasing reinforcements for prosocial behavior. The physiological and social/psychological explanations complement each other. We would expect to witness a reduction in the kinds of behavior mentioned above on the basis of neurohormonal changes alone. Along with these changes, there is a growing psychological maturity, more opportunities to develop ties with the conventional world, more reasonable (scaled-down) ambitions, and an increase in conservatism that most aging individuals seem to develop (McCrae et al., 2000).

20.4 The Elderly Behind Bars

Although based on minimal evidence, there is some indication that elderly offenders, all other things being equal, are treated more leniently than their younger counterparts, and that the general public expects it to be so (McCarthy & Langworthy, 1987). For instance, Stephen Hucker's (1984) comparison of elderly and younger minor sex offenders found that older offenders were less likely to be sent to prison (1% versus 27%) but also less likely to receive counseling (33% versus 50%) in either prison or community-based settings. Of course, the criminal justice system has limits to its sentencing flexibility for the elderly who violate societal rules and regulations. The elderly do not expand these limits merely because of their age and the perplexities that accompany the aging individual.

Surprisingly, a relatively large proportion of incarcerated elderly offenders, particularly first offenders, are there for committing violent offenses, at least in proportion to their numbers relative to their youthful peer inmates (Chaiklin & Fultz, 1985). Regardless of the crimes that put them in prison, the management of the elderly is an issue with which correctional institutions must contend. The prison milieu adds to physical and psychological woes and to the confusion and disorder of the truly geriatric individual. On the other hand, the elderly are not generally a management problem, are generally quite cooperative with the prison staff, get along well with other inmates, and accumulate significantly lower numbers of disciplinary write-ups than youthful and middle-aged inmates (McKenzie, 2004) although some evidence suggests that older inmates may be more likely to engage in minor violations (Blowers & Blevins, 2015). When older offenders do engage in misconduct, it is often due to variation in individuals' personal characteristics, and institutional experiences may underpin such behavior (Blowers & Blevins, 2015).

20.4.1 Prison Programs for the Elderly

Public representatives and correctional leaders are hard pressed to support specific programs designed for the incarcerated elderly offender. Such tailor-made programs are considered unrealistic and are low on the hierarchy of priorities in a system in which the bulk of its offenders are young men. There is also the constant strain on the correctional budget and its other resources, including community services, volunteers, and counseling programs. The expense of medical care and maintenance of the elderly inmate already constitutes a severe strain on the correctional budget quite apart from any special geriatric nonessential services and programs. Additionally, complying with the Americans with Disabilities Act, which disproportionately applies to older offenders, is a major financial and management burden on the correctional system even though the application of this act in practice may be less than the ideal (Ruggiano, Lukic, Blowers, & Doerner, 2016). According to Rikard and Rosenberg (2007), it costs about three and one-half times as much to incarcerate a man over 55 years of age than it does the young offender or about \$72,000 per year.

One serious problem associated with the lack of programs for the elderly is that it can hurt their chances of parole. Participation in prison programs contributes greatly to positive parole decisions for inmates (Rhine, Petersilia, & Reitz, 2016). Of course, this is not a problem for older offenders who are fit and who enjoy good health, but basketball and boxing are programs that do not appeal to our older population either inside or outside prison walls. Additionally, the elderly offender is not particularly motivated to participate in vocational-type programs because they feel that they have "done their time" in the workforce already (Goetting, 1983, p. 298).

A study by C. Eamon Walsh (1992) found that elderly inmates express different prison environment needs from those expressed by younger inmates. Whereas younger inmates wanted lots of activity and stimulation in prison, the elderly sought more structure and predictability and wanted to be insulated from the noise and

intrusion of the younger inmates. Their main concerns were for more preventive medical attention and help in maintaining family ties and support. In short, Walsh (1992) found that the differing needs and concerns of the old and the young in prison are essentially the same differences as that between the young and old on the outside. Some of these considerations are borne out in policies designed to segregate elder populations in an effort to protect them from victimization and to develop an increased sense of community (Rikard & Rosenberg, 2007; Stojkovic, 2007).

20.4.2 Psychological Aspects of Incarceration

Being sentenced to prison has to be a traumatic experience, especially for the elderly first-time offender. The elderly are supposed to be wise and serene, and to have reached a point in their lives at which respect and deference are expected from the young. However, elderly inmates find themselves in an environment in which may disadvantage them and leave them vulnerable to victimization (Stojkovic, 2007). Support the use of segregation to avoid this risk has been risen. Indeed, research suggests that elder inmates are more likely to be victimized by younger inmates (Kerbs & Jolley, 2007). It is likely for this reason that “in general, aging inmates supported age segregation at the unit level and at the prison level” (Kerbs & Jolley, 2007, p. 210).

Elderly offenders have reached a stage in life in which they are compelled to look back on their lives and arrive at some sort of evaluation, as we all must do eventually. The need to evaluate oneself must be felt more intensely for the incarcerated geriatric offender whose life has been turned upside down. Erik Erikson best described this process of self-evaluation in his “eight ages of man” model of socialization (Yablonsky & Haskell, 1988). According to Erikson, after individuals have proceeded through multiple stages of life in which they have to establish new basic orientations to the self and to the social world, they are ultimately confronted with conceptualizing their entire life and being. Erikson refers to this particular facet as the stage of ego identity versus despair. Undergoing this stage, individuals find a sense of resignation and perhaps wisdom from the circumstances of their lives. Alternatively, they may find only disgust or bitter resentment. The prison environment in which elderly offenders find themselves obviously can have a substantial effect on how they resolve this final life stage.

As we have seen, Panton’s research (1977) has shown that the elderly criminal is more likely to be psychologically characterized as neurotic rather than psychotic or psychopathic. Their psychological problems are more ones of loneliness, self-esteem, and ones associated with medical disabilities. Chaiklin and Fultz’s (1985) sample of older inmates found that half of them had IQs below 90 and that 25% were receiving some sort of psychiatric treatment. They further indicated that: “A comprehensive workup on this group would show that their mental health is as poor as their physical health. They survive because, in its own way, prison provides a supportive and structured life” (1985, p. 29).

Inabilities, such as decreased stamina and strength, the inability to endure discomfort, and fatigue and memory loss, are additional disabilities that may be suffered by the elderly. Health problems, such as arthritis, strokes, infections, imbalanced blood chemistries, and insufficient and improper medications, are daily concerns (Kuhlmann & Ruddell, 2005). The inability to deal with such problems and concerns may become preoccupations of the elderly, which may plunge them further into depression and despair. On the other hand, Goetting (1983, p. 295) indicates that several studies have shown that elderly inmates report only slightly less life satisfaction than do senior citizens in free society. However, this could be because elderly inmates have learned to have fewer expectations about themselves and their lot in life.

20.4.3 Supervising the Elderly Offender on Probation/Parole

Most elderly offenders are given a suspended sentence and placed on probation, as are most other convicted offenders (Champion, 2005). At least four elderly offenders are under community supervision for every one elderly offender in prison (McCarthy & Langworthy, 1987). In general, probation and parole departments find no difficulty in maintaining supervision of the elderly offender (Ellsworth & Helle, 1994). Basically, the elderly do not cause much trouble and often are placed on inactive supervision status (mailed-in reports). However, at times, the truly geriatric offenders are senile, thus causing a different type of problem for their probation and parole officers.

Most are on probation or parole for crimes against persons, primarily sexual crimes such as child molestation, and many are granted probation for crimes, which probably would have resulted in incarceration for younger offenders (McCarthy & Langworthy, 1987). However, there is evidence that elderly sex offenders are now dealt with more harshly than younger offenders (Yorston & Taylor, 2006).

Female elderly offenders constituted about one-fourth of the offenders in these studies and were convicted primarily of welfare fraud. About two-thirds of the elderly offenders in these studies never finished high school, and more than half were unemployed and had incomes below the poverty level. Another study found that 85% of probationers older than 55 have no previous felony convictions (100% of those 75 or older) and that most of them had relatively stable family relationships (Ellsworth & Helle, 1994).

Although most elderly offenders present few supervision problems, the correctional worker should be aware of certain aspects of their supervision. Foremost among these aspects is that you should be on guard against negative or preconceived stereotypical attitudes toward them based on their age (“ageism”).

As in any other instance of bias based on visible characteristics, such as sex or race, harboring age bias severely limits a counselor’s effectiveness. This does not mean that you should not be aware of and pay attention to real differences that separate the aged from the young. Ageism, as well as sexism and racism, does not mean that you ignore basic differences. Rather, these “isms” reflect attitudes that go

beyond what the data warrant to assert some type of inferiority in the class of people identified. In other words, you should be aware of the limiting factors involved with advanced age, but by no means must you assume that advanced age automatically limits offenders in their activities (some 65-year-olds are physically and mentally more fit than some 25-year-olds), their attitudes toward change, or their ability to change.

Active listening is important with all offenders but may be particularly important with very elderly offenders. You must be prepared to take more time with them because decreased speed in processing information is one of the most universal facts of aging (Fozard & Gordon-Salant, 2001). Although elderly offenders' verbal skills are little affected by aging, they need just a little more time to process what you are saying, so your normal rate of discourse may present a problem for them. They may be reluctant to ask you to frequently repeat what you have said, so you must anticipate this need for greater time for them. If you do not, you may be faced with a lot of miscommunication and confusion. As Giordano (2000, p. 318) puts it: "When older adults receive negative or passive acknowledgment to their verbalization, this will obstruct communication or will produce information intended to please the listener."

Also, be aware of the possibility of some hearing loss among elderly offenders, many of whom may not be able to afford corrective devices. If this is the case, you will have to moderate the tone of your speech somewhat without giving offenders the impression that you are shouting at them. Elderly people are prone to more anxiety than the young (Fozard & Gordon-Salant, 2001), so you must be careful that your efforts to make yourself heard are not reflected in your agitated looks or your barking tone. Many older people try to cover up hearing loss by faking or "bluffing" hearing because they fear negative ageist reactions from others. Such people have been found to have significantly more negative self-concepts than older people who realistically accept their impairment (Blackwell & Levey, 1986).

Some elderly offenders play on hearing loss, whether or not it is an impairment that they actually have. Many of them try to use hearing impairment as an excuse for infractions, claiming that it caused them to misunderstand a situation or instruction or to make a bad decision based on misperceived information. Do not add to the negative self-concepts of "bluffers" by ridiculing them in pointing out their bluffs, neither should you allow hearing impairment to constitute an excuse for not following instructions. Rather, you might point out that there is no need to engage in such behavior, that you fully understand and accept their impairment, and that you do not mind repeating yourself any time that is necessary. Make sure they also know that it is their responsibility to ensure that they have heard and understood your instructions.

Older people quite rightly feel that they have achieved a stage in life that entitles them to a certain special respect and dignity. As we have seen, many elderly offenders often feel especially poorly about themselves for having acquired a criminal label. Along with this loss of self-respect, imagine how embarrassing it must be to have a great part of their lives controlled by an officer who, in all likelihood, is half his or her age. Never subject elderly offenders to condescension by talking down to

them as if they were children, although extra patience sometimes may be required when dealing with those who may have some impairment in their cognitive functioning.

Traditional counseling techniques must be geared (the responsivity principle) to the special needs and characteristics of the older offender. According to Lynskey, Day, and Hall (2003, p. 131), counseling should include “Non-confrontational approaches, cognitive-behavioral interpersonal and supportive approaches, slower pace and attention to medical needs and issues specific to the population such as bereavement, loneliness, boredom and isolation.” This does not mean, of course, that you should not use confrontational approaches when they are clearly required.

