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93-26 **BEHAVIOR MODIFICATION PROGRAMS
FEDERAL BUREAU OF PRISONS**

GOVERNMENT

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THE UNIVERSITY
KANSAS STATE UNIVERSITY

HEARING

BEFORE THE

**SUBCOMMITTEE ON COURTS, CIVIL LIBERTIES,
AND THE ADMINISTRATION OF JUSTICE**

OF THE

**COMMITTEE ON THE JUDICIARY
HOUSE OF REPRESENTATIVES**

NINETY-THIRD CONGRESS

SECOND SESSION

ON

OVERSIGHT HEARING

**BEHAVIOR MODIFICATION PROGRAMS IN THE
FEDERAL BUREAU OF PRISONS**

FEBRUARY 27, 1974

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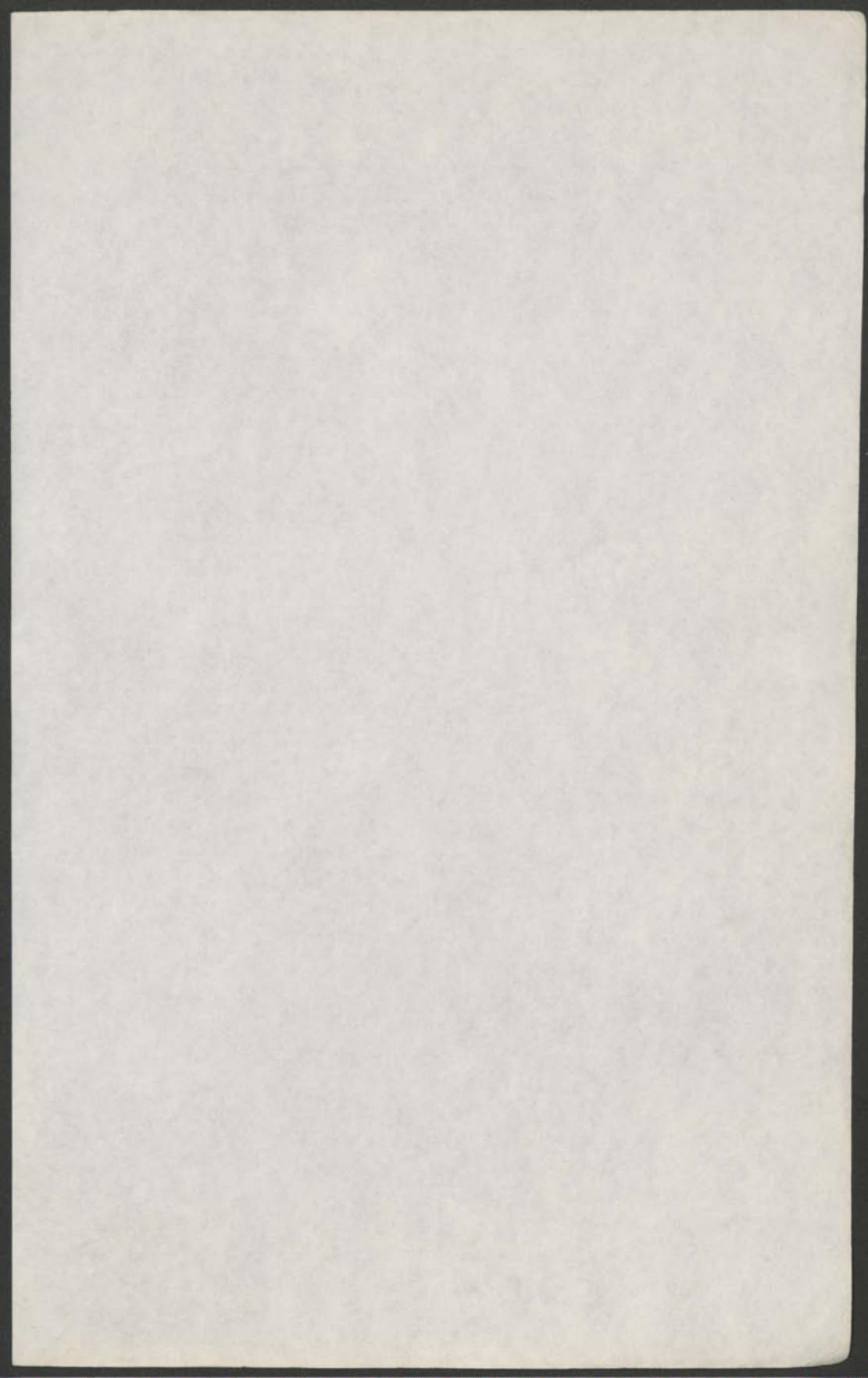
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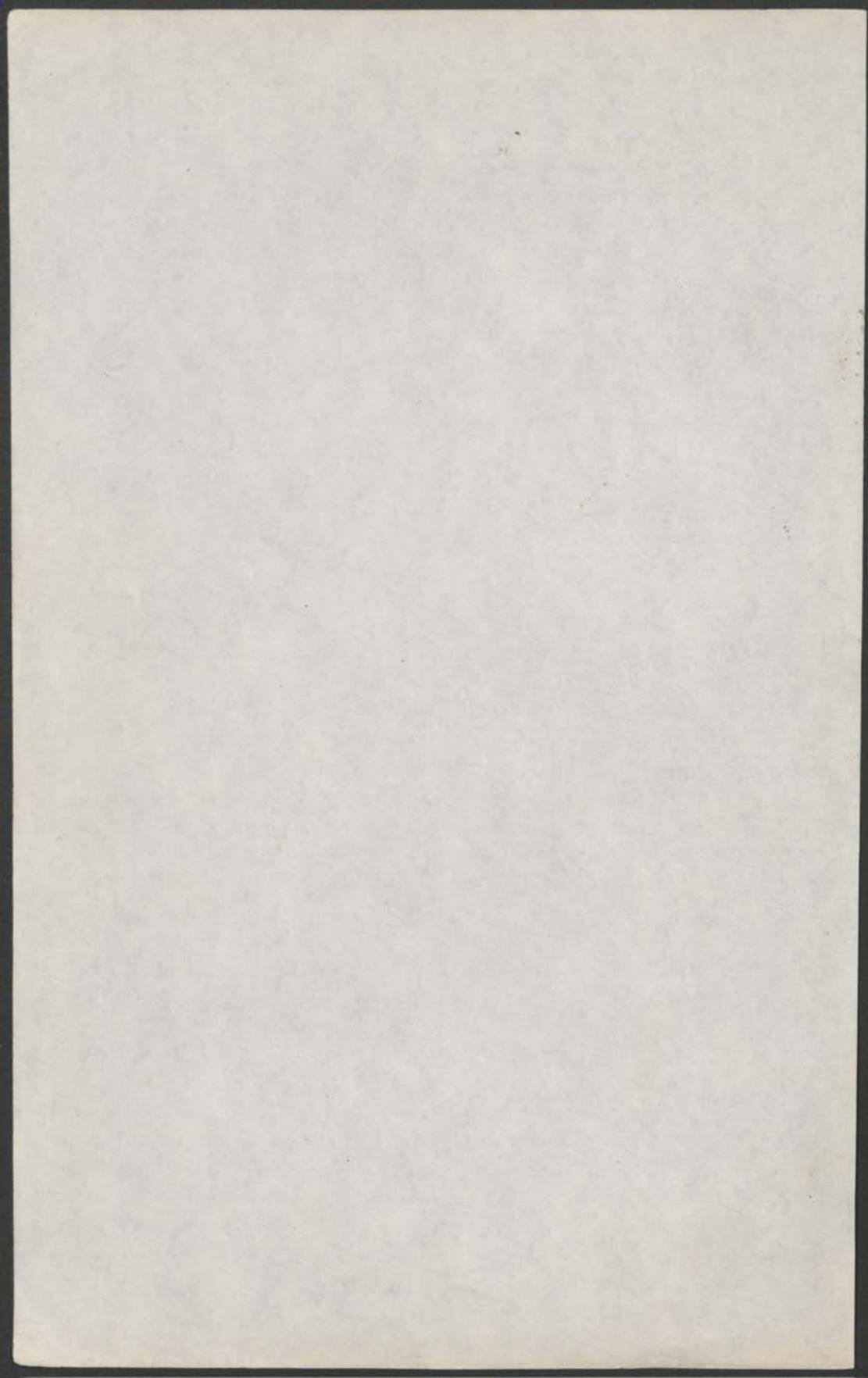
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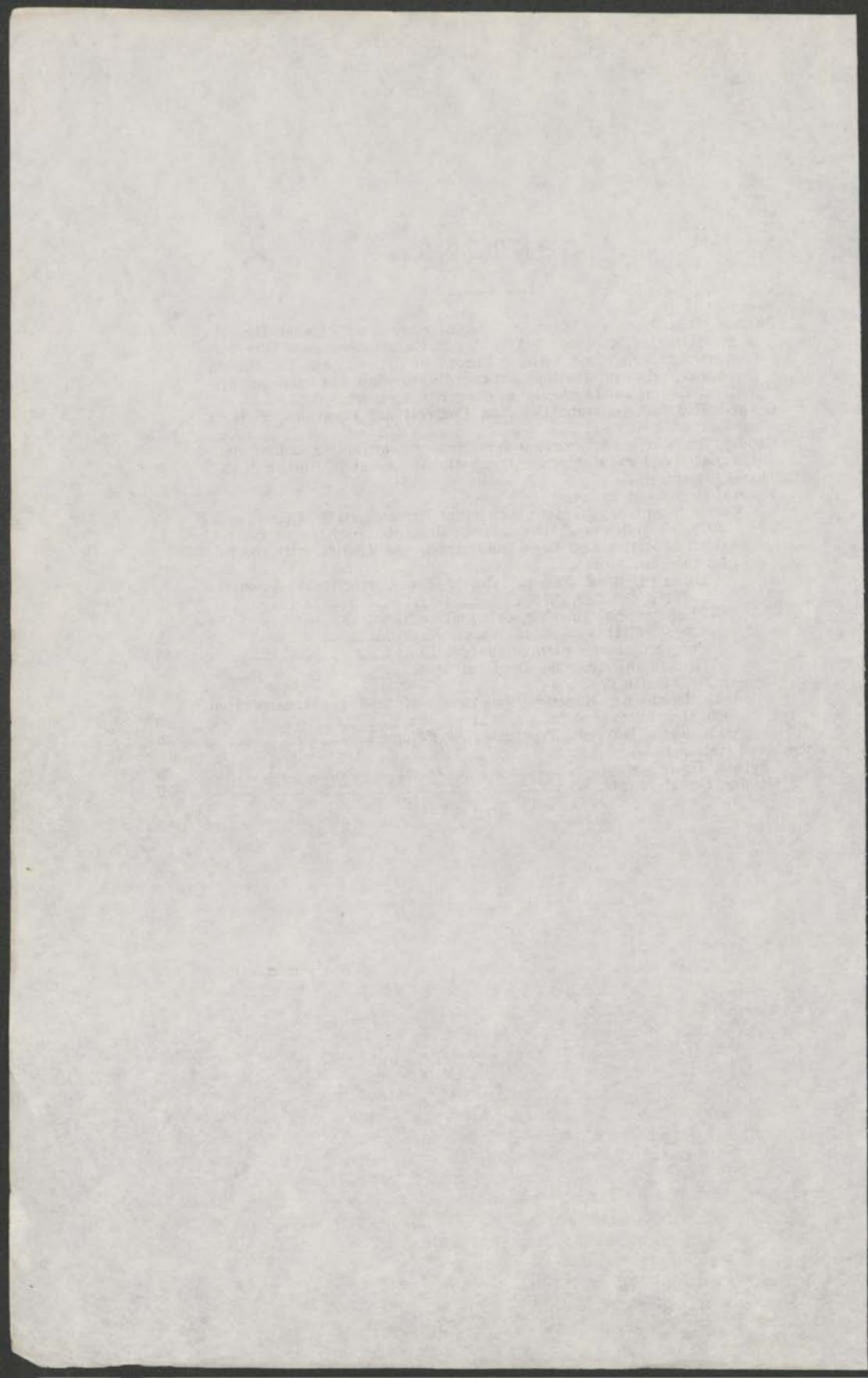
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BEHAVIOR MODIFICATION PROGRAMS FEDERAL BUREAU OF PRISONS