If you are supervising elderly parolees, be aware of some of the special difficulties they face. The imprisoned elderly offender’s reentry into the community is a matter that can be quite confusing, filled with anxiety, embarrassment, and a mixture of excitement and depression. The readjustment problem was dramatically presented in the movie, *Tough Guys*. In this movie, two legendary bank robbers—Harry Doyle (Burt Lancaster) and Archie Long (Kirk Douglas)—are released into a world that bewildered them after serving 30 years inside. A similar theme occurs for Brooks and Red in *The Shawshank Redemption*.

If parolees lack support from family, friends, and significant others, their re-assimilation into the community can be painful and difficult. This is true for parolees of any age but perhaps particularly so for elderly parolees. Carroll (1989) states:

Many have lost or outlived their families. They may have no homes or job skills. Who hires an older person anyway, much less an ex-con? They have no savings or medical insurance, and may not know how to take advantage of welfare programs. (p. 70)

The ability of the elderly offender to function outside the criminal justice system is of great concern, especially if they have become institutionalized. Consequently, being set free with next to no resources poses a threat for these individuals because of their dependency on the institution. Many have a natural impulse to want to go that extra mile for an older person, but you must not let them transfer their dependency on the institution to dependency on you. As is the case with your other offenders, do things with them rather than for them. Elderly individuals must learn to draw on reserves of physical and mental attributes, which do not come easily to them anymore. The parole agent must be aware of this and of the resources in his or her community that may ease the elderly parolee’s transition into a world that may be quite different from the one left behind some years ago.

Alcoholism and problem drinking are a particular problem among elderly criminal justice offenders (McCarthy & Langworthy, 1987). According to Fishman (1986), increasing age leads to an increasing likelihood of alcohol abuse among the elderly, who are suffering problems of social isolation, bereavement, ill health, low self-esteem, and the side effects of medication. Many elderly people take to drinking much more frequently than they did when younger because it serves as a substitute for what they have lost. Alcohol may be seen as replacing lost friends, dulling

the psychic pains of bereavement, and the physical pains of ill health, and temporarily bolstering self-esteem.

Fishman (1986) believes that problem drinking among the elderly ideally should not be treated in mainstream alcoholism programs (this is particularly true if the problem drinking is of recent onset, situational, and related to the problems of old age). He feels that elderly drinkers are best treated through counseling and increased social involvement with age peers. Furthermore, he feels that the prognosis for successful treatment is good for late-onset elderly problem drinkers if treated in this fashion. Fishman's message to correctional workers emphasizes that narrow and uniform approaches to alcohol treatment will not suffice and that you must be sensitive to special classes of offenders who need to be treated outside the usual methods. Part of the reason for this is that alcoholism is particularly dangerous for the elderly. Because of age-related physiological changes, older people will metabolize alcohol more slowly; in other words, the same amount of alcohol will result in a higher blood-alcohol concentration (BAC) for the elderly than for younger drinkers. Additionally, alcohol withdrawal will take longer, be more severe, and be more dangerous for the older individual (Lynskey et al., 2003).

20.5 Summary

There is a significant dearth of research on elderly offenders. Because they are very much underrepresented among our criminal population, they have been considered something of a "nonproblem." However, the proportion of our elderly citizens under some form of correctional supervision is rising as our society ages.

We raised several issues regarding the elderly offender, including the definition of "elderly," which varies among studies. Given the youthful nature of our criminal population, anyone more than 30 is considered old in prison, but we have not considered anyone below 50 as old. We also looked at some possible reasons why, after a lifetime of noncriminal behavior, many elderly individuals commit crime. These reasons ranged from the biological impairments sometimes accompanying old age to the social and psychological problems of the elderly.

The elderly behind bars are largely not considered to be a behavioral problem. Probably for this reason, there are very few programs specifically aimed at them. The main problem for the institutional correctional people presented by the elderly is financial. Because of the plethora of health and security problems suffered by the elderly, it costs about three and one-half times more to maintain a person in prison who is fifty years of age or older than other inmates.

Perhaps partly because of this, many elderly offenders, who otherwise may have been incarcerated, are diverted into community corrections. Yet, they present relatively few supervision problems to probation/parole officers. We noted some specific aspects of community supervision, such as problem drinking and hearing impairment, as well as the importance of treating elderly offenders with respect and dignity while also holding them accountable.

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Appendix A

SOCIAL HISTORY QUESTIONNAIRE _____

Prior to your next appearance in court for final disposition, the Adult Probation Department must complete a presentence investigation for the judge. This presentence investigation includes information about your background that the judge will take into consideration when deciding whether to place you on probation or not. Please completely fill out this questionnaire, and if you have any questions concerning the questionnaire, feel free to ask. The information that you provide will be confidential in that only the Probation Department and the judge will be allowed to see it. Upon completion of this questionnaire, please return it to the person who gave it to you.

GENERAL INFORMATION:

FULL NAME: _____

PRESENT ADDRESS: _____

TELEPHONE #: _____

PLACE OF BIRTH: _____

DATE OF BIRTH: _____

SOCIAL SECURITY NO.: _____

SOCIAL HISTORY QUESTIONNAIRE (continued) _____

FAMILY:

Please list the members of your family, including parents, brothers, sisters, spouse, and children.

NAME	RELATIONSHIP	AGE	ADDRESS
PARENTS:			
BROTHERS & SISTERS:			
WIFE/HUSBAND:			
CHILDREN:			

Have you ever been married before? Yes / No

Date of wedding:

Date of divorce:

SOCIAL HISTORY QUESTIONNAIRE (continued) _____

EDUCATION:

Please list what schools you have attended (elementary, secondary, college, and job training programs).

SCHOOL	DATES ATTENDED	HIGHEST GRADE COMPLETED

EMPLOYMENT:

Please list in order your job history. If employed at the present time, please note where and the name of your supervisor.

EMPLOYER	ADDRESS	DATE STARTED	DATE LEFT	REASON

Spouse's Current Employer:

SOCIAL HISTORY QUESTIONNAIRE (continued) _____

MILITARY HISTORY:

Please note the following information:

Branch of Service: _____

Date of Entry: _____

Date of Discharge: _____

Type of Discharge: _____

Location of Service: _____

HEALTH:

Please make a statement as to your general state of health. Do you have any medical problems? Are you under a doctor's care, or are you on medication? Please note below:

PRIOR RECORD:

BIR #

FBI #

If you have been arrested before, either as a juvenile or adult, please list these arrests. Also, please note what happened in court after these arrests. Please note if you have been on probation or parole before, or if you are under any supervision at the present time.

SOCIAL HISTORY QUESTIONNAIRE (continued) _____

Please fill in the following list of information:

1. Housing costs: Weekly: _____ or monthly: _____

2. Food costs: Weekly: _____ or monthly: _____

3. Approximate Monthly Cost of Utilities:

A. Telephone: _____

B. Gas: _____

C. Water: _____

D. Electric: _____

4. Loan Payments:

A.

B.

C.

D.

E.

5. Other Miscellaneous Costs:

A.

B.

C.

D.

E.

SOCIAL HISTORY QUESTIONNAIRE (continued) _____

Print in your own words a statement concerning the offense. What did you do, when, who was involved, why, did you repay the victim?, etc.

Appendix B

FELONY SENTENCING WORKSHEET

Defendant's Name: _____ Case No. _____

OFFENSE RATING	OFFENDER RATING
<p>1. Degree of Offense Assess points for the one most serious offense or its equivalent for which offender is being sentenced, as follows: 1st degree felony = 4 points; 2nd degree felony = 3 points; 3rd degree felony = 2 points; 4th degree felony = 1 point. _____</p> <p>2. Multiple Offenses Assess 2 points if one or more of the following applies: (A) offender is being sentenced for two or more offenses committed in different incidents; (B) offender is currently under a misdemeanor or felony sentence imposed by any court; or (C) present offense was committed while offender on probation or parole. _____</p> <p>3. Actual or Potential Harm Assess 2 points if one or more of the following applies: (A) serious physical harm to a person was caused; (B) property damage or loss of \$300 or more was caused; (C) there was a high risk of any such harm, damage, or loss, though not caused; (D) the gain or potential gain from theft offense(s) was \$300 or more, or (E) dangerous ordnance or a deadly weapon was actually used in the incident, or its use was attempted or threatened. _____</p> <p>4. Culpability Assess 2 points if one or more of the following applies: (A) offender was engaging in continuing criminal activity as a source of income or livelihood, (B) offense was part of a continuing conspiracy to which offender was party, or (C) offense included shocking and deliberate cruelty in which offender participated or acquiesced. _____</p> <p>5. Mitigation Deduct 1 point for each of the following, as applicable: (A) there was substantial provocation, justification or excuse for offense; (B) victim induced or facilitated offense, (C) offense was committed in the heat of anger, and (D) the property damaged, lost, or stolen was restored or recovered without significant cost to the victim. _____</p> <p>NET TOTAL = OFFENSE RATING _____</p>	<p>1. Prior Convictions Assess 2 points for each verified prior felony conviction, any jurisdiction. Count adjudications of delinquency for felony as convictions. _____ Assess 1 point for each verified prior misdemeanor conviction, and jurisdiction. Count adjudications of delinquency for misdemeanor as convictions. Do not count traffic or intoxication offenses or disorderly conduct, disturbing the peace, or equivalent offenses. _____</p> <p>2. Repeat Offenses Assess 2 points if present offense is offense of violence, sex offense, theft offense, or drug abuse offense, and offender has one or more prior convictions for same type of offense. _____</p> <p>3. Prison Commitments Assess 2 points if offender was committed on one or more occasions to a penitentiary, reformatory, or equivalent institution in any jurisdiction. Count commitments to state youth commission or similar commitments in other jurisdictions. _____</p> <p>4. Parole and Similar Violations Assess 2 points if one or more of the following applies: (A) offender has previously had probation or parole for misdemeanor or felony revoked; (B) present offense committed while offender on probation or parole, (C) present offense committed while offender free on bail; or (D) present offense committed while offender in custody. _____</p> <p>5. Credits Deduct 1 point for each of the following as applicable: (A) offender has voluntarily made bona fide, realistic arrangements for at least partial restitution; (B) offender was age 25 or older at time of first felony conviction; (C) offender has been substantially law-abiding for at least 3 years; and (D) offender lives with his or her spouse or minor children or both and is either a breadwinner for the family or, if there are minor children, a housewife. _____</p> <p>NET TOTAL = OFFENDER RATING _____</p>

FELONY SENTENCING WORKSHEET (continued)

Indicated Sentence

Circle the box on the chart where the offense and offender ratings determined on the previous page intersect. This indicates a normal sentencing package. If the indicated sentence appears too severe or too lenient for the particular case, do not hesitate to vary from the indicated sentence. In that event, however, list the reasons for the variance in the space provided on the next page.

		OFFENDER RATING				
		0-2	3-5	6-8	9-11	12 OR MORE
OFFENSE RATING	6 OR MORE	Impose one of three lowest minimum terms.	Impose one of three highest minimum terms.	Impose one of three highest minimum terms.	Impose one of two highest minimum terms. Make at least part of multiple sentences consecutive.	Impose highest minimum term. Make at least part of multiple sentences consecutive.
	No probation.	No probation.	No probation.	No probation.	No probation.	
	5	Impose one of three lowest minimum terms. Some form of probation indicated only with special mitigation.	Impose one of three lowest minimum terms. No probation.	Impose one of three highest minimum terms. No probation.	Impose one of three highest minimum terms. No probation.	Impose one of two highest minimum terms. Make at least part of multiple sentences consecutive. No probation.
	4	Impose one of two lowest minimum terms. Some form of probation indicated.	Impose one of three lowest minimum terms. Some form of probation indicated only with special mitigation.	Impose one of three lowest minimum terms. No probation.	Impose one of three highest minimum terms. No probation.	Impose one of three highest minimum terms. No probation.
	3	Impose one of two lowest minimum terms. Some form of probation indicated.	Impose one of two lowest minimum terms. Some form of probation indicated.	Impose one of three lowest minimum terms. Some form of probation indicated only with special mitigation.	Impose one of three lowest minimum terms. No probation.	Impose one of three highest minimum terms. No probation.
	0-2	Impose lowest minimum term. Some form of probation indicated.	Impose one of two lowest minimum terms. Some form of probation indicated.	Impose one of two lowest minimum terms. Some form of probation indicated.	Impose one of three lowest minimum terms. Some form of probation indicated only with special mitigation.	Impose one of three lowest minimum terms. No probation.

FELONY SENTENCING WORKSHEET (continued) _____

PROBATION AVAILABILITY

Sometimes the preceding chart will indicate probation when it is forbidden by law in the particular case. Before recommending or imposing sentence in any case, consult the statutes for probationability and check the boxes below if applicable.

- OFFENDER IS A REPEAT OFFENDER OR A DANGEROUS OFFENDER.** See RC 2929.01 for definitions. Probation for drug treatment permitted in limited cases under RC 2951.04 (B) (3).
- OFFENSE IS NON-PROBATIONAL PER SE.** Indicates aggravated murder, murder, rape, felonious sexual penetration, any offense committed while armed with a firearm or dangerous ordnance, and any offense in which a sentence of "actual incarceration" is required.

SENTENCE IMPOSED; VARIANCES

ACTUAL SENTENCE IMPOSED

Term imposed each count, and fine if any

REASONS FOR VARIANCE

If the actual sentence imposed varies from the disposition indicated on the chart in any respect, state the reasons for the variance.

- Committed to serve sentence.
- Committed but shock probation possible.
- Other probation granted (describe)

Appendix C

CLIENT MANAGEMENT CLASSIFICATION ASSESSMENT INSTRUMENT _____

The purpose of CMC is to provide the probation professional with an efficient and effective case management system. CMC includes procedures for developing individualized strategies for the quality supervision of adult offenders. This process is accomplished through the completion of the three system components: an assessment procedure, a supervision planning process, and supervision according to one of five distinct strategies, depending on individualized case needs. It is not to be used with juveniles nor for any other than its stated purpose.

CMC INSTRUCTIONS

There are four parts to the CMC assessment instrument. Whenever possible, the following sequence (A to D) should be followed.

- A. Attitude interview (45 items)
- B. Objective history (11 items)
- C. Behavioral observations (8 items)
- D. Officer impressions of contributing factors (7 items)

The Attitude Section

Column One:

A SEMI-STRUCTURED INTERVIEW with suggested questions has been developed to elicit attitude information about the offense, the offender's background, and about present plans and problems. The average interview takes about forty-five minutes and the scoring about five minutes.

Use a **natural, open** conversational style of interviewing that is comfortable for both you and the probationer. If the probationer presents some important or interesting information requiring follow-up, feel free to do so before returning to the structured sequence. While stressing free-flowing communication, some structuring is required to ensure the reliability and validity of the instrument. Therefore, make every effort to **preserve the meaning of the questions** when transposing them into your own words.

In the interview, each section is introduced by one or two open-ended questions, which are intended to encourage discussion on a particular subject. If the information needed to score the items is not obtained from the open-ended questions, one or two specific questions are provided for each item. If those questions fail to elicit the needed information, continue to inquire with increasingly direct questions unless you see the word **-STOP-**. **"-STOP-"** means to discontinue inquiry (except to repeat or clarify a misunderstood question).

For some items, "a" and "b" questions are included. If the "b" question is asterisked (*), always ask it unless the answer to the "a" makes the "b" questions meaningless (e.g., "no" to question 10a). If question "b" is not asterisked, ask it if the needed information was not elicited from question "a."

Column Two:

THE ITEM OBJECTIVES AND RESPONSES are listed in column two. Many times the suggested questions will approach the item objective in an indirect manner in order to elicit the most valid response.

Column Three:

A SCORING GUIDE is included to provide criteria and assistance in scoring ambiguous responses. When scoring, you must choose only one alternative for each item. If you cannot choose an alternative, do not rate the item.

CMC (continued)

Attitudes About Offense

Could you tell me about the offense that got you into trouble?

QUESTIONS	RESPONSES	SCORING GUIDE
1a. How did you get involved in this offense?	1. Motivation for committing the offense (a) emotional motivation (e.g., anger, sex offense, etc.)	1. a. -Using drugs -Assault (not for robbery)
1b. (If denied) What did the police say that you did?	(b) material (monetary) motivation (c) both emotional and material motivation	b. -Prostitution -Car theft (except for joy riding) -Selling drugs (including to support a habit) c. -Stealing from parents for revenge -Stealing primarily for peer acceptance -Man who won't pay alimony primarily because he's angry with his ex-wife
2a. How did you decide to commit the offense?	2. Acceptance of responsibility for current offense (a) admits committing the offense and doesn't attempt excuses (b) admits committing the offense but emphasizes excuses (e.g., drinking, influence by friends, family problems, etc.) (c) denies committing the offense	2. a. Explains circumstances but takes responsibility b. Blames circumstances and does not take responsibility c. Probationers who deny any significant aspect of the offense are scored "c" (e.g., the probationer admits that he helped to jimmy a car window but denies responsibility for removing valuables because his friends removed them).
2b. Could you tell me more about the circumstances that led up to the offense?		

CMC (continued)

QUESTIONS	RESPONSES	SCORING GUIDE
3a. Looking back at the offense, what is your general feeling about it? -STOP-	3. Expression of guilt about current offense (a) expresses guilt feelings or spontaneous empathy toward victim (b) expresses superficial or no guilt (c) victimless crime	3. a. Probationer must feel some personal shame and regret (not just verbalization to impress the officer). b. -"I feel bad because now I have a record." -"People are disappointed in me." (Indicates some regret but not necessarily guilt.) -"I know it was wrong." (Emphasis is on having done wrong, but not on feeling bad because one has done wrong.) c. -Using drugs -Sexual activities between consenting adults

Offense pattern

I'd like to talk to you about your prior offenses. Have you been in trouble before? (Obtain a *complete* picture of probationer's offense style, including current offense, when scoring items 5-8.)

QUESTIONS	RESPONSES	SCORING GUIDE
4a. What prior offenses have you been convicted of? *4b. Were you ever in trouble as a juvenile? (List on grid below)	4. Offense and severity (a) no prior offenses (Skip items 5, 6, 7, and 8.) (b) mainly misdemeanors (c) no constant pattern (d) mainly felonies	4-8. Include juvenile and serious traffic offenses (e.g., drunk driving). Don't count dismissals. 4. Use only prior offenses. b. Should not be used if probationer has more than two serious felonies. (Use choice "c" or "d.") d. Over 50% of probationer's offenses are felonies.

CMC (continued)

QUESTIONS	RESPONSES	SCORING GUIDE
5a. Have you ever been armed or hurt someone during these offenses? *5b. Did you ever threaten anyone?	5. Was probationer ever involved in an offense where he (she) was armed, assaultive, or threatened injury to someone? (a) yes (b) no	5-8. Use current and prior offense factors to score 5-8.
6a. How did you decide to commit these offenses? 6b. Did you plan these offenses beforehand? (Discuss offenses individually until a clear pattern emerges).	6. Offenses were <i>generally</i> (a) planned (b) no consistent pattern (c) impulsive	6. Officer's judgement based on all factors. a. -Exhibitionist who drives around in a car looking for a girl to whom to expose himself. b. -Person who decides to commit an offense, then drinks to build courage. c. -Exhibitionist who is driving to work, suddenly sees a girl, and pulls over and exposes himself. -Person gets drunk and into a bar fight.
7. Were you drinking or on drugs when you committed this offense?	7. Percent of offenses committed while drinking or on drugs (a) never (b) 50% or less (c) over 50%	7. Count offenses where there was <i>any</i> chemical use regardless of whether person was intoxicated or not.
8. Did you do the offense alone or with others?	8. Offenses were <i>generally</i> committed (a) alone (b) no consistent pattern (c) with accomplices	

CMC (continued)

Offense	(Item 4) Fel./Misd.	(Item 5) Assaultive?	Circumstances of Offense	(Item 6) Planned?	(Item 7) Chemicals?	(Item 8) Accomplices?

School and Vocational Adjustment

Now, I'd like to find out some things about your background. Let's begin with school. How did you like school?

QUESTIONS	RESPONSES	SCORING GUIDE
9. What was your favorite subject in school? -STOP-	9. Favorite subject (a) vocational (b) academic (c) gym (d) no favorite subject	9. a. -Business course. b. -Music or art.
10a. Did you have a favorite teacher in high school? 10b. What did you like about him (her)?	10. Attitude toward teachers (a) no favorite teacher (b) teacher chosen because of certain qualities that the probationer admired (c) teacher chosen because of close personal relationship with the teacher	10. b. -"She would help kids." c. -"She would help me."

CMC (continued)

QUESTIONS	RESPONSES	SCORING GUIDE
<p>11a. How far did you go in school?</p> <p>11b. Did you have any problems with schoolwork? (If probationer did not graduate from high school, find out why not.)</p>	<p>11. Probationer's school performance</p> <p>(a) no problems</p> <p>(b) learning problems (difficulty performing schoolwork)</p> <p>(c) lack of interest, behavior, or other problems</p>	<p>11. a. Don't use for probationer who didn't complete high school.</p> <p>b. For probationer whose learning problems result from a lack of capacity (not just from lack of interest or behavioral problems). If probationer has both a lack of capacity <i>and</i> behavioral problems, score "b." Lack of capacity takes precedence when scoring.</p>
<p>12. Now, I'd like to know about your work history. What kinds of jobs have you had? (Find out actual job responsibilities. Use grid on next page.)</p>	<p>12. Primary vocation</p> <p>(a) unskilled labor</p> <p>(b) semi-skilled</p> <p>(c) skilled labor or white collar</p> <p>(d) no employment history (homemaker) (Skip 13 & 14)</p> <p>(e) student or recent graduate (Skip 13 & 14)</p>	<p>12. a. -Average person could do job without training. -Probationer's been in the job market for over six months, but has no employment history. (Also score items 13 and 14.)</p> <p>c. Job requires some training and/or experience.</p> <p>d. For homemaker, use prior vocational history, if any. If none, check "d" and skip items 13 and 14.</p> <p>e. Probationer was recently (within six months) a student and hasn't had the opportunity to establish an employment pattern. (Skip items 13 and 14.)</p>

CMC (continued)

QUESTIONS	RESPONSES	SCORING GUIDE
13a. How long did you work on your most recent job?	13. Percent of working life where probationer was employed full-time (a) over 90% (b) over 50% to 90% (c) 50% or less	13. "Working Life..." i.e., time period society would expect one to be working. Subtract time in school, institutions, etc.
13b. How long between that job and your previous job? (Start with most recent job and go backwards, until a clear pattern emerges. Use grid for 12 - 14.)		
14a. What was your reason for leaving your most recent job?	14. Primary vocational problem (a) none (Can be used only if item 13 is scored "a.") (b) problems due to lack of skills or capacity (c) attitude or other problems	14. a. Don't use "a" if working less than 90% c. -"Because of my drinking problem."
14b. Have you had any trouble getting jobs?		
(Item 12) (Start with most recent Jobs and Job Responsibilities)	(Item 13a) Duration	(Item 14a) Reason for Leaving
(Item 13b) Unemployment Interval		
(Item 13b) Unemployment Interval		
(Item 13b) Unemployment Interval		
(Item 13b) Unemployment Interval		

CMC (continued)

QUESTIONS	RESPONSES	SCORING GUIDE
15a. Where do you live now? 15b. Have you moved around much? (Deal with time period after probationer turned 18.)	15. Living stability background (a) essentially stable living arrangements (b) some unstable periods (c) essentially unstable living arrangements	15. Consider what is stable for the probationer's age group.
16a. Have you had any trouble supporting yourself or received welfare? 16b. (If applicable) How did you support yourself when you were unemployed?	16. History of being self-supporting (a) probationer has usually been self-supporting (b) probationer has had several periods where he (she) wasn't self-supporting (c) probationer has essentially not been self-supporting	16. Illegal activities and welfare are not counted as self-supporting. For probationer who has not had the opportunity to support her/himself (e.g., homemaker or person living with relative), estimate the likelihood of (her) his being able to support (her) himself.