WEDNESDAY, FEBRUARY 27, 1974

HOUSE OF REPRESENTATIVES,
SUBCOMMITTEE ON COURTS, CIVIL LIBERTIES,
AND THE ADMINISTRATION OF JUSTICE OF THE
COMMITTEE ON THE JUDICIARY,
Washington, D.C.

The subcommittee met, pursuant to notice, at 10:05 a.m., in room 2226, Rayburn House Office Building, Hon. Robert M. Kastenmeier [chairman of the subcommittee] presiding.

Present: Representatives Kastenmeier, Drinan, Mezvinsky, Smith, and Sandman.

Also present: William P. Dixon, counsel; and Thomas E. Mooney, associate counsel.

Mr. KASTENMEIER. The subcommittee will come to order.

The Subcommittee on Courts, Civil Liberties, and the Administration of Justice has convened this morning to receive testimony on the subject of behavior modification programs in the Federal Bureau of Prisons.

This subject raises serious legal and ethical problems. It has been of great concern to this subcommittee for quite some time. In October of last year, we visited the START behavior modification program at the Medical Center for Federal Prisoners in Springfield, Mo. Our report on that inspection was delayed due to other business which came before the committee. Nonetheless, that report is now at the printers and will be available later this week. We are mindful of the recent decision of the Bureau of Prisons to discontinue the START program, but we will issue our report in any event because our conclusions may be helpful in the event other programs similar to START are planned in the future.

It is clear to even the most casual observer that there are many unanswered questions regarding the extent to which behavior modification is still being conducted and planned in the Federal Bureau of Prisons. There may even be more questions in the minds of many respecting the Bureau's plans for the Federal Center for Correctional Research, now under construction in Butner, N.C.

This morning the subcommittee will hear testimony from two witnesses who are most qualified to answer these questions, and discuss related areas. We are pleased to welcome Hon. Norman A. Carlson, Director of the Federal Bureau of Prisons, who is well known to all the members of the committee and has appeared before us on many other occasions; and we would also like to welcome Dr. Martin G. Groder, Program Development Coordinator and Warden-Designate of the Federal Center for Correctional Research.

Gentlemen, although you have separate statements for the committee, it may be helpful if you would come to the witness table together so that we may ask questions of both of you. At this point I will ask Mr. Carlson to proceed with his statement.

TESTIMONY OF NORMAN CARLSON, DIRECTOR, FEDERAL BUREAU OF PRISONS, DEPARTMENT OF JUSTICE; ACCOMPANIED BY ROY E. GERARD, ASSISTANT DIRECTOR, CORRECTIONAL PROGRAMS, FEDERAL BUREAU OF PRISONS; AND DR. MARTIN GRODER, PROGRAM DEVELOPMENT COORDINATOR AND WARDEN-DESIGNATE, FEDERAL CENTER FOR CORRECTIONAL RESEARCH, BUTNER, N.C.

Mr. CARLSON. Thank you, Mr. Chairman.

I would like to first introduce my colleagues. On my left is Roy E. Gerard, Assistant Director of the Bureau and head of the Correctional Programs Division. Mr. Gerard is former warden of the Robert F. Kennedy Youth Center, Morgantown, W. Va. On the right is Dr. Martin Groder, the Warden-Designate for the Federal Center for Correctional Research, Butner, N.C.

I appreciate the opportunity of appearing before you today to discuss several programs presently underway in institutions operated by the Federal Bureau of Prisons.

You have asked me to comment on the use of "behavioral modification" techniques such as the START program at the Medical Center for Federal Prisoners, Springfield, Mo.; the development of control unit programs at the U.S. Penitentiary, Marion, Ill., and the Federal Reformatory, El Reno, Okla.; and the programs planned for the Federal Center for Correctional Research, Butner, N.C.

Before discussing these programs, however, I would like to briefly highlight some of the major developments in the Federal Prison System during the past 2 years. The inmate population has continued to expand, increasing from 21,430 in February 1972 to 23,300 in February 1974. This rise in population is the result of an increased rate of commitments and longer sentences being imposed by the Federal courts. The number of offenders released has remained relatively constant over the past several years. Armed bank robbery continues to be the largest offense category constituting over 18 percent of offenders presently in custody.

The Federal Prison System is presently 3,400 over existing capacity. All major institutions are substantially overcrowded with the most serious problems found in the penitentiaries at Leavenworth, Kans., and Atlanta, Ga.

We have been able to temporarily cope with the problem of overcrowding by acquiring a new State youth institution in Oxford, Wis., during October 1973, and the Clinical Research Center, Lexington, Ky., earlier this month. With a combined capacity of 1,100, these two institutions will enable the Bureau to partially relieve the problem of overcrowding in existing institutions if the rate of new commitments remains fairly constant.

Construction of the institution at Oxford, Wis., was completed by the State in July 1973. At that time, it was determined that the facility

was not required by the State and, as a result, the Federal Government was able to acquire the institution under a lease-acquisition agreement. The institution will be utilized for 500 long-term youthful offenders, the majority of whom will come from the upper Midwest States.

The Federal Narcotics Hospital at Lexington, Ky., was built in 1935 and has operated through the years as a facility for the treatment of drug addiction. This facility will be used by the Bureau of Prisons to accommodate 600 male and female offenders, the majority of whom will have significant narcotic, alcohol, or medical problems. The program will be similar to the Federal Correctional Institution at Fort Worth, Tex., which the Bureau acquired during October 1971.