CMC (continued)

FAMILY ATTITUDES

Now I'd like to know about your childhood. Can you tell me what it was like?

QUESTIONS	RESPONSES	SCORING GUIDE
17a. How do (did) you get along with your father? 17b. How do you feel about your father?	17. Present feelings toward father (a) close (b) mixed or neutral (c) hostile	17. In multi-father families, use the person whom the probationer identifies as father. b. -"We get along" (without implication of closeness)
18a. If you did something wrong as a teenager, how did your father handle it? 18b. What kind of discipline did he use?	18. Type of discipline father used (during probationer's teenage years) (a) verbal or privilege withdrawal (b) permissive (generally let probationer do as he (she) pleased) (c) physical	18. If the probationer didn't live with father or father figure during at least part of his (her) adolescent years, do not rate item 18. b. -"He always left it to mom."
19a. How do (did) you get along with your mother? 19b. How do you feel about your mother?	19. Present feelings towards mother (a) close (b) mixed or neutral (c) hostile	19. In multi-mother families, use the person whom the probationer identifies as mother. b. -"We get along" (without implication of closeness).
20a. If you did something wrong as a teenager, how did your mother handle it? 20b. What kind of discipline did she use?	20. Type of discipline mother used (during probationer's teenage years) (a) verbal or privilege withdrawal (b) permissive (generally let probationer do as he (she) pleased) (c) physical	20. If the probationer didn't live with mother or mother figure during at least part of his (her) adolescent years, do not rate item 20. b. -"She always left it to Dad."

CMC (continued)

QUESTIONS	RESPONSES	SCORING GUIDE
21a. Were you ever abused by either of your parents? 21b. Did either of them ever go overboard on the punishment? -STOP-	21. Was probationer ever physically abused by a biological, step, or adoptive parent? (a) yes (b) no	21. Item 21 should be based on facts described and not whether the client felt abused. a. -cuts on face -severe body bruises -sexual abuse -locked in closet or starved for unusual periods of time
22a. How would your parents have described you as a child (before you were a teenager)? *22b. Did both of your parents see you the same way?	22. Parental view of probationer (prior to adolescence) (a) good child (b) problem child (c) parents differed	22. a. -No special problems. -"Like anybody else." b. -"My parents were always complaining about me." -Seen as "strange kid."
23. How would you describe yourself as a child (before you were a teenager)?	23. As a child, probationer describes self as (a) good child (normal or average) (b) problem child	23. Accept what the probationer says even if his (her) behavior does not match his (her) perception. (Examples from item 22 apply here.)
24a. How do you get along with your brothers and sisters? 24b. How do you feel about them?	24. General feelings toward siblings (a) close (b) neutral or mixed (c) hostile (d) no siblings	24. Include half-siblings; exclude step-siblings. b. -"Like some, not others."
25. Would you describe your early childhood (before you were a teenager) as happy or unhappy? -STOP-	25. General attitude toward childhood (a) happy (b) not happy	25. Accept the probationer's view.

CMC (continued)

QUESTIONS	RESPONSES	SCORING GUIDE
26. If you could change anything about your childhood, what would you change?	26. Satisfaction with childhood (a) basically satisfied (would change little) (b) dissatisfied with material aspect (c) dissatisfied with self, family, or emotional climate	26. c. -"I should've gone to school."
27. Can you describe your father's personality? (If answer is unclear, ask probationer to describe another person he (she) knows well.)	27. Probationer's description of personality (a) multi-faceted (b) superficial (e.g., "good," "bad," "nice," etc.)	27. The focus of this item is the <i>complexity</i> with which the probationer views people. The ability to describe attributes, or explain the reasons for behavior, is being measured. "Superficial" indicates a lack of capacity to perceive depth in personality and not just an evasion of the question. One or two complex statements are sufficient for an "a" score. a. -"Ambitious and honest." - "Sensitive to others." - "Dad was strict because that is the way he was brought up." b. -"No good drunk" (with no further explanation). - "Kind." - "Don't know."

CMC (continued)

Interpersonal Relations

Let's talk about your friends. Do you spend much time with them?

QUESTIONS	RESPONSES	SCORING GUIDE
28a. What are your friends (associates) like? *28b. Have any of them been in trouble with the law? (If probationer has no current associates, use prior associates.)	28. Probationer's associates are (a) essentially non-criminal (b) mixed (c) mostly criminal	28. Don't count marijuana use (alone) as criminal. a. Don't use "a" if probationer committed offense(s) with accomplices.
29a. How do you get along with your friends? *29b. How do they act toward you?	29. In interaction with friends, probationer is (a) used by others (b) withdrawn (c) other problems (d) normal	29. This item should be based on <i>officer's judgement</i> of the quality of the probationer's interactions. If the officer thinks the probationer is used by friends even though the probationer thinks he (she) gets along "ok," check choice "a."
30a. Do you have a closest friend? *30b. What do you like best about him (her)? -STOP-	30. Description of probationer's relationship with his (her) closest friend (a) talk (share feelings) or help each other (b) do things together (less emphasis on talking or sharing feelings) (c) has none	30. a. -"We do things for each other." -"We're like brothers." b. -"He's a hunter too."
31. Are you satisfied with the way you get along with people?	31. Satisfaction with interpersonal relationships (a) feels satisfied (b) feels dissatisfied	31. Accept the probationer's statement.

CMC (continued)

QUESTIONS	RESPONSES	SCORING GUIDE
32. In general, do you tend to trust or to mistrust people? -STOP-	32. General outlook toward others (a) basically trusting (b) mixed or complex view (c) basically mistrusting	32. b. A complex view of people (e.g., trusts in some situations and not in others) - "I trust people too much." - "It takes a while to get to know them."
33a. Can you tell me about your relationships with women (men)?	33. Probationer's opposite sex relationship pattern generally is (a) long-term (over six months) or serious relationships (b) short- and long-term relationships (c) short-term, less emotionally involved relationships, or little dating experience	33. c. Short-term relationships with no solid commitments to persons of the opposite sex
*33b. Do you generally go out with a lot of women (men) or date the same person for long periods?		
34. In your relationship with your wife/girlfriend (husband/boyfriend), who tends to make the decisions?	34. In opposite sex interactions, probationer generally (a) dominates (b) is average or adequate (c) is nonassertive or dominated	34. <i>Officer's judgement:</i> Do not accept the probationer's response without exploring his (her) relationships or seeing how some specific decisions are made (e.g., who decides what to do or with whom to socialize; who controls the money).

CMC (continued)

Feelings

Now, I'd like to ask you about your feelings. Have you had any problems handling your feelings?

QUESTIONS	RESPONSES	SCORING GUIDE
35. Do you consider yourself to be a nervous (or anxious) person? -STOP-	35. Does probationer view self as a nervous person? (a) yes (b) no	35. Accept the probationer's statement. a. -"I worry a lot." -"I'm hyperactive."
36a. What kind of things get you depressed? 36b. What do you do when you're feeling depressed? (If denies, find out how he (she) keeps from getting depressed.)	36. What does probationer do when feeling depressed? (a) seeks someone to talk to, or tries to figure it out (b) seeks an activity to distract self (c) drinks or uses drugs (d) isolates self	36. b. -"Forget about them." -"Watch T.V." d. -"I pray." -"I go to sleep."
37a. Have you ever thought seriously about hurting or killing yourself? 37b. (If probationer says yes to above) Have you ever tried it?	37. Self-destructive behavior (a) never seriously contemplated suicide (b) has had definite thoughts of suicide (c) has attempted it	37. c. Requires overt action that resulted in self-harm or clear intent toward suicide.
38a. What do you do when you are feeling angry with people? 38b. Have you ever hurt anybody when you were angry?	38. In handling anger, probationer (a) is physically aggressive (b) avoids expression to others or has trouble expressing anger appropriately (c) responds appropriately	38. Based on all sources of reliable information (e.g., offense history) and not just on probationer's statement: Physically aggressive problems should take precedence in scoring. If probationer says, "I leave," find out if/how he (she) deals with the anger later. b. -"I break things."

CMC (continued)

QUESTIONS	RESPONSES	SCORING GUIDE
<p>39a. Can you describe your personality?</p> <p>39b. What do you like and what do you dislike about yourself? -STOP-</p>	<p>39. In describing self, probationer</p> <p>(a) emphasizes strength</p> <p>(b) emphasizes inadequacy (probationer tends to downgrade self)</p> <p>(c) can't describe self</p>	<p>39. If the probationer gives both positive and negative statements about (him) herself, <i>choose the one emphasized most</i>. If the positive and negative have equal emphasis, choose the first response given.</p> <p>c. Choice "c" is designed to identify the probationer who is incapable of showing <i>insight</i> or <i>complexity</i> into (him) herself; e.g., "I'm okay" (and can't elaborate); "I'm nice"; "I get into too much trouble"; etc.</p>
<p>40. (No questions asked. Rate your impression of probationer's openness in discussing feelings.)</p>	<p>40. Openness in discussing feelings</p> <p>(a) discusses as openly as able</p> <p>(b) is evasive or superficial</p>	<p>40. a. If the officer felt that the probationer was fairly straightforward in talking about his (her) feelings.</p> <p>b. If the officer thought the probationer was evasive or superficial.</p>

CMC (continued)

Plans and Problems

QUESTIONS	RESPONSES	SCORING GUIDE
41. Aside from your legal problems, what is the biggest problem in your life right now? -STOP-	41. What does the probationer view as his (her) most important problem area right now? (a) personal (b) relationships (c) vocational-educational (including employment) (d) financial (e) no big problems presently (Score item 42 as "a")	41. a. Probationer names several important problems -Drinking or drugs -"Get my head together." b. -"Get things straightened out with my fiancée." -"Try to get along better with my parents."
42. How do you expect this problem (from item 41) to work out?	42. Attitude toward solving problems (a) optimistic; expects to succeed (Include 41. c) (b) unclear (c) pessimistic; expects to fail	42. a. -"O.K., because I've got a better paying job." b. -"O.K., I hope." -"I'll be O.K. if I get a better paying job." c. Probationer is pessimistic about outcome or can't figure out a solution.
43a. What goals do you have for the future? *43b. What are your plans for achieving your goals? -STOP-	43. Future plans (a) short-term goals (most goals can be fulfilled within about six months) or no goals (b) unrealistic goals (c) realistic, long-term goals (most goals are well-developed and extend beyond six months)	43. a. -"Just live day to day." Poorly developed goals with no plans for achieving them b. -Strange, way-out, or impossible-to-achieve goals c. Probationer is able to (1) set a goal within the realm of possibility and (2) list the steps necessary to achieve the goal.

CMC (continued)

QUESTIONS	RESPONSES	SCORING GUIDE
44. (No question asked. Rate the item based on follow-through on jobs, education, training programs, treatment programs, etc., based on all sources.)	44. Probationer usually sticks with, or completes, things he (she) begins. (a) yes (b) no	44. Compare to the average probationer.
45a. How will being on probation affect your life?	45. Probationer's general expectations about supervision (a) no effect (b) monetary, counseling, or program help (c) hopes supervision will keep him (her) out of trouble (d) negative expectations (e) mixed or unclear expectations	
45b. What do you expect to get from being on probation? -STOP-		

CMC (continued)

Objective Background Items

Instructions: Ask direct questions to obtain the following information.

QUESTIONS

SCORING GUIDE

Legal History

- 1. Age of earliest court appearance:
 - (a) 14 or younger
 - (b) 15-17
 - (c) 18-22
 - (d) 23 or older
- 2. Number of prior offenses:
 - (a) none
 - (b) 1-3
 - (c) 4-7
 - (d) 8 or more
- 3. Number of commitments to state or federal correctional institutions:
 - (a) none
 - (b) 1
 - (c) 2 or more
- 4. Time spent under probation or parole supervision:
 - (a) none
 - (b) 1 year or less
 - (c) over 1 year; up to 3 years
 - (d) over 3 years

- 46. Include juvenile offenses and serious traffic offenses (e.g., drunk driving, hit and run). Exclude divorce, custody proceedings, etc.
- 47. Exclude the probationer's present offense in rating this item. Include juvenile and serious traffic offenses.
- 48. Include juvenile commitments.
- 49. Include juvenile supervision.
 - a. Use "a" for new probationer.

Medical History

- 5. (Circle all applicable choices.)
 - (a) frequent headaches, back, or stomach problems
 - (b) serious head injuries
 - (c) prior psychiatric hospitalization
 - (d) outpatient psychotherapy
 - (e) none of the above

- 50.
 - a. Vague complaints not diagnosed by a physician
 - b. Skull fractures
 - Head injuries that required treatment (beyond X-ray)
 - d. Professional inpatient or outpatient drug/alcohol treatment

CMC (continued)**QUESTIONS****SCORING GUIDE****School History**

6. Highest grade completed:
- (a) 9th or below
 - (b) 10th to 12th
 - (c) high school graduate (exclude GED)
 - (d) some post-high school training leading toward a degree
7. Did probationer ever receive special education or remedial help in school?
- (a) yes
 - (b) no

Family History

8. Probationer was raised primarily by:
- (a) intact biological family
 - (b) other
9. Did either parent have a history of (Circle all applicable choices):
- (a) being on welfare
 - (b) criminal behavior
 - (c) psychiatric hospitalization
 - (d) suicide attempts
 - (e) drinking problems
 - (f) none of the above
10. Have siblings (including half- and step-siblings) ever been arrested?
- (a) none
 - (b) some
 - (c) most
 - (d) not applicable

Marital Status

11. Currently probationer is:
- (a) single (never married)
 - (b) single (separated or divorced)
 - (c) married (including common-law)

52. Include special programs for learning deficiencies (rather than behavior problems). Do not include English-as-a-second-language

53. Choice "a" requires *both natural parents* in an intact home until probationer reached about 16 years of age.

54. Includes step and adoptive parents.

_____ END INTERVIEW _____

CMC (continued)

Behavioral Patterns

Instructions: Rate the following behaviors as observed during the interview. Use (b) for the average probationer. Use (a) and (c) for distinct exceptions to the average.

1. Grooming and Dress

(a) Below Average (b) Average (c) Above Average

2. Self-confidence

(a) Lacks Confidence (b) Average (c) Overly Confident

3. Attention Span

(a) Easily Distractable (b) Average (c) Very Attentive

4. Comprehension

(a) Below Average (b) Average (c) Above Average

5. Thought Processes

(a) Sluggish (b) Average (c) Driven (Accelerated)

6. Affect

(a) Depressed (b) Average (c) Elated

7. Self-disclosure

(a) Evasive (b) Average (c) Very Open

8. Cooperation

(a) Negativistic (b) Average (d) Eager to Please

CMC (continued)

Impressions

Instructions: On the continuum below, rate the significance of each factor with regard to the probationer. Did (does) this problem contribute to the probationer's legal difficulties? At least one item must be rated a "1" and at least one item must be rated a "5."

A. SOCIAL INADEQUACY

Socially inept. Unable to perceive the motives and concerns of others. Unable to survive in society and care for self. (1) (2) (3) (4) (5)

Socially adept. Able to assert self and to perceive the motives and concerns of others. Able to survive in society and care for self.

Do not merely rate performance on social situations. Rate ABILITY.

B. VOCATIONAL INADEQUACY

Lacks the capacity to obtain and maintain relatively permanent and reasonably paying employment. (1) (2) (3) (4) (5)

Has the capacity to obtain and maintain relatively permanent and reasonably paying employment.

Do not merely rate job performance. Rate CAPACITY.

C. CRIMINAL ORIENTATION

Criminal behavior is an acceptable and common part of the probationer's life and s/he attempts to live off crime without trying to make it in a pro-social way. (1) (2) (3) (4) (5)

Criminal behavior is not an acceptable nor common part of his/her life, nor does s/he attempt to live off of crime without trying to make it in a pro-social way.

Do not merely rate the frequency of offenses. Rate VALUES and ORIENTATION.

D. EMOTIONAL FACTORS

Emotional problems (e.g., chemical dependency, sex, fear, depression, low self-esteem, anxiety, self-destructiveness) contributed highly to the offense (pattern). (1) (2) (3) (4) (5)

Emotional factors did not contribute significantly to the offense (pattern).

CMC (continued)

E. FAMILY HISTORY PROBLEMS

Parental family problems in childhood and adolescence contributed significantly to the offense (pattern).

(1) (2) (3) (4) (5)

Parental family problems of childhood and adolescence did not contribute significantly to the offense (pattern).

F. ISOLATED SITUATIONAL (TEMPORARY CIRCUMSTANCES)

Unusual or temporary circumstances in the probationer's life, which are unlikely to be repeated, contributed significantly to the offense.

(1) (2) (3) (4) (5)

Offense is not a result of unusual or temporary circumstances (i.e., offense is part of a continuing pattern).

Do not merely rate infrequency of offenses. Rate OVER-ALL PATTERN.

G. INTERPERSONAL MANIPULATION

Uses, controls, and/or manipulates others to gain his/her own ends with little regard for the welfare of others.

(1) (2) (3) (4) (5)

Misuse of others, manipulation, and control did not contribute significantly to offense (pattern).

CMC (continued) _____

Supervision Planning

STEP 1: FORCE FIELD ANALYSIS: Using all resources available, identify the strengths/resources and problems/weaknesses, if any, that pertain to each area in reference to the probationer and his (her) primary environment.

Area	Rank	Strength/Resource	Problem/Weakness	Rank
Present offense				
Offense pattern				
Correctional history				
Education				
Mental ability				
Employment record				
Vocational skills				
Finances				
Residential stability				
Family history				
Interpersonal skills				
Companions				
Intimate relationships				
Emotional stability				
Drugs & alcohol				
Plans & goals				
Probation expectations				
Sexual behavior				
Health				
Values & attitudes				

STEP 2: PRIORITIZATION: Apply the following criteria to the above in order to rank the four most important areas relative to the probationer’s legal difficulties: the relative strength, the alterability, the relative speed with which change can occur, and the interdependency with other areas.

CMC (continued) _____

STEP 3: TENTATIVE SUPERVISION PLAN: Using the priority areas from step B, "pencil in" tentative goals, objectives, and action plans. Use Supervision Guidelines as a resource.

1. Problem Statement: _____

 Long-range Goal: _____

 Short-range Objectives: _____

 _____ Date Achieved: _____
 _____ Date Achieved: _____
 Probationer Action Plan: _____

 Officer/Referral Action Plan: _____

2. Problem Statement: _____

 Long-range Goal: _____

 Short-range Objectives: _____
 _____ Date Achieved: _____
 _____ Date Achieved: _____
 Probationer Action Plan: _____

 Officer/Referral Action Plan: _____

STEP 4: FINAL PLAN: Negotiate the above with the probationer and modify accordingly.

CMC (continued) _____

REASSESSMENT PLAN: Revise at routine intervals or when special circumstances so indicate.

- 1. Problem Statement: _____

- Long-range Goal: _____

- Short-range Objectives: _____

- _____ Date Achieved: _____
- _____ Date Achieved: _____
- Probationer Action Plan: _____

- Officer/Referral Action Plan _____

- 2. Problem Statement: _____

- Long-range Goal: _____

- Short-range Objectives: _____

- _____ Date Achieved: _____
- _____ Date Achieved: _____
- Probationer Action Plan: _____

- Officer/Referral Action Plan: _____

Appendix D

CLIENT RISK AND NEED ASSESSMENT SURVEY _____

DEPARTMENT OF CORRECTIONS
DIVISION OF PROBATION & PAROLE

Client No. _____ Client Name: _____
Officer No. _____

CLIENT RISK ASSESSMENT

Instructions: Enter numerical rating in box at right.

1. TOTAL NUMBER OF PRIOR FELONY CONVICTIONS:

(include juvenile adjudications, if known):

- a. None Enter 0
- b. One Enter 2
- c. Two or more Enter 4

2. PRIOR NUMBER OF PROBATION/PAROLE SUPERVISION PERIODS:

(include juvenile, if known):

- a. None Enter 0
- b. One or more Enter 4

3. PRIOR PROBATION/PAROLE REVOCATIONS:

(adult only)

- a. None Enter 0
- b. One or more Enter 4

4. AGE AT FIRST KNOWN CONVICTION OR ADJUDICATION:

(include juvenile, if known)

- a. 24 years or older Enter 0
- b. 20 through 23 years Enter 2
- c. 19 years or younger Enter 4

5. HISTORY OF ALCOHOL ABUSE:

- a. No history of abuse Enter 0
- b. Occasional or prior abuse Enter 2
- c. Frequent current abuse Enter 4

6. HISTORY OF OTHER SUBSTANCE ABUSE:

(prior to incarceration for parolees):

- a. No history of abuse Enter 0
- b. Occasional or prior abuse Enter 1
- c. Frequent current abuse Enter 2

CLIENT RISK AND NEED ASSESSMENT SURVEY (continued) _____

7. AMOUNT OF TIME EMPLOYED IN LAST 12 MONTHS:

(prior to incarceration for parolees; based on 35-hr. week):

- a. 7 months or more Enter 0
- b. 4 months through 6 months Enter 1
- c. Less than 4 months Enter 2
- d. Not applicable Enter 0

8. AGENT IMPRESSION OF OFFENDER'S ATTITUDE:

- a. Motivated to change; receptive to assistance Enter 0
- b. Dependent or unwilling to accept responsibility Enter 3
- c. Rationalizes behavior, negative; not motivated to change Enter 5

9. RECORD OF CONVICTION FOR SELECTED OFFENSES:

(include current offense; add categories and enter total):

- a. None of the following Enter 0
- b. Burglary, Theft, Auto Theft, Robbery Add 2
- c. Forgery, Deceptive Practices (Fraud, Bad Check, Drugs) Add 3

10. ASSAULTIVE OFFENSES:

Crimes against persons, which include use of weapon, physical force, threat of force, all sex crimes, and vehicular homicide.
Yes/No (circle one)

Total Score (Range: 0-34):

CLIENT RISK AND NEED ASSESSMENT SURVEY (continued) _____

CLIENT NEED ASSESSMENT

Instructions: Enter numerical rating in box at right.