I would like to also mention, Mr. Chairman, that the Bureau of Prisons will be opening five additional new institutions during 1974. These include Metropolitan Correctional Centers in New York City, Chicago, and San Diego; a Federal Youth Center in Pleasanton, Calif.; and the Federal Center for Correctional Research at Butner, N.C. These five institutions will have a combined capacity of 1,900. Approximately 600 of these spaces provided by the youth facility and the Butner research center will help relieve overcrowding in existing institutions while the remaining 1,300 will enable us to remove Federal offenders from inadequate and overcrowded local jails.

I recognize that the construction program of the Bureau of Prisons has been the subject of recent criticism from several organizations and agencies. Basically, the criticism has been that the Federal Government is building more prisons and jails which are unneeded because of the availability of community treatment programs and other alternatives to incarceration.

Let me state for the record, Mr. Chairman, that the new construction program is based on three primary objectives: (1) to reduce the critical overcrowding found in existing institutions resulting from the substantial increase in commitments from Federal courts; (2) to provide smaller institutions with environments designed to facilitate correctional treatment programs and meet the human need for privacy and dignity; and (3) to eventually replace the large, antiquated penitentiaries at McNeil Island, Wash., opened in 1865, Leavenworth, Kans., opened in 1895, and at Atlanta, Ga., opened in 1902. Until the Federal Government can close these institutions, which concurrently house over 24 percent of Federal offenders, correctional progress will continue at its glacial pace.

If I may, Mr. Chairman, I would like to now move to the issue of "behavioral modification" which has attracted a considerable amount of attention in recent months. Unfortunately, the term "behavior modification" has been misconstrued by a number of groups and individuals as a sinister effort to coerce offenders through techniques of psychosurgery, brainwashing, and other mental and physical abuses. It has been alleged that the Federal Bureau of Prisons has used and is continuing to use psychosurgery and various forms of aversive therapy to bring about changes in offenders committed to custody.

For the record, let me state unequivocally that the Federal Bureau of Prisons never uses and does not countenance the use of psychosurgery electroshock, massive use of tranquilizing drugs, or any other

form of aversive treatment to change behavior, no matter how aggressive or resistive an offender may be.

The problem in discussing "behavior modification" is that the term is defined in a number of different ways. In its broadest sense, virtually every program in the Bureau of Prisons is designed to change or modify behavior. Presumably, the Federal courts commit offenders to custody because their serious criminal behavior is unacceptable to society. The assumption is that during the period of incarceration, individuals will change their patterns of behavior so that after release, they will not become involved in further criminal activity.

In a more technical sense, "behavior modification" is the systematic application of the psychological principles of learning theory to the process of encouraging people to change their behavior. As such, "behavior modification" techniques can include either positive rewards or aversive techniques including a variety of punishments to promote a change in behavior. The Federal Bureau of Prisons has historically endorsed the first concept, that of positive rewards, and rejected the latter.

The use of "behavior modification" principles is in no way peculiar to programs used in correctional institutions. Over the past quarter of a century, these principles have been used in a variety of situations—public and private schools, mental hospitals, institutions for the mentally retarded, as well as in the average family. Since 1958, five professional journals have been publishing the increasing volume of research conducted in this important area.

One need only look around to see "behavior modification" techniques being applied daily in the home, the school, or on the job. Parents use these techniques by praising children for their report cards in the hopes of encouraging continued interest and application to their studies. In personnel management, use of promotions and incentive awards to encourage job performance is a universally accepted practice. The intent of such activities is twofold: to provide recognition for positive efforts and to stimulate the individual in future endeavors.

The formalized use of "behavior modification" programs in the Bureau of Prisons began in 1965 at the National Training School for Boys here in Washington, D.C. At that time, a program known as the CASE project—an acronym for Contingencies Applicable to Special Education—was instituted. Briefly, this project was an attempt to motivate delinquent youngsters who for the most part were school dropouts, to participate in education programs. Through a system of rewards convertible to "cash," offenders were encouraged to achieve at a high level in school programs. They could then use the funds earned to purchase a variety of items such as snacks and clothing, and participate in special recreation programs such as pool and ping pong.

This "behavior modification" technique, known as the token economy, was very successful both in increasing the amount of time the offenders spent in school and the amount of knowledge they gained.

A number of similar methods utilizing "behavior modification" principles evolved from the CASE project and have subsequently been transferred to the education programs in Federal institutions. When the Robert F. Kennedy Youth Center in Morgantown, W. Va., was

opened in 1968, the token economy system was one of the basic components included in the program.

The most recent attempt to use "behavior modification" techniques was the START program developed at the Medical Center for Federal Prisoners, Springfield, Mo., during October 1972 as a demonstration project. Simply stated, START—Special Treatment and Rehabilitative Training—was an attempt to provide a more effective approach for dealing with those few, but highly aggressive and assaultive, inmates who are found in any correctional institution—Federal, State, or local. For many years, we have been aware that the usual approach of coping with such individuals has been unsuccessful. Historically, these offenders are housed in long-term segregation status and are isolated from the remainder of the institution with no opportunity to participate in the various academic, vocational, and recreational programs available. When released from confinement, these offenders are all too frequently unable to function as law abiding citizens and immediately revert to further acts of violence and criminality.

The objective of the START program was to work with these offenders so that they could better control their behavior and become participants in institutional vocational, academic, and other programs designed to help them make a successful community adjustment when released from custody.

The use of positive rewards was the "behavior modification" principle underlying the philosophy of the START program, rather than a token economy system such as used at the Robert F. Kennedy Youth Center. It was believed that a stratification system was more appropriate for the long-term offenders involved.

Several levels were developed, each with its own privileges and responsibilities. As an offender attained a higher level by his adjustment, he received additional privileges. The objective was to encourage offenders involved in the program to progress through the various program levels during which they would learn how to better control their aggressive behavior. Once this control had been demonstrated, the intent was to return the offender to a regular institution program.

Criteria established for an offender to participate in the START program were as follows:

1. Will have shown repeated inability to adjust to regular institutional programs—not just minor offenses;
2. While he may have an escape history, will have repeatedly displayed other maladaptive behavior;
3. In terms of personality characteristics, will be aggressive, manipulative, resistive to authority, et cetera;
4. Will have had experience in an adult penitentiary;
5. Will be transferred from a sending institution's segregation unit;
6. Generally, will have a minimum of 2 years remaining on sentence;
7. Will not be overtly psychotic (such individuals are appropriate referrals to the medical center's psychiatric program); and
8. Will not have participated in START program previously.

Overall, 99 offenders were considered for placement in the program. Of these, 26 were determined to fully meet the criteria developed; 3 in this latter group were recently selected but were not transferred to

the program because of the recent decision to discontinue the program; 4 additional offenders were later removed when it became evident that they did not meet the selection criteria.

During the 16 months the START program was in existence, a total of 19 offenders actually participated. A review of the background of these 19 offenders reveals the following characteristics:

1. An average of five institutional transfers because of disciplinary problems;

2. An average of 21 disciplinary reports, of which an average of 12 were for major incidents, including arson, assault, possession of a weapon, and inciting violence;

3. An average of 49 percent of institutional time in segregation status, where they continued to be destructive of property, assaultive towards other inmates, and verbally and physical assaultive towards staff, including throwing food, urine, and feces at staff members.

The offenses for which these men were incarcerated were:

Armed bank robbery—six.

Assault and robbery—four.

Assault—three.

Murder—two.

Kidnapping—two.

Forgery—one.

Threatening the life of the President—one.

While incarcerated, 11 of these men received additional sentences for offenses committed while in prison:

Murder—six.

Assault—four.

Possession of dangerous weapon—one.

Of the 19 participants, 10 successfully completed the program and have been returned to a regular institutional program. One of the ten has been released from custody because of the progress he made in the program and the resulting restoration of forfeited good time. Another offender, a State prisoner, was returned to the committing court and has not been recommitted to a Bureau of Prisons institution. By comparison, the vast majority of the inmates referred but not selected for the START program remain in segregated status because of continued adjustment problems.

In our opinion, Mr. Chairman, the START program assisted 10 of the 19 individuals who participated. When considering the criminal backgrounds and institutional behavior of the individuals involved, we believe that the program significantly increased our understanding in developing approaches to work with such offenders.

We have decided to terminate the START program effective March 1, 1974, on the basis of the small number of inmates who met the criteria developed for the program. At the time the program was instituted, we anticipated that the population would rise to a level of between 30 and 35 offenders. Utilizing the established criteria, however, the maximum number of inmates in the program at any one time was 18. After a review of the program, we concluded that a disproportion-

tionate amount of manpower and resources would be required to keep the program in operation.