1. ACADEMIC/VOCATIONAL SKILLS:

- a. High school or above skill level Enter 0
- b. Has vocational training, additional not needed/desired Enter 1
- c. Has some skills; additional needed/desired Enter 3
- d. No skills; training needed Enter 5

2. EMPLOYMENT:

- a. Satisfactory employment for 1 year or longer Enter 0
- b. Employed; no difficulties reported; or homemaker, student, retired, or disabled and unable to work Enter 1
- c. Part-time, seasonal, unstable employment or needs additional employment; unemployed, but has a skill Enter 4
- d. Unemployed & virtually unemployable; needs training Enter 7

3. FINANCIAL STATUS:

- a. Longstanding pattern of self-sufficiency Enter 0
- b. No current difficulties Enter 1
- c. Situational or minor difficulties Enter 4
- d. Severe difficulties Enter 6

4. LIVING ARRANGEMENTS (within last six months):

- a. Stable and supportive relationships with family or others in living group Enter 0
- b. Client lives alone or independently within another household Enter 1
- c. Client experiencing occasional, moderate interpersonal problems within living group Enter 4
- d. Client experiencing frequent and serious interpersonal problems within living group Enter 6

5. EMOTIONAL STABILITY:

- a. No symptoms of instability Enter 1
- b. Symptoms limit, but do not prohibit adequate functioning Enter 5
- c. Symptoms prohibit adequate functioning Enter 8

6. ALCOHOL USAGE (Current):

- a. No interference with functioning Enter 1
- b. Occasional abuse; some disruption of functioning; may need treatment Enter 4
- c. Frequent substance abuse; serious disruption; needs treatment Enter 7

7. OTHER SUBSTANCE USAGE (Current):

- a. No interference with functioning Enter 1
- b. Occasional substance abuse, some disruption of functioning; may need treatment Enter 4
- c. Frequent substance abuse; serious disruption; needs treatment Enter 6

CLIENT RISK AND NEED ASSESSMENT SURVEY (continued) _____

8. REASONING/INTELLECTUAL ABILITY:

- a. Able to function independently Enter 1
- b. Some need for assistance; potential for adequate adjustment..... Enter 4
- c. Deficiencies suggest limited ability to function independently Enter 7

9. HEALTH

- a. Sound physical health, seldom ill Enter 1
- b. Handicap or illness interferes with functioning on a recurring basis Enter 2
- c. Serious handicap or chronic illness; needs frequent medical care..... Enter 3

10. AGENT'S IMPRESSION OF CLIENT'S NEEDS:

- a. None Enter 0
- b. Low Enter 1
- c. Moderate Enter 4
- d. High Enter 6

Total Score (Range 5-61)

SCORING AND OVERRIDE

Instructions: Check appropriate block.

SCORE-BASED SUPERVISION LEVEL: Maximum Medium Minimum

Check if there is an override: Explain: _____

FINAL CATEGORY OF SUPERVISION: Maximum Medium Minimum

APPROVED: _____
(Supervisor Signature and Date) Agent

Date Supervision Level Assigned: MONTH: DAY: YEAR:

RISK ASSESSMENT SCORING GUIDE

This scale emphasizes behavior while on supervision. The reassessment is based on behavior since the last classification form was completed.

1. Total number of prior felony convictions (include juvenile adjudications if known).
 - A. Do not count present offense. The item refers to prior convictions.
 - B. Multiple convictions are counted as separate offenses.
 - C. For juveniles, this includes only behavior that would be a felony if committed by an adult.

2. Prior number of probation/parole supervision periods (include juvenile, if known).
 - A. Revocation hearings that result in a continuance are not counted as a new period of probation/parole.
 - B. For juvenile records count only those periods of probation that follow an actual adjudication.
 - C. Note: The officer needs only one prior probation/parole in order to move client out of the 0 category. It is not necessary to know the total number of revocations that may have occurred.

3. Prior probation/parole revocations - (adult only)
 - A. Disposition of the court or board must be revocation, even though the client may later be reinstated or immediately granted a new parole/probation.

4. Age at first known conviction or adjudication, include juvenile if known.
 - A. Convictions may be for a felony or misdemeanor.
 - B. Exclude routine traffic, such as: speeding, stop sign, parking violations, etc. Include convictions for DUI, Reckless Driving, Careless Driving, etc.
 - C. For juvenile, include only those instances where a person has actually been adjudicated for a crime they could be convicted of if they were an adult.

5. History of alcohol abuse.
 - A. This item should be interpreted to mean "in the last 36 months."
 - B. The officer is not to make a judgment based simply on number of drinks consumed per day or information of that nature; rather, does the client's drinking interfere with his/her ability to function and meet day-to-day demands. Indications of problems in this area would thus include such things as arriving for work late due to a hangover, frequent drunken quarrels at home or work, excessive expenditure on alcohol, etc. Alcohol-related arrests should generally be coded as indications of serious problems.

RISK ASSESSMENT SCORING GUIDE (continued)

- C. Probationers/parolees being supervised for a crime such as DUI Manslaughter should automatically be scored as 4.
6. History of other substance abuse.
- A. The officer should interpret this item to mean "in the last 36 months." The scoring of this item is similar to that of the alcohol item with one difference. The officer must bear in mind that drug usage may, in itself, be a violation of the law and thus is much more threatening to the client's remaining out of legal trouble. The officer should be attuned to other problems stemming from legal drug use as well. In this regard, prescriptions that the client has should be scrutinized in terms of both frequency and duration of usage.
7. Amount of time employed in the last 12 months (prior to any incarceration based on a 35-hour week).
- A. A person will receive a 0 in this category if he has been employed for seven or more months, averaging at least 35 hours per week during the last 12 months.

A person will receive a score of 1 if he has been employed four to six months, averaging a 35-hour week during the last 12 months.

A client will receive a 2 if he has been employed less than four months throughout the past twelve months.
 - B. Part-time employment should be averaged. If a client has been employed for the past twelve months working 20 hours per week, he would receive a score of 1.
 - C. Students are scored non-applicable, even though they may have been working part-time. Use non-applicable if in the officer's judgment, there are valid reasons why the client could not have been employed, as in situations of extended illness, disability, or are retired and receiving a monthly retirement check.
8. Current Living Situation: This area can only be determined after a home visit has been conducted.
- A. A person will receive a 0 in this category if his present living situation is stable. There must be an adequate income and no serious family disturbances such as fights that require law enforcement or outside parties to calm the incident. Takes pride in the appearance of his/her residence.
 - B. A person will receive a 3 if there is an inadequate income in the home, occasional serious argument, which may require outside assistance to calm, and/or cluttered living area.

RISK ASSESSMENT SCORING GUIDE (continued)

- C. A person will receive a 5 if any of the following conditions exist: (1) there is little, if any, income coming into the home; (2) there are fights that require law enforcement assistance to calm; (3) there is separation or divorce; (4) there is a dirty, cluttered home; (5) child protective has investigated abuse or neglect or any other serious incident that creates disorganization or stress.
9. Agent's impression of offender's attitude.
- A. This term is inherently subjective. The officer will find scoring easier if he/she focuses on the phrase "motivated to change." Does this client recognize the need for change, and does he/she accept the responsibility for change? Are there any indications that he/she is beginning to make initial behavior changes? The difference between a score of 3 or 5 would be the client's motivation to change.
10. Record of conviction for selected offenses (include current offense—add categories and enter total).
- A. This category includes convictions, felony or misdemeanor, during the past five years.
- B. The only possible answers are 0, 2, 3, or 5. If the item does not apply, enter 0. The only way to receive 5 points is to have at least one offense that receives 2 points plus one that receives 3 points.
11. Violent or assaultive offenses within the last five years.
- A. This category receives no points. If yes is checked, the client may be classified maximum regardless of the number of points acquired.
- B. If a client was committed to a treatment for custody, exclude the time spent in those facilities as part of the last five years, unless the client was convicted for a new offense.
- C. For parolees, count assaultive offenses occurring five years prior to incarceration.
- D. An assaultive offense is defined as an offense against a person that involves the use of a weapon, physical force or threat of force, all forcible felonies, and all sex crimes.
- E. The current offense is counted if it is assaultive.

NEEDS ASSESSMENT SCORING GUIDE

INTRODUCTION

The needs assessment form has been constructed to provide a standardized information base from which programs may be developed. Its purpose is to serve as a tool in making objective classification decisions.

The items and scores on the instrument are based on agent's time required to deal with the various problem areas and levels. The basic idea behind the scoring of each item is the same: to what extent, if any, is the client's ability to function in the day-to-day world impaired. The needs assessment instrument differs from the risk assessment instrument in that both positive and negative points are awarded.

The form is designed to indicate areas of programming need and to distinguish among those clients who definitely need programming, those that may require some programming, and those who need no programming in each designated area. The needs assessment form has not been designed to make classification a more rigid, mechanical, or routine process, nor is its purpose to eliminate client input. In those areas where programming is definitely needed or may be needed, the agent should discuss with the client the various program options and the nature of each program. After reviewing the needed programming and the options available, the probation/parole officer should formulate a supervision plan.

The usefulness of the needs assessment instrument is largely dependent on the quality of information relied upon.

The goal of the needs assessment instrument is to eliminate subjectivity and the personal interpretation from the classification decision-making process. The new classification process will consist of decisions based on objective criteria. It is believed that this process will be beneficial to both the probation and parole officer who must justify their decisions and to clients being classified who demand fairness.

1. ACADEMIC AND VOCATIONAL SKILLS

The item focuses on functional skills rather than actual academic credentials. Therefore, a skilled craftsman may receive zero even though he or she may have little formal education. The individual's ability to make his or her way in the world is an important consideration. College, high school diploma, or G.E.D. may not be enough—ability must be shown.

- (a) High school or above skill level (demonstrates ability)Enter 1
- (b) Has vocational training; additional not needed/desired (adequate skills).....Enter 1
- (c) Has some skills; additional needed/desired, low skill level, may have high school diploma or G.E.D. but demonstrates difficulty reading and writing. Real difficulty filling out written reports or job applications. Has ability to do better.....Enter 3
- (d) No skills; training needed, minimal-retarded, special education classes or unable to read, write, or do simple mathematical computations.....Enter 5

2. EMPLOYMENT

The probation/parole officer must look beyond simple employment/unemployment in rating the item. Under-employment should be taken into account as should "unsatisfactory" employment. An example of "unsatisfactory"

NEEDS ASSESSMENT SCORING GUIDE (continued)

employment would be a client with a serious alcohol problem and repeated alcohol-related offenses who is employed as a bartender. In order to score this item, the probation/parole officer must establish a firm employment chronology. While attempting to do so, the agent should be particularly sensitive to gaps in employment.

- (a) Satisfactory employment for one year or longer, likes the job, salary sufficient to pay for basic needs, education or vocational background.Enter 0
- (b) Employed; no difficulties reported, or homemaker, student, retired, or disabled and unable to work, chance for upward advancement with current employer.Enter 1
- (c) Part-time, seasonal, unstable employment and needs additional employment; unemployed, but has a skill, job has no future.Enter 4
- (d) Unemployed and virtually unemployable; needs training, large gaps in employment, culturally handicapped, self-employment highly questionable.Enter 7

3. FINANCIAL STATUS

Does the client have the skills to handle the simple financial responsibilities of everyday life such as maintaining a checking account and preparing a personal budget?