While mistakes were undoubtedly made in developing the START program, we believe that the Bureau of Prisons profited from the experience. The effective use of programs using positive rewards for acceptable behavior can assist in developing new techniques of motivating offenders who are incarcerated.

We recognize that "behavior modification" does not represent a panacea or cure-all for the deficiencies in correctional programming. It is, however, we believe, a valuable treatment technique which can be effectively used to motivate some groups of offenders. For this reason, "behavior modification" using positive rewards is an integral part of many of our correctional programs and the Bureau of Prisons will continue to use this technique whenever appropriate.

At this point, Mr. Chairman, I would like to briefly discuss the Federal Center for Correctional Research which is presently under construction at Butner, N.C., and which will be opened later this year. The warden-designate of the institution, Dr. Martin G. Groder, is with me today and will be testifying in more detail concerning the specific programs planned for the institution.

As you know, the Butner Institution has a long history, dating back to the tenure of James V. Bennett, the Director of the Federal Bureau of Prisons from 1937 to 1964. Originally, Butner was conceived as a psychiatric facility which would accommodate offenders from the eastern area of the country who required psychiatric treatment for acute mental disorders.

The site at Butner was selected because of its close proximity to Raleigh-Durham and the excellent university resources available in the area. Specifically, there are two schools of psychiatry nearby—Duke University and the University of North Carolina—both of which have expressed an interest in working with the institution by providing psychiatric residency programs.

Funds were appropriated by the Congress between 1961 and 1964 to complete construction of the facility. Unfortunately, bids taken on the proposed institution on two occasions were substantially above available funds. As a result, the funds initially appropriated for Butner were reprogrammed to cover other needed improvements in existing institutions.

During 1970, the Federal Bureau of Prisons again requested funds for an institution to be built on the Butner site. Subsequent planning involved a number of consultants from the fields of law, psychiatry, psychology, and the administration of criminal justice. As a result of these inputs, the institution has taken on a twofold mission:

1. The diagnosis and treatment of offenders with mental disorders, and
2. An institution to test and evaluate programs aimed at improving correctional effectiveness.

I again want to state for the record that the Federal Bureau of Prisons is not contemplating and has never contemplated the use of psychosurgery, sensory deprivation, or aversive treatment of any kind at the Butner institution. The institution will include only a small

hospital without surgical facilities because of the availability of excellent medical care in nearby university hospitals. Dr. Groder will describe in detail the specific programs he and his staff are planning to implement when the institution opens later this year.

You have also asked me to discuss the control unit programs which have been established at the U.S. Penitentiary, Marion, Ill., and more recently at the Federal Reformatory, El Reno, Okla. These units were developed following serious disturbances which occurred at both institutions in order to separate the small percentage of the inmate population who, because of their aggressive and violent behavior, were disrupting the lives of the majority of the inmates.

As I have mentioned previously, correctional institutions contain a small number of aggressive offenders who present significant management problems. These offenders, through fear and intimidation, threaten their fellow inmates both verbally and physically. To cope with such offenders, the institutional administrator has two basic alternatives. He can provide tight security, regimentation, and control throughout the entire institution, thus penalizing the vast majority who want to comply with the institutional rules and regulations. The other alternative is to separate the small number of seriously disruptive offenders and do everything possible to normalize and relax the remainder of the institution for the benefit of the majority of inmates.

Offenders assigned to the control units at Marion and El Reno are provided with the same basic elements as contained in the general institutional programs—but in a closely supervised and controlled setting. Work, recreation, education, counseling, correspondence, and visiting are all available. The degree of participation in these programs, however, depends in large part on the behavior of the inmate in the unit. Each offender's situation is reviewed regularly by senior members of the staff in the hope that he can be returned to the general institutional population as soon as possible without becoming a disruptive influence or threatening staff and other inmates.

The control unit at the U.S. Penitentiary, Marion, became operational in July 1972, following a major work stoppage organized by a group of inmates. Initially, a total of 89 offenders were assigned to the unit. Since the program was established, 93 offenders have been released to the general population at Marion or transferred to the population of other institutions. The average stay has been 9 months and there are currently 43 inmates assigned to the control unit.

The control unit at the Federal Reformatory, El Reno, was established in July 1973, after several major racial disturbances. During these incidents, one offender was killed by another inmate and several received serious injuries. Initially, a total of 12 inmates were assigned to the control unit. At the present time, there are 26 inmates in the program.

While no correctional administrator likes to operate control or segregation units, we believe they are essential in order to protect the vast majority of inmates from the predatory activity of a small group.

Before concluding, Mr. Chairman, I would like to candidly admit that the Federal Prison System has many deficiencies, including severe overcrowding and a number of large, antiquated institutions. At the

same time, I want to assure you that we are attempting to develop humane, effective correctional programs for offenders committed to custody by the courts.

I recently came across a quote from a book, "Beyond the Punitive Society," edited by Dr. Harvey Wheeler:

* * * if an organization cooperates with evaluative or monitoring systems, and utilizes novel or experimental techniques, it exposes itself to criticism and possible extinction. * * * On the other hand, if an organization utilizes established noncontroversial methods, and if it conceals—either by commission or by omission—its failures or limitations, it is less likely to be criticized and, hence, more likely to survive. It will also be less likely to solve the problem.

I believe this quotation is applicable to the programs I have described. We admit that we know relatively little about how to assist offenders in changing their lifestyles so that when released from custody, they can live a law-abiding life in society. It is our hope, however, that through innovation, we can improve the effectiveness of the Federal Prison System.

This concludes my formal statement, Mr. Chairman. I would be pleased to answer any questions you or your colleagues may have.

[Mr. Carlson's prepared statement appears at p. 65.]

Mr. KASTENMEIER. Thank you, Mr. Carlson. We have a number of questions for you, but I think in order to have the record complete we will hear from Dr. Groder first. His statement is not very long, and that can complete the record prior to our asking any questions.

Dr. Groder?

Dr. GRODER. Thank you.

Mr. Chairman and members of the subcommittee, it is a pleasure to appear before you today in conjunction with the Director of the Bureau of Prisons, Mr. Norman Carlson, to inform you of the state of progress of the planning for the Federal Center for Correctional Research which is now under construction in Butner, N.C.

As you probably know, the Federal Center for Correctional Research grew out of two pressing needs of the Bureau of Prisons. One was the need for a new treatment center for acute mental illness as the only current extensive psychiatric services available are in the aging Medical Center in Springfield, Mo.

Second was that as the Bureau of Prisons has moved into innovations in correctional practices, it has become necessary to test, evaluate, and research the nature and efficacy of the new methods. The Federal Center for Correctional Research is basically two smaller institutions, each carrying out one of the above described missions, in one facility with a common administrative and service structure.

Construction was begun in June of 1972 after the contract had been let to the general contractor, Ranger Construction Co., Atlanta, Ga. The initial contract completion date was February 1974. This has now been moved to April 1974. The institution, however, in reality, is only 50 percent completed at this date. I was appointed as Program Development Coordinator in September 1972 to provide for an extensive period of development of programs, research design, and staffing prior to opening.

The mental health program area consists of three units: Unit A, a 38-bed unit for young males; Unit B, a 64-bed unit for adult males; and Unit C, a 38-bed unit for females. Thus, a total of 140 treatment

beds will be added to the ability of the Bureau of Prisons to provide for the treatment of acutely disturbed incarcerated Federal prisoners.

Our current conceptualization is that the center will provide services to inmates committed by the courts or referred by the 13 bureau institutions in our Northeast and Southeast regions, OMB regions I through IV.

Specifically, the young adult male unit will coordinate with and treat the patients referred from our institutions in Ashland, Ky.; Petersburg, Va.; Morgantown, W.Va.; and Tallahassee, Fla.

The adult male unit will provide services for the U.S. Penitentiaries in Atlanta, Ga., and Lewisburg, Pa., and the Federal Correctional Institutions in Danbury, Conn., and Lexington, Ky., and, on occasion, to the Federal camps at Allenwood, Pa.; Eglin Air Force Base, Fla.; Montgomery (Maxwell Air Force Base), Ala.; and to the New York Metropolitan Correctional Complex.

The female unit will serve the Alderson, W. Va., Federal reformatory and the female units at the Robert F. Kennedy Youth Center, Morgantown, W. Va.; and the Federal Correctional Institution at Lexington, Ky.

In this way, modern, up-to-date mental health methods can be provided in a small, reasonably well-staffed unit. Because of the small number of referring institutions, our unit staffs will be able to get to know the institutional referring staff well and be able to coordinate referral and aftercare services in a workable fashion. The basic treatment approach in each of the units will be a team approach combining the skills of psychiatrists, psychologists, psychiatric nurses, correctional counselors, and correctional officers, along with occupational therapists and recreational therapists.