- (a) Long-standing pattern of self-sufficiency, well-off.Enter 0
- (b) No current difficulties, providing—not overextending, no serious indebtedness.Enter 1
- (c) Situational or minor difficulties, employed but not making it, difficulty in paying court obligations, overextending, difficulty paying bills.Enter 4
- (d) Severe difficulties, welfare, can't pay court obligations, bankruptcy.Enter 6

4. LIVING ARRANGEMENTS (Within the last six months)

- (a) Stable and supportive relationship with family or other living group, marriage intact—no history of separation; both parents together, no prior criminal record for other family member, good attitude toward spouse/parents.Enter 0
- (b) Client lives alone or independently within another household, relatively stable, getting along, no noticeable problems.Enter 1
- (c) Client experiencing occasional, moderate interpersonal problems with living group, disorganized, recognize problems exist, motivated to change.Enter 4
- (d) Client exhibiting frequent and serious interpersonal problems within living group, children removed, recently separated or divorced (within two years); history of bad marriage; extensive prior criminal records of family members; sexual abuse; lack of control; abusive drinking; domestic violence.Enter 6

5. EMOTIONAL STABILITY

Guides for the probation/parole officer in regard to this item are as follows: Does the client deal with anger appropriately? Does he/she exhibit excessive anxiety or become immobilized by stress? Ability to cope with day-to-day life situations is a concern here. The 5 score would be used for a neurotic client, with 8 reserved for those with psychotic characteristics.

NEEDS ASSESSMENT SCORING GUIDE (continued)

- (a) No symptoms of instability; no apparent stress, well-adjustedEnter 1
- (b) Symptoms limit, but do not prohibit adequate functioning; neurotic, mild symptoms of depression, anxiety, or acting out, occasional abuse of alcohol or other drugsEnter 5
- (c) Symptoms prohibit adequate functioning; psychotic, severe symptoms of depression, anxiety, or acting out, frequent use of alcohol or other drugs; suicidalEnter 8

6. ALCOHOL USAGE (Current)

As on the risk assessment instrument, "interference with functioning" is the key here. Parole/probation officers are to avoid moral judgments regarding alcohol use and focus instead on the role of alcohol in the client's life. Alcohol-related driving offenses receive a 7.

- (a) No interference with functioning, no alcohol abuse.....Enter 1
- (b) Occasional abuse; some disruption of functioning; may need treatment; gets "drunk" by own definition twice a month or more; some disruption in functioning when drinking (whether or not "drunk") with family, work, socially, etc. Minor alcohol-related offensesEnter 4
- (c) Frequent abuse; serious disruption; needs treatment; drinks regularly although never or rarely gets "drunk"; has withdrawal symptoms if stops drinking; has physical symptoms of alcoholism; memory lapse, blackouts, passing out; serious disfunction at work; absenteeism, fired, fights with co-workers or other supervisors or customers; with family, becomes violent, neglectful, abusive toward spouse, children, parents, can't pay bills, separation occurrence; past driving record involving alcohol; present offense or any arrests within the past five years involving alcohol before or duringEnter 7

7. OTHER SUBSTANCE ABUSE (Current)

The scoring of this item is to be accomplished in the same manner as the "drug usage" item in the risk assessment instrument. A 4 score would apply to clients convicted of marijuana possession while the 6 would refer to present involvement with the drug.

- (a) No interference with functioning, no abuse.....Enter 1
- (b) Occasional substance abuse; some disruption of functioning; may need treatment; convicted of marijuana possession, but no longer using.....Enter 4
- (c) Frequent substance abuse; serious disruption; needs treatment; addiction or recent use of marijuana, narcotics, medication as not prescribed; conviction for possession or intent to deliver; deals in selling of drugsEnter 6

8. REASONING/INTELLECTUAL ATTITUDE

This item looks at organic cognitive capacity as opposed to emotional ability, hence the problem level relates to the possibility of retardation. Is the client mentally alert or able to function effectively?

- (a) Able to function independently; appears to be average intelligence. Can comprehend what is being said in normal conversation. Can read and comprehend rules of probation/parole Enter 1

NEEDS ASSESSMENT SCORING GUIDE (continued)

- (b) Some need for assistance; potential for adequate adjustment; has difficulty in completing forms without assistance; has difficulty understanding written or verbal communication; has difficulty using or reading a clock, ruler, calendar, dictionary; has difficulty in following directions; emphasis on difficulty in comprehensionEnter 4
- (c) Deficiencies suggest limited ability to function independently; borderline mental retardation; client cannot function independently; client receives SSI benefits for reason due to developmental disabilities; client is employed in shelter work houseEnter 7

9. HEALTH

The probation/parole officer should take mental health into account (particularly in the case of the substance abuser), as well as the presence of physical handicaps. Alcoholism or drug abuse is automatically 2 points.

- (a) Sound physical health; seldom ill; no problemsEnter 1
- (b) Handicap or illness interferes with functioning on a reoccurring basis; client may have a condition that restricts employment, requires occasional medical attention (high blood pressure, heart condition, epilepsy, missing limb, back problems, etc.)Enter 2
- (c) Serious handicap or chronic illnesses; needs frequent medical care; client has a condition that severely restricts employment and program participation. He/she requires frequent medical attention and may be on medication (blindness, serious heart conditions, terminal illness, deafness, paralysis, etc.)Enter 3

10. AGENT'S IMPRESSION OF CLIENT'S NEEDS

This is designed to accommodate the agent's subjective impressions.

- (a) None.Enter 0
- (b) LowEnter 1
- (c) Moderate.....Enter 4
- (d) High.....Enter 6

Appendix E

INITIAL INMATE CLASSIFICATION _____

Custody

Name: _____ Number: _____

 Last First MI

Classification Caseworker: _____ Date: _____

1. HISTORY OF INSTITUTIONAL VIOLENCE Score: _____

(Jail or Prison, code most serious within last five years)

- None 0
- Assault and battery not involving use of a weapon or resulting in serious injury 3
- Assault and battery involving use of a weapon and/or resulting in serious injury or death 7

2. SEVERITY OF CURRENT OFFENSE Score: _____

(Refer to the *Severity of Offense Scale* on p. 303. Score the most serious offense if there are multiple convictions.)

- Low 0
- Low moderate 1
- Moderate 2
- High 4
- Highest 6

3. PRIOR ASSAULTIVE OFFENSE HISTORY Score: _____

(Score the most severe in inmate's history. Refer to the *Severity of Offense Scale*.)

- None, low, or low moderate 0
- Moderate 2
- High 4
- Highest 6

4. ESCAPE HISTORY (Rate last 3 years of incarceration) Score: _____

No escapes or attempts (or no prior incarcerations) 0

An escape or attempt from minimum or community custody, no actual or threatened violence:

- Over 1 year ago 1
- Within the last year 3

An escape or attempt from medium, or above custody, or an escape from minimum or community custody with actual or threatened violence:

- Over 1 year ago 5
- Within the last year 7

CLOSE CUSTODY SCORE (Add items 1 through 4)

(If score is 10 or above, inmate should be assigned to close custody. If score is under 10, complete items 5 through 8 and use medium/minimum scale.)

INITIAL INMATE CLASSIFICATION (continued) _____

5. ALCOHOL/DRUG ABUSE Score: _____

- None 0
- Abuse causing occasional legal and social adjustment problems 1
- Serious abuse, serious disruption of functioning 3

6. CURRENT DETAINER Score: _____

- None 0
- Misdemeanor detainer 1
- Extradition initiated - misdemeanor 3
- Felony detainer 4
- Extradition initiated - felony 6

7. PRIOR FELONY CONVICTIONS Score: _____

- None 0
- One 2
- Two or more 4

8. STABILITY FACTORS Score: _____

- (Check appropriate box(s) and combine for score.)
- Age 26 or over -2
 - High school diploma or GED received -1
 - Employed or attending school (full or part-time) for six months or longer at time of arrest -1

MINIMUM/MEDIUM SCORE (Add items 1 through 8.) **Total Score:** _____

MEDIUM/MINIMUM SCALE:
Medium Custody 7-22
Minimum Custody 6 or less

INITIAL INMATE CLASSIFICATION (continued) _____**Severity of Offense Scale**

(From Massachusetts Superior Court Sentencing Guidelines Project, 1979)

6 POINTS:

- Armed assault in a dwelling
- Armed robbery while masked
- Armed robbery
- Arson in a dwelling place, night, occupied
- Burglary, being armed
- Kidnapping to extort
- Murder*
- Rape
- Robbery
- Stealing by confining or putting in fear

5 POINTS:

- Extortion
- Incest
- Kidnapping
- Manslaughter
- Mayhem

4 POINTS:

- Arson (Note: not Arson as listed above)
- Breaking and entering, nighttime
- Burglary, not being armed
- Burning to defraud
- Burning insured property
- Burning real property
- Carrying a firearm+
- Common receiver
- Indecent A&B child under 14
- Mfg., dist., or poss. with intent to dist., Class A&B

INITIAL INMATE CLASSIFICATION (continued)

3 POINTS:

- Assault and battery to collect a loan
- Assault and battery with a dangerous weapon
- Assault with intent to murder, maim
- Assault with intent to rob while being armed
- Attempt to murder by poisoning
- Breaking and entering in the daytime

Attempt or accessory before the fact of an offense receives the same score as the substantive offense.

*Score only if prior offense.

+If present offense, score only if *not* most serious offense.

INITIAL INMATE CLASSIFICATION (continued) _____

Assessment of Needs

NAME: _____ NUMBER: _____
Last First MI

CLASSIFICATION CHAIRMAN: _____

DATE: _____

TEST SCORES:

I.Q.: _____

Reading: _____

Math: _____

NEEDS ASSESSMENT: Select the answer that best describes the inmate.

HEALTH:

Code: _____

- 1. Sound physical health, seldom ill.
- 2. Handicap or illness that interferes with functioning on a recurring basis.
- 3. Serious handicap or chronic illness, needs frequent medical care.

INTELLECTUAL ABILITY:

Code: _____

- 1. Normal intellectual ability, able to function independently.
- 2. Mild retardation, some need for assistance.
- 3. Moderate retardation, independent functioning severely limited.

BEHAVIORAL/EMOTIONAL PROBLEMS:

Code: _____

- 1. Exhibits appropriate emotional responses.
- 2. Symptoms limit adequate functioning, requires counseling, may require medication.
- 3. Symptoms prohibit adequate functioning, requires significant intervention, may require medication or separate housing.

ALCOHOL ABUSE:

Code: _____

- 1. No alcohol problem.
- 2. Occasional abuse, some disruption of functioning.
- 3. Frequent abuse, serious disruption, needs treatment.

INITIAL INMATE CLASSIFICATION (continued) _____

DRUG ABUSE: Code: _____

- 1. No drug problem.
- 2. Occasional abuse, some disruption of functioning.
- 3. Frequent abuse, serious disruption, needs treatment.

EDUCATIONAL STATUS: Code: _____

- 1. Has high school diploma or GED.
- 2. Some deficits, but potential for high school diploma or GED.
- 3. Major deficits in math and/or reading, needs remedial programs.

VOCATIONAL STATUS: Code: _____

- 1. Has sufficient skills to obtain and hold satisfactory employment.
- 2. Minimal skill level, needs enhancement.
- 3. Virtually unemployable, needs training.

INITIAL INMATE CLASSIFICATION (continued) _____

Initial Classification Summary

1. Override Considerations Code: _____

- Custody Classification

- 1. None
- 2. Inmate Needs Protection
- 3. Temporary Placement-Pending Investigation
- 4. Temporary Placement-Punitive Isolation
- 5. Temporary Placement-Suicide Threat
- 6. Other, Specify:

Score: _____

I.Q. _____

Score: _____ Reading: _____

Math: _____

2. Custody Level Assignment: Code: _____

- 1. Community
- 2. Minimum
- 3. Medium
- 4. Close
- 5. Maximum
- 6. Protective Custody
- 7. Other, Specify:

Code: _____

Score: _____

Code: _____

Score: _____

3. Facility Assignment: Code: _____

4. Program Recommendations
(In order of priority)

Score: _____

Code: _____

	Program Code	Enrollment Code*
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



Code: _____

Score: _____ Code: _____

INITIAL INMATE CLASSIFICATION (continued) _____

5. Work Recommendations:

	Work Code	Inmate Skills	Skill Code		
_____	_____	_____	_____	Score: _____	Code: _____
_____	_____	_____	_____		
_____	_____	_____	_____		
_____	_____	_____	_____		
_____	_____	_____	_____	Score: _____	Code: _____
				Score: _____	
				TOTAL SCORE: _____	

*Enrollment Code
 Program available = 1
 Program currently at capacity/unavailable = 2
 Program needed but does not exist at required custody level = 3
 Inmate refuses program = 4

Appendix F

CORRECTIONAL ADJUSTMENT CHECKLIST (CACL) _____

Name and number of inmate: _____

Name of person completing this checklist: _____

Your position: _____ Date completed: _____

Instructions: Please indicate which of the following behaviors this inmate exhibits. If the behavior describes the inmate, circle the "1." If it does not, circle the "0." *Please complete every item.*

- | | | |
|---|---|--|
| 0 | 1 | 1. Worried, anxious |
| 0 | 1 | 2. Tries, but cannot seem to follow directions |
| 0 | 1 | 3. Tense, unable to relax |
| 0 | 1 | 4. Socially withdrawn |
| 0 | 1 | 5. Continually asks for help from staff |
| 0 | 1 | 6. Gets along with the hoods |
| 0 | 1 | 7. Seems to take no pleasure in anything |
| 0 | 1 | 8. Jittery, jumpy; seems afraid |
| 0 | 1 | 9. Uses leisure time to cause trouble |
| 0 | 1 | 10. Continually uses profane language; curses and swears |
| 0 | 1 | 11. Easily upset |
| 0 | 1 | 12. Sluggish and drowsy |
| 0 | 1 | 13. Cannot be trusted at all |
| 0 | 1 | 14. Moody, brooding |
| 0 | 1 | 15. Needs constant supervision |
| 0 | 1 | 16. Victimizes weaker inmates |
| 0 | 1 | 17. Seems dull and unintelligent |
| 0 | 1 | 18. Is an agitator about race |
| 0 | 1 | 19. Continually tries to con staff |
| 0 | 1 | 20. Impulsive; unpredictable |
| 0 | 1 | 21. Afraid of other inmates |
| 0 | 1 | 22. Seems to seek excitement |
| 0 | 1 | 23. Never seems happy |
| 0 | 1 | 24. Doesn't trust staff |
| 0 | 1 | 25. Passive; easily led |

CORRECTIONAL ADJUSTMENT CHECKLIST (continued) _____

0	1	26. Talks aggressively to other inmates
0	1	27. Accepts no blame for any of his troubles
0	1	28. Continually complains; accuses staff of unfairness
0	1	29. Daydreams; seems to be mentally off in space
0	1	30. Talks aggressively to staff
0	1	31. Has a quick temper
0	1	32. Obviously holds grudges; seeks to "get even"
0	1	33. Inattentive; seems preoccupied
0	1	34. Attempts to play staff against one another
0	1	35. Passively resistant; has to be forced to participate
0	1	36. Tries to form a clique
0	1	37. Openly defies regulations and rules
0	1	38. Often sad and depressed
0	1	39. Stirs up trouble among inmates
0	1	40. Aids or abets others in breaking the rules
0	1	41. Considers himself unjustly confined

Source: Herbert C. Quay, Ph.D.

RAW SCORE FORM: CORRECTIONAL ADJUSTMENT CHECKLIST (CACL) _____

Name and number of inmate: _____

Name of person completing this checklist: _____

Your position: _____ Date completed: _____

Instructions: For each "1" circled on the Correctional Adjustment Checklist, place a checkmark on the line corresponding to the item number. Add the checkmarks to obtain the Raw Score for each group.

Group				
I	II	IV	V	
			1. _____	
		2. _____	3. _____	
		4. _____	5. _____	
6. _____		7. _____	8. _____	
9. _____				11. _____
10. _____				
		12. _____		
13. _____		14. _____		
15. _____				
16. _____		17. _____		
18. _____	19. _____			
20. _____				21. _____
22. _____		23. _____		
	24. _____	25. _____		
26. _____				
27. _____	28. _____	29. _____		
30. _____				
31. _____				
32. _____		33. _____		
	34. _____	35. _____		
36. _____				
37. _____				38. _____
39. _____				
40. _____	41. _____			

Total (Raw Score): _____

Source: Herbert C. Quay, Ph.D.

CHECKLIST FOR THE ANALYSIS OF LIFE HISTORY RECORDS OF ADULT OFFENDERS (CALH) _____

Name and number of inmate: _____

Name of person completing this checklist: _____

Your position: _____ Date started: _____

Instructions: Circle each behavior trait that describes this inmate's life history.

1. Has few, if any, friends
2. Thrill-seeking
3. Preoccupied; "dreamy"
4. Uncontrollable as a child
5. Has expressed guilt over offense
6. Expresses need for self-improvement
7. Socially withdrawn
8. Weak, indecisive, easily led
9. Previous local, state, or federal incarceration
10. Tough, defiant
11. Irregular work history (if not a student)
12. Noted not to be responsive to counseling
13. Gives impression of ineptness, incompetence in managing everyday problems in living
14. Supported wife and children
15. Claims offense was motivated by family problems
16. Close ties with criminal elements
17. Depressed, morose
18. Physically aggressive (strongarm, assault, reckless homicide, attempted murder, mugging, etc.)
19. Apprehension likely due to "stupid" behavior on the part of the offender
20. Single marriage
21. Expresses feelings of inadequacy, worthlessness
22. Difficulties in the public schools
23. Suffered financial reverses prior to commission of offense for which incarcerated
24. Passive, submissive
25. Bravado, braggart
26. Guiltless; blames others
27. Expresses lack of concern for others

Source: Herbert C. Quay, Ph.D

Name and number of inmate: _____

Name of person completing this checklist: _____

Your position: _____ Date completed: _____

Instructions: For each item circled on the Checklist for the Analysis of Life History Records of Adult Offenders, place a checkmark on the line corresponding to the item number. Add the checkmarks to obtain the Raw Score for each group.

I	Group III	IV
		1. _____
2. _____		3. _____
4. _____	5. _____	
	6. _____	7. _____
		8. _____
9. _____		
10. _____		
11. _____		
12. _____		13. _____
	14. _____	
	15. _____	
16. _____		17. _____
18. _____		19. _____
	20. _____	
		21. _____
22. _____	23. _____	
		24. _____
25. _____		
26. _____		
27. _____		

Total (Raw Score): _____ _____ _____

Source: Herbert C. Quay, Ph.D.

**RAW SCORE TO NORMALIZED T-SCORE CONVERSIONS
FOR CORRECTIONAL ADJUSTMENT CHECKLIST (CACL)**

Scale I		Scale II		Scale IV		Scale V	
Raw score	T-score	Raw score	T-score	Raw score	T-score	Raw score	T-score
0	41	0	44	0	40	0	39
1	49	1	54	1	47	1	46
2	53	2	59	2	51	2	50
3	56	3	62	3	54	3	54
4	58	4	65	4	56	4	57
5	59	5	70	5	59	5	61
6	60			6	61	6	65
7	61			7	63	7	71
8	62			8	65		
9	63			9	69		
10	64			10	73		
11	65			11	78		
12	66						
13	67						
14	68						
15	69						
16	71						
17	73						
18	76						

**RAW SCORE TO NORMALIZED T-SCORE CONVERSIONS
FOR LIFE HISTORY CHECKLIST (CALH)**

Scale I		Scale III		Scale IV	
Raw score	T-score	Raw score	T-score	Raw score	T-score
0	35	0	39	0	39
1	43	1	47	1	47
2	47	2	52	2	53
3	51	3	58	3	58
4	55	4	64	4	62
5	58	5	70	5	66
6	61	6	76	6	70
7	64			7	74
8	67			8	82
9	71			9	90
10	75				
11	82				

CLASSIFICATION PROFILE FOR ADULT OFFENDERS _____

Name and number of inmate: _____

Name of person completing this profile: _____

Your position: _____ Date: _____

	Scale	Raw Score	T-score
1. Correctional Adjustment Checklist (CACL)	I	_____	_____
	II	_____	_____
	IV	_____	_____
	V	_____	_____

Checklist for the Analysis of Life History Records (CALH)		Raw Score	T-score
	I	_____	_____
	III	_____	_____
	IV	_____	_____

	Scale	CACL T-score	CALH T-score	Final T-score
2. Combined Scores	I	_____	_____ + 2	= _____
	II	_____		= _____
	III	_____		= _____
	IV	_____	_____ + 2	= _____
	V	_____		= _____

3. Assignment

_____ Group I	_____ Group III	_____ Group IV
_____ Group II		_____ Group V

CLASSIFICATION PROFILE FOR ADULT OFFENDERS (continued) _____**Instructions:**

1. Transfer Totals from Raw Score forms onto appropriate Raw Score lines.
Using the appropriate conversion table, convert each Raw Score to a T-score.
 - If two CACLS are used per inmate, convert all Raw Scores to T-scores; then add the T-scores obtained for each scale and divide the sum by 2.
2. List the final CACL and CALH T-scores on the appropriate lines in the Combined Scores section.
 - For Scales I and IV, add the T-scores and divide by 2.
3. Use the highest Final T-score to make the final assignment.
If the two scores are tied, use the following tie-breaker rules:
 - If Group I and Group II are tied for highest,
 - and there is one housing unit for *both* groups, assign to Heavy.
 - and there is one housing unit for *each* group, assign for the best balance or use of available housing.
 - If Group IV and Group V are tied for highest,
 - and there is one housing unit for both groups, assign to Light.
 - and there is one housing unit for each group, assign for the best balance or use of available housing.
 - If Group I *or* Group II are tied with any other group, assign to Heavy.
 - If Group IV *or* Group V are tied with Group III, assign to Light.

(Note: Before using any tie-breaker rules, recheck all scoring and calculations.)

Afterword

The professional application of the knowledge, tools, and techniques presented in this book, we believe, will assist you in supervising and helping those unfortunate lives that it one day may be your privilege to touch. It is an awesome responsibility to be charged with helping, befriending, and rectifying the attitudes and behaviors of another human being. Never cease examining and improving yourself or learning everything you can about your profession. Make wise use of the numerous community resources available to aid you in this endeavor.

However, never lose sight of the fact that the most important person in the rehabilitative effort is the offender. You must not fall into the trap of doing things for and to offenders; rather, you should do things with them. We wish to foster offender responsibility through self-reliance. An overemphasis on providing everything for the offender, beyond the initial stage, is not congruent with this aim and tends to encourage offender dependence. It is fine if offenders lean on you a little, but only if they learn to lift themselves up to responsibility.

The experienced worker may be excused for asking how all these concepts, suggestions, and techniques realistically can be put to work given the constraints imposed by time and large caseloads. The judicious management of caseloads requires organization and a thorough knowledge of clientele. This is best accomplished by proper offender classification based on presentence investigation information. Proper classification and risk and needs assessment enable officers to determine which offenders are most in need of their attention. Many offenders on the average caseload require little, if any, “treatment” beyond occasional reporting and the officer’s monitoring of daily arrest sheets. These low-risk/low needs offenders are often “situational” offenders whose trip through “the system” can be sufficient to teach them the errors of their ways.

The time you save by having minimal contact with these offenders can be put to good use by concentrating on more problematic offenders. Knowledge and proper use of community resources, and of the skills and motivations of volunteers, will strengthen your efforts. There is always enough time for organized, efficient, and caring criminal justice workers to do the job they have chosen. Few vocations are more psychologically rewarding and uplifting.

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