It appears that their efforts may be supplemented by students from training programs in the adjacent large universities; Duke University and North Carolina Central University in Durham, the University of North Carolina at Chapel Hill, North Carolina State University in Raleigh, and East Carolina University in Greenville, N.C.

Further, some early planning is in progress with the State of North Carolina and the University of North Carolina at Chapel Hill for a program in forensic psychiatry. A similar plan is being developed with the Department of Psychiatry at Duke University. I state unequivocally that the primary purpose of these mental health units is not experimentation and that accepted treatments that are used in civilian settings will be employed. We hope, due to special problems of a strictly correctional population, that some innovations may emerge because of the evolution of methods.

We also hope that this facility will serve as a training ground for not only the students mentioned above, but for Bureau of Prisons personnel in the handling of inmates with mental problems. The specific staffing set to date for these 140 patients is 3 psychiatrists, 3 psychologists, 4 social workers, 3 counselors, 28 officers, 19 psychiatric nurses, 2 occupational therapists, 2 recreational therapists, 1 educational specialist, and 4 secretaries.

The correctional program research division of the institution consists of four 50-bed units for a total of 200 beds. The research program has been designed to answer some of the crucial questions for which answers are needed now but certainly will be needed even more as we

advance into the 1970's. The Bureau of Prisons has, historically, provided humane, excellent, and effective levels of programs in two of the three areas, care and custody, that are part of its mission. However, it is only recently, in the 1960's and 1970's, that the concepts and methods and program types have started to become available to provide a program which is truly correctional above and beyond the provision of care and custody.

As you may know, most outcome studies indicate little difference between one type of program and another, or one type of special program and regular institutional programs. There, however, has been an increasing indication that certain principles and certain methods do produce a positive effect in the postrelease adjustment of inmates. However, in general, the testing of these concepts and methods has either been partial; that is to say, one method at a time in isolation, or have consisted of retrospective studies of programs that appear to have been successful without sufficient controls and research design methodology to really prove whether or not the subjective impressions hold up in fact.

The last important issue for the 1970's is that the Bureau of Prisons is managerially reorganizing itself on a regional basis to provide better integrated institutional and community based services to incarcerated Federal inmates from particular regions.

Meanwhile, the institutions, themselves, are becoming decentralized into functional units in which it is possible to integrate the staff, program concept, and methods so as to mount a totally coordinated effort. Thus, by the time the first results come in from Butner, some time much later in the 1970's the Bureau of Prisons will then already consist almost entirely of functional units with integrated programs. Unfortunately, because of the lack of adequate research resources in the past and because of a lack of information, not only in the Federal system but in all the State systems and internationally, on effective correctional programming, there is a dearth of solid information on effective program options.

We hope that, even prior to the first results, interim studies will prove helpful to the efforts of program managers in the Bureau of Prisons. What we have done, through a variety of site visits, searches of the literature, and consultation with various experts, is elaborate those principles which appear to be related to a positive outcome. These principles, contained in the program master plan we have been using as a working document, dated Summer 1973, I will briefly synopsis below:

The principles will sound simple because they are; yet the achievement of these goals has proved quite difficult in the past in the usual fragmented types of programming that we have had to perform. Specifically, in postrelease, it has become clear that there is less recidivism among men who are employed in jobs in which they are reasonably skillful and have some chance of advancement and at which even the initial salary level is, at least, adequate for support and in which their mastery of interpersonal relations is such that they do not constantly get into unnecessary difficulties with their peers, subordinates, or supervisors. Likewise, an education to at least the high school level appears to support the above employability in a way above and beyond

that even of vocational skills as it appears to enable employment flexibility of a type not available with just one set of employment skills and a low educational level.

Further, those individuals who have what I am calling an intact, positive social setting, usually an intact family, occasionally other types of special settings, do not need to turn to deviant subcultures for their social support with the resulting increased probability of recidivism.

Last, individuals who have high self-esteem and can solve not only their everyday problems but also the crises that come to all of us from time to time and who are able to relate to other people, in general, in an effective manner, do not usually find it necessary to revert to crime for self-support and to the then subsequent minimal support of our social system provided by jails and penitentiaries.

On the programmatic level, I have seen over and over again that integrated, small programs which have a clear philosophy that relates to the methods used and have adequate resources in the various areas mentioned above, are able, with the cooperation of the inmate members, to get these resources used and get the necessary skills to the membership. Many of the principles, then, in the program master plan, relate to how a group of inmates and a staff coordinate their efforts in a common and mutual effort to achieve their goals which can be understood by both the staff and the inmates involved as sensibly leading to a reduced risk of recidivism.

In searching the country, including all State systems and our own system, another not very surprising fact emerged; that is, because of the infant nature of adequate correctional programing at this stage of development, those programs that even appeared to be of the above type were led by unusual individuals who combined the skills of a good administrator with the skills of a good clinician and teacher. This is largely because in an integrated program, the program manager needs to have sufficient understanding and management capability in a number of areas including clinical areas, educational areas, vocational areas, social work areas, management skills relating to budgeting, and supervision of employees, et cetera.

Next, since most of the individuals in prison settings are varyingly unhappy and, to some degree, disturbed in their relationships with others, it has proven necessary to work with these men on improving their self-esteem and skillfulness in problem solving for themselves and others.

Moreover, as these skills are very rare and unusual, that is to say the skills of the program manager, it has proven necessary for program managers, within whatever mode they operate, to be excellent teachers since they will have to teach not only the inmates these skills but, also, usually most, if not all, of the staff that work with them. We have, therefore, searched out integrated program types with consistent philosophies and methodologies which have available program managers with correctional experience. Thus far, three programs have been preliminarily identified and are moving into more advanced planning. One of these is the human resource development model which originally was developed by Dr. Robert Carkhuff and introduced to the Bureau of Prisons as facilitative counseling through the assistance of Dr. Sherman Day, who soon will be on our central office staff.

This model, which has been getting more extensive through further research and development, offers a method of skills training in the areas of emotional-interpersonal skills, cognitive or learning and teaching skills, and physical skills that appear to meet the criteria described above. A program manager of the type described has been identified and the program has the support of the founder of this particular methodology, Dr. Carkhuff, and Dr. Day and the Bureau of Prisons.

The second model is the model called Asklepieion which I developed at the U.S. Penitentiary in Marion, Ill. This model is a hybrid of a basic Synanon self-help, therapeutic community with its philosophy and many of its additional methods coming out of transactional analysis. This method is still in the process of being tested and followed up from its origins in Marion and has already been reproduced in some other Federal institutions and in some State institutions and appears to meet the criteria. A proposed program manager, in fact, one of the graduates of the original program, appears to have been identified preliminarily.

The third model identified to date has been available for some time but has usually been only used as an adjunct to other models. That is the psychodrama model combined with the sociometry and some other new methods from time to time. The basic method here is the teaching of new social roles in conjunction with actual skills training through the mechanism of role playing in a coordinated, sequential fashion.

The last model is not yet determined and we are evaluating a number of proposals from different individuals, foundations, and programs. We are firmly committed, however, that the fourth program shall, like the first three, be basically built around a skills training model. The philosophy is that inmates and staff participate in a major growth and learning experience with the end result being that the inmates acquire the skills and meet the goals that were set initially.

Now, I would like to turn to some issues that have been raised before other audiences that appear to be controversial. We can state unequivocally that none of the methods already preliminarily chosen or being considered favorably, involve the methods of modern-day torture known as aversive conditioning, specifically the misuse of drugs, electric shock, or psychosurgery. In fact, all these program types are basically humanistic, cooperative ventures which will stand or fall on their results and outcome though they can be seen assuredly as, at least, doing no harm.

As a note, the research design dictates that inmates will be selected for these units from the east coast of the United States and through meeting certain basic criteria. These current criteria are that they be male, that they be between the ages of 18 and 50, that they live within approximately 1 day's drive from the institution to facilitate family involvement and community readjustment, that they not have a previous major psychiatric illness and hospitalization as that type of problem will be treated in our mental health center.

Further, as we plan to change the research programs every 2 to 4 years, we will require that the entering group of men be within 18 months to 3 years of probable parole date so that, without any promise to them, we can reasonably expect the majority will be paroled as the programs are terminating at the end of the first cycle.

Those that might be left would be reasonably close to parole date and then would be able to go on to one of our less secure institutions near their homes to serve out whatever remaining time may be left. A small number of the inmates eligible may be eliminated because of special circumstances such as being on the special offenders list which would probably eliminate the possibility of rehabilitative programing.

When initial cadres are selected through randomized computerized methods, they will then be given written information as to what the programs are and what safeguards they will have. In order to actually come to Butner, they will have to sign a written release stating that they are, in fact, willing to participate in this joint venture.

I hope that I have not, in this testimony, overburdened you with too much of the detail about the programs but I have tried to include those things which continue to be asked of me in reference to the planned programs. I thank you for the opportunity to inform you of the above issues as I feel this is a major opportunity for the U.S. Government, through the Bureau of Prisons, to gain a better understanding of how to work with some of our most rejected citizens so that they get back their dignity, freedom, and citizenship in a way that will be permanent rather than transitory as it has been all too frequently in the past. I will be pleased now to respond to any questions that you may have.

Thank you.

[Dr. Groder's prepared statement appears at p. 70.]

Mr. KASTENMEIER. Thank you, Dr. Groder.

A number of issues have been raised, and you have both covered a considerable area. Mr. Carlson, at the outset you were talking about what you needed in terms of facilities and indicated that the inmate population has grown 2,000, more or less, in 2 years. Is this a result of more offenses in terms of the criminal justice system, or of more convictions? Is this consistent throughout the country, or is there any reason why we have more inmates in the Federal system today?

Mr. CARLSON. The Federal criminal justice system has expanded over the past several years. Additional agents have been added to the FBI and the Drug Enforcement Administrator, more U.S. attorneys have been put on board, and more Federal judges have been appointed, as you know. We are now seeing more cases being processed.

I should point out, however, the use of probation has continued to remain at about the 50 percent level in Federal courts where the judges are using probation as much as they did 4 or 5 years ago. It is simply that there are more cases being filed by U.S. attorneys across the country.

Mr. KASTENMEIER. Do you happen to know whether the increase is also consistent with additional crimes being committed or offenses reported throughout the country? Is that also a relatively constant figure in terms of increases?

Mr. CARLSON. Frankly, I am not aware of that. I understand LEAA has a study that it will release in the near future regarding reporting of the incidence of crime.

Mr. KASTENMEIER. We have had an excellent description of what is intended for Butner, N.C., and for the eastern region. Is it your intention or part of the Federal program to build one or more additional facilities of this type located elsewhere in the United States?

Mr. CARLSON. Yes, it is, Mr. Chairman. We plan to have at least several of these facilities, the one at Butner on the east coast, and one on the west coast, and perhaps one in the Midwest area to serve the needs of offenders in that part of the country.

Mr. KASTENMEIER. I take it you will not be phasing out Springfield until it is replaced by another facility, a medical facility?

Mr. CARLSON. That is correct, Mr. Chairman. We have no plans at the present time to phase out Springfield. As a matter of fact, as I am sure you observed while you were there, we have done quite a bit to remodel and to renovate that institution. We have built a new surgical unit, and we are in the process of constructing other buildings at the institution which I think will make Springfield a much better facility than it has been in the past. We are going to continue to operate Springfield at least during the foreseeable future.

Mr. KASTENMEIER. I am not sure that I am crystal clear on what will be undertaken at Butner. Do I understand that there are two distinct programs there? One is for inmates with mental disorders, which is kept separate from the behavioral modifications, or the research in terms of, what did you term it, behavioral modification?

Dr. GRODER. The correctional program research centers.

Mr. KASTENMEIER. Yes. These are two units that really have nothing particularly in common, is that correct?

Dr. GRODER. That is correct. They could easily have been housed in separate institutions.

Mr. KASTENMEIER. There will be two classes of inmates, those with mental disorders that are treated, and those who voluntarily come and sign a written release to participate in the other program?

Dr. GRODER. That is correct.

Mr. KASTENMEIER. I suppose the question can be raised what does signing a release constitute because of the question of what is the nature of consent in those cases, what is the quality of consent that a prisoner has versus another type of citizen. Do you think, whatever that quality of consent is, it would not be the same for Butner as it would be in terms of medical research?

Dr. GRODER. Well, this is a complex issue; but the way the program is proposed, each individual inmate is going to be approached individually. If they do not chose to sign, this will not be detrimental to them. There will be nothing held against them if they do not wish to participate.

There are—we do not have exact figures—some thousands of inmates who will meet the eligibility criteria, which are quite broad. As a result, a large number of people could turn down this opportunity and we would still have more than an adequate number who are interested.

The second part of it is that we will have a procedure which is not yet fully specified, and which I discussed with Mr. Dixon, whereby these inmates could sign out of this institution and return to their previous institutions if they find that these programs, instead of being helpful to them, are not of interest or whatever. In fact, the degree of voluntariness in this proposed program is much greater than in any other institution in the Bureau of Prisons, and the degree of control that the inmate would have over his situation is much greater than if

it was a regular Federal correctional institution as our other institutions are.

So, how you answer that question depends on your point of view as to whether anything can be voluntary in a prison setting, or whether by looking at the situation this would be considered voluntary. I consider it voluntary.

Mr. KASTENMEIER. Let me ask you a different question.

Mr. DRINAN. Mr. Chairman, could I follow up on this for just one moment?

Mr. KASTENMEIER. All right.

Mr. DRINAN. On the release, what precisely are they releasing? You say in the literature that we have that the release has not been put into words yet, but what are they releasing exactly?

Dr. GRODER. Well, essentially it is an agreement to be transferred, as I envision it, so that, in other words, if the man does not sign the release he will not be transferred, he will not participate in these programs, he will not do anything other than what he was doing before. So those that do sign the release would then, again after having read what the programs are and so on, they would then, at a suitable time subsequent to that, be transferred to the facility and assigned to one of the programs. Then they would serve out the rest of their time, if they were paroled within the 2 or so-odd years that we envision, at that institution participating in that particular program.

Mr. DRINAN. Well, it is still not very clear to me, but I yield back to the chairman.

Mr. KASTENMEIER. Well, following up on that, an inmate in another Federal institution in the East will be screened, along with a number of others, and will be determined by your classifiers to be eligible, and then he will be approached in terms of whether he would agree to a transfer to Butner for participation in the program?

Dr. GRODER. Yes.

Mr. KASTENMEIER. And he may agree or may not agree?

Dr. GRODER. That is correct.

Mr. KASTENMEIER. Now, of course, this then differs considerably from START, which was not a voluntary program, as I understand it, Mr. Carlson. We visited Springfield, and I think the committee was not impressed with the START program. I can appreciate that in behavior modification programs of this sort we should not penalize innovation, but one of the primary complaints was that it was not voluntary, that individuals were selected out for participation in the program. And by and large, throughout the course of treatment they seemed to be uncooperative, at least in terms of their attitude. You have mentioned, for example, that 10 of 19 completed the program successfully. It was our impression last October, and going through the files at Springfield, discussing it with the authorities there, that they had only really one prime example of a success story. We interviewed the individual involved, and thought that the others were less than successful. In other words you could only claim a limited success for them because they retrogressed or something happened to them. They would go up the scale only to slip back in terms of anticipated success. I am wondering how you reach the figure of 10 successful completions out of the 19 in the START program?

MR. CARLSON. Mr. Chairman, 10 of the inmates were released from the program either to a general institutional population, or, as in one case, directly to the streets, upon restoration of good time which he had forfeited. You interviewed one, I believe, in Springfield, and there is another one in the Springfield program. We just did a survey last week on the cases still with us. One has been locked up again in segregation because of his own action. He has acted out again and has caused problems and is now in a segregated status. One was assaulted recently by another inmate, but he was a victim of the assault and will be reprogramed into another institution as soon as possible. All of the others are out in an institutional program, some are at Springfield, others at Marion, McNeil Island, and Leavenworth. All are graduates of the program.

MR. KASTENMEIER. Of course, as I say, some of those who "completed" the program did not on the record appear to be successes. The program processed them, that is true, and I suppose one has to evaluate these cases a little more carefully to ascertain whether these cases were successful or not.

In terms of the START program which starts with isolation, I wonder, Dr. Groder, whether any of your research might be devoted to traditional correctional techniques, or historical correctional techniques and their impact on the human personality. For example, would you not agree that isolation for periods of time for some individuals causes psychic and personality deterioration and if you knew that in advance as a psychiatrist you would not prescribe it as a treatment model for the individual involved? Is that not true?

DR. GRODER. Yes. Some individuals who are put in segregation units over a long time do deteriorate in terms of interest in the environment, social functioning, and so on. I think the issue really, and it was brought up some in the concept of the control units, is that the segregation units, at least as I have experienced them can only to a very limited degree be considered treatment units as they have been not only conceptualized, but actually used historically in our system and elsewhere. They are really basically small jails for the small town that the institution is, and they get called a variety of names, but it is hard to see them often as anything other than that.

MR. KASTENMEIER. Well, to interrupt, at the outset I agree that normally individuals are not placed in segregation for their own welfare, although occasionally that may be the case. Usually it is a disciplinary device, or for protection of other inmates, or whatever. But if a competent professional person were available to say if you put X in segregation that person will worsen as far as his conduct and his personality, there may be some other slightly more humane way of dealing with the individual, either as a disciplinary problem or in terms of his own treatment if that is called for. Would you not agree that we ought to look at other options?

DR. GRODER. Yes, I would. The initial question which you asked I really did not answer, and that is that we are not set up at Butner, in any event, to do that kind of research in the sense of putting a lot of people in an isolated setting. This kind of research could be done especially in some of our traditional institutions as mentioned by Mr. Carlson, such as the large penitentiaries which do have hundreds of

men in segregation units, living very limited kinds of lives because of the nature of the facility. An option that I have thought of from time to time is the fact that though some individuals find it very difficult to live among 300 or 500 or 2,000 men, they can sometimes make it in a much smaller environment with 4 or 5 and so on. However, our facilities are not built that way. They were built with the segregation units in the old facilities as holding cells in this county jail-type model. And what you are referring to in terms of program options are very much restricted by the physical facilities.

Mr. CARLSON. If I can expand, Mr. Chairman?

Mr. KASTENMEIER. Mr. Carlson.

Mr. CARLSON. I do not think there is any correctional administrator, certainly none in the Federal system, who likes to see people locked up in a segregation status. I tried to allude to that in my statement. I think one of the most detrimental things we do in any prison setting, is to lock offenders up. Unfortunately we do not know any better alternatives. Hopefully if you have any suggestion, or if the field of psychiatry or psychology can give us clues as to what to do with the predator and aggressive individual, we would certainly like to know. Frankly, it is the purpose of the START program and others, to find out what we can do with individuals besides just locking people up. We know that it is detrimental to anybody's personality and psychological make-up, and I agree with what Dr. Groder said. We have tried to develop these innovative programs to do something other than what has been used in this country for 200 years.

Mr. KASTENMEIER. The problem is the START program commences with isolation as a predicate of treatment.

Mr. CARLSON. Yes, the participants come out of segregation units. They have been locked up because of their aggressive and predatory behavior.

Mr. KASTENMEIER. I appreciate that. My question is whether there is any research being done as to what alternative generally to tight isolation can be employed, particularly when in a number of cases it is destructive of a person's personality? It may not always be, but it often can be.

Much of what you have said, at least on the surface, would tend to put to rest many of the fears that individual organizations throughout the country hold. It is easy in this day and age to understand why these fears are held. During the past 25 years we have seen within this country and without, techniques used on people who have no control of themselves in terms of their environment, or their personal condition, as in a prison setting. We may have manipulated personalities of 1984 to look forward to, possibly series of wars that have been employed theoretically to manipulate populations, and we have seen riot control devices used that are manipulative in a sense, and so the people are concerned about behavior modification, not only in school systems, but in the dark, nonpublic recesses of prison facilities. I think this is well understandable. At Springfield we were told that quite apart from the START program, for many years they have not employed electric shock therapy because of its implications. One time they used it some years back, they said. They took the inmate downtown to a local university medical facility so they themselves would not, in fact, be administering even that treatment. So as far as we

know, on the record, there are odious devices used in the past which are not presently being employed at the Federal prison facilities. We do not know to what extent drugs or tranquilizers are used, and Mr. Carlson, I think you modified your statement by saying they are not overly used or massively used. Additionally, it is always charged when we go to a prison that x number of inmates were sedated that day, some perhaps in isolation or in peculiar situations so that they would not, in fact, be an embarrassment to the institution. I do not know whether that is true or not. It is hard to ascertain. But to what extent do you think tranquilizers ought to be employed as a device in prisons?

Dr. GRODER. Well, I can cite my own experience in this and experiences of other people in the Bureau of Prisons. For instance, at Marion where I was for a period of 4 years, in addition to other roles, the staff psychiatrist, I very rarely had more than 5 to 10 psychotics out of a population of 500. So roughly 1 to 2 percent, which is the same as the average population, were at that time actively psychotic and actively on tranquilizers. Of those, usually no more than five or six of them would be receiving this on an outpatient basis; that is to say, voluntarily coming in two or three times a day to receive them. And the average census in the hospital ward of such active psychosis was usually around two or three.

Additionally, depending on many, many factors, there would be some 20 to 40 inmates that were on minor tranquilizers, sleeping medications, on request, usually, sometimes very manipulative requests, faked headaches, or a variety of other disorders which eventually did not prove out, but was so subjective as to be difficult to evaluate. This practice varies greatly.

I was considered very liberal by some in that I gave out any such medications. I was considered not too liberal by others who made them available as requested. I always made the attempt to at least evaluate the situation and see what might be in order.

I think here we get into the phenomena of the monotony and discomfort of prison life, for which especially in a population consisting of one-third drug addicts it can readily turn to legally prescribed minor tranquilizers as well as illegally available drugs of one kind or another. I think the basic issue is that in the civilian population a small percentage of people become psychotic, and one of the standard treatments and, in fact, one of the few proven treatments is tranquilizers, and they need to be used in these cases.

Mr. KASTENMEIER. I have a number of other questions, but I am going to defer to my colleagues who have a number of questions as well.

Mr. SANDMAN. Mr. Chairman would you yield?

Mr. KASTENMEIER. Certainly I will yield to the gentleman who was first here this morning.

Mr. SANDMAN. Thank you.

Mr. KASTENMEIER. The gentleman from New Jersey.

Mr. SANDMAN. Thank you. As I understand your system, Marion, Ill. is probably the best institution and one of the newer ones, is it not?

Dr. GRODER. Yes; it is.

Mr. SANDMAN. But it is, as I understand it, totally maximum security, is it not?

Dr. GRODER. Yes.

Mr. SANDMAN. Now, in the Federal system do you have any systematic way that you lower the degree of incarceration as times passes on?

Mr. CARLSON. We do, Congressman Sandman. We send inmates to Marion only because of extreme escape risk, or because of their aggressive, assaultive behavior. Marion is the only truly maximum security facility in the Federal prison system. Our goal is not to release inmates from penitentiary type atmospheres or penitentiary type institutions. Rarely is an inmate released directly from such an institution, but when this occurs it is generally because he has a detainer and is taken into custody by a State or local authority for further prosecution. Immediately outside of Marion, we have a 400-inmate camp, and many of the inmates are sent to the camp for a decompression process before they are released. We have, in addition, many community based centers and halfway houses, again as a way of decompression from a prison environment.

Mr. SANDMAN. The usual case is a long-termer that goes to Marion, is he not?

Mr. CARLSON. That is correct, sir.

Mr. SANDMAN. How often does he get a review as to what degree of incarceration he should have, based on his behavior?

Mr. CARLSON. All cases are reviewed on an annual basis by the staff of the institution.

Mr. SANDMAN. Annually? He has to wait a whole year?

Mr. CARLSON. He does not have to wait an entire year. Inmates are automatically reviewed annually. An inmate can request at any time a review by the classification team and it would be done. In all cases, they are reviewed on an annual basis.

Mr. SANDMAN. Now, if you get a man, for example, who is serving, let us say, 10 to 20 years at Marion, and let us assume that it is a rather serious offense, but one that is not really of a violent nature. The propensity is there, but the crime for which he has been committed is not of a violent nature. Now, let us assume after a few months this kind of an individual could qualify for, let us say, a medium security. What would be the procedure for him to get from Marion, Ill., to some other institution?

Mr. CARLSON. He would request to be transferred to another institution through his caseworker or correctional counselor. This would be handled by the classification process. The classification team would review the case, and, if appropriate, would in all probability transfer him to an institution closer to his home.

Mr. SANDMAN. What percentage would you say from Marion, Ill. are released to a lesser degree of incarceration?

Mr. CARLSON. Of the inmates at Marion, I would expect that 90 percent are at some time going to be directly released to society, but not from the institution. As I alluded to earlier, they are transferred to another institution prior to release. Very few go directly out of the front gates of the institution to the streets.

Mr. SANDMAN. But if he serves the maximum he has to go onto the street, does he not?

Mr. CARLSON. Yes; but he would be transferred to a camp or other lesser security institution as he approached his release date. Prior to it

he would be sent to a halfway house or some other facility for transition into the community.

Mr. SANDMAN. How long would he stay there?

Mr. CARLSON. A halfway house is usually for 90 days.

Mr. SANDMAN. Ninety days. Let us assume you have a man who has spent 10 years of a 10-to-20 sentence, and he is about to get out. He has not qualified for any other degree of incarceration, he has not been sent to any other place. He has now served his sentence, and he is ready to be released. What is the procedure on releasing that kind of a man? Would he go, as you say, from Marion to a halfway house, and would he stay there the 90 days and then go onto the street? Is this true?

Dr. GRODER. Yes. A couple of figures have occurred to me. I hope that they are accurate. They are from my memory from 2 years ago. Approximately, as I remember, 50 percent of the inmates soon to be released from Marion, that is to say where positive parole findings are made, do go through the halfway house procedure. I think it is about the highest of all of our institutions.

Second, very few inmates, whether at Marion or elsewhere, get released through the mandatory release process. Most inmates get parole at some point in their time. The transfer of men from Marion to institutions of lesser security was a regular process. I could not give you a figure on that but I think perhaps, Congressman, you are not aware that the average sentence in Marion is a great deal higher than 10-to-20 years.

Mr. SANDMAN. I know. I only used that as an example.

Dr. GRODER. I remember that we did a study once on the members of our program who on an average had 16 years left to serve.

Mr. SANDMAN. The last question, you buy the idea I suppose that so many people seem to subscribe to, that the fallacy in the prison system is that the individual case does not have sufficient review to a point where the inmate is rewarded with a lesser degree of incarceration as he goes along, and that the worst thing that can happen is to have too high a percentage released from maximum security onto the streets? Do you buy that?

Dr. GRODER. Definitely, yes.

Mr. SANDMAN. In fact, that gives the very, very highest rate of recidivism, does it not?

Dr. GRODER. Yes.

Mr. SANDMAN. And in the Federal system you do try to avoid that by what Mr. Carlson has said, is that correct?

Dr. GRODER. Yes, sir.

Mr. SANDMAN. Thank you.

Mr. KASTENMEIER. The gentleman from Massachusetts.

Mr. DRINAN. Thank you very much, Mr. Chairman.

I want to thank both of you for coming here. I do not think anybody here is opposed to new programs, but I think we should explain that this is the only unit in the whole House of Representatives that has any jurisdiction over all of these areas and that this is a very serious problem. When I visited the START program I knew at that time that I was bothered by it, and I have been trying to analyze my conclusion why I was so relieved at the termination of START. I do not have to tell you people that this involves questions that law-

yers here are not used to dealing with. But we simply have to deal with them.

I wonder, Dr. Groder, if you would want to explain a bit more a statement you made in your letter to Senator Ervin. On page six, you said this: "I regret the false, propagandistic honor stories that have been perpetuated against this institution and the Bureau of Prisons by a small number of self-interested politically motivated people who wish to see the prison system of this country destroyed." Would you elaborate a bit on that?

Dr. GROEDER. Yes. As I mentioned, I was at Marion for approximately 4 years. Now, from July 1968 until September 1972, and during the latter part of that stay, as I mentioned, I had a number of roles, as a staff psychiatrist, and the head of the hospital, and also the founder of a small, innovative program which was a voluntary program, the Asklepieion program. And during the last year or so I began to notice that some of the men in the institution who described themselves as politically motivated, having an interest in major and dramatic change in the system of government, et cetera, began to pick on this program for a variety of reasons. Some of the materials that were put out at that time, one of which was a letter sent to the United Nations, were created by inmates in the institution who disliked the program. Many things that were stated in that letter were false. Many of the things that were not false were distorted. That letter has served as a foundation for many other news reports, and many of the kinds of concerns about that particular program. And very often it is by people who have not bothered to check out any of the facts.

I also noted at that time that there was a group of men called the Peoples Law Firm who I did meet with at one time, at least some members of which were very motivated, by self-acknowledgement in a very political fashion. They believed in revolution and were supporting a number of inmates who are of like mind. When I get out of that area of direct knowledge I can only surmise that the kinds of communications and the kinds of statements, from persons who have not talked to me, who have not checked some of the original documents, who have not seen the program, and which use the same kind of rhetoric and general language, might come from the same kind of general political motivation. If that is in error, well then I am in error. But that has been the conclusion I have drawn.

Now, in addition to that, as you know the prisons have especially come very much to the fore and there is a lot of interest obviously by this committee, but a lot of different groups for many different reasons. Again, this is my opinion. I feel that a number of political groups have picked up prisons as an interesting item. Some groups usually identified in the vernacular as law and order groups see prisons as perhaps being insufficiently repressive and insufficiently active in their activities. Others, not ones I was mentioning in that letter, see prisons as an expression of repressive society that ought to be ended along with the society.

Mr. DRINAN. Well, would you furnish to the committee some documentation of the successes or failures of your programs in the 4 years that you have spent at Marion Penitentiary because I assume that, at least in part, the Butner program will be based upon your experience

there. In all candor, for a simple lawyer like myself, the term Synanon and transactional analysis and this other unpronounceable word do not really mean that much to me. I wonder if you could furnish some available studies as to what happened to all of the people to whom you gave assistance?

Dr. GRODER. Yes, I think, if I remember rightly, Mr. Dixon, you had a copy of the Asklepieion article that I had presented at SIU. Is that correct?

Mr. DIXON. I may have, but I would ask that you submit it again just in case I do not have it.

Dr. GRODER. Well, I will resubmit that article which is the most extensive. I will also submit an article which is mostly a condensation. There are some changes, and this is an article that I am going to present at the American Psychiatric Association meetings in Detroit in May. There are some other materials available. There is a study that was recently done of a followup study that is available and will be sent along. We are in the process of negotiating a further more extensive followup study. Unfortunately, in the first study, which I think had an ending date of January 1972 or 1973, of the 29 people who had been through the program, only two had been graduates of the program, and the others had been either paroled prior to completion, or dropped out, or whatever. So we hope later this year, or early in 1975 to begin to get more accurate statistics about those who are graduates and who were paroled.

[Dr. Groder subsequently supplied the following information:]

ASKLEPIEION—AN EFFECTIVE TREATMENT METHOD FOR INCARCERATED CHARACTER DISORDERS

(By Martin G. Groder, M.D.)

Psychiatry traditionally paid little attention to character disorders. In general, people who would now be classified as having character disorders were handled by processes, formal and informal, outside of the realm of medicine. The more obnoxious were considered at one time to be possessed of demons and/or basically sinful. Later into the nineteenth century, as organic causology began to be successfully used to explain physical disease, so too in psychiatry physical explanations were forwarded for a variety of disorders. Commonly some form of "bad seed" concept was advanced for what became known as constitutional psychopathic inferiors.

Sociologists in general were the behavioral scientists who spent the most time studying criminals and their observations in the main pointed towards truisms such as the preponderance of lower-class people in those incarcerated, preponderance of people who had failed in our educational system, preponderance of young, preponderance of males, etc. These studies, as minimal as they were, however, did establish that for many, criminality was related to styles of upbringing especially emphasizing socialization by peers who were also deviant. This usually occurring with a combination of lower-class status and broken families. Also noted was the fact that institutions per se did not appear to have a beneficial effect but that the general process of aging appeared to decrease the percentage of each cadre that were actively involved in crime.

Psychoanalysts from Freud on tended to emphasize very individual personal factors in characterological disorders including criminal behavior and a variety of ideas of absent, defective, abandoned superegos with correlative concepts of impulse disorder and lack of barriers to impulsive behavior were put forward as what would now appear to be somewhat redundant explanations of these behaviors. Few of these types of people were actually observed or treated since it was early noted that they were not amenable to the private practice model of analytic treatment.

Checkly noted in his *Mask of Sanity* that the so called psychopath was capable of very rational discourse and seeming sincerity but when his entire life pattern

was reviewed he appeared to be "crazy" in that his knowledge of society norms and consequences appeared not to persistently enter his decision making. He, however, appeared to have been taken in by the families of the men he studied in that he saw them as being rather sober, honest and victimized citizens. Surek and Johnson in the late '40s noted, however, the families of people, especially children, with major behavioral disorders appeared in some ways to be provoking or encouraging these behaviors and they spoke of *superego lacunae* as if the problem was a hole in the normal fabric of the *superego*. At the same time, academic psychologists, using learning theory concepts much in agreement with the sociologists, saw these disorders as learned behavior occurring in an environment in which such behaviors were common, in which deviant role models were freely available and in which there were few rewards for other kinds of behavior. These various explanations, all having some degree of validity for circumscribed aspects of the situation, however, in general, had not been pulled together and certainly had not been applied in a consistent way in a correctional setting to the treatment and cure of people with major character disorders who also happened to be incarcerated.

In reviewing my own professional life, my teacher's approaches to character disorders and reading in the field, some of the reasons for the lack of integration and advancement in this field are very obvious. The private practice model of psychiatry, the medical center psychiatric ward with its highly ordered structure and demand for politeness and the extreme demand for passivity of the usual state hospital setting as social modes and therapeutic methods have little application to the problem at hand. This has resulted in generations of despair and therapeutic nihilism in reference to major character disorders. By happy accident in writing this paper, I took the opportunity to pick up my psychiatric text while a medical student which was the fifth edition of Noyes and Kolb's *Clinical Psychiatry* (1), published in 1958 to take a look at the official viewpoint at that time transmitted to me as a fledging and naive medical student about these individuals so that I might see what kind of a mental set was being given at that time. I found the following fascinating definition of sociopathic individuals which as you read it, keep asking yourself the question, "Would I want to work with or would there be any hope in working with, such a man or woman?"

"These sociopathic individuals show a moral and ethical blunting, a lack of sympathy for their fellow men and a behavior destructive to the welfare of the social order. As children they are often self-willed, play truant, commit petty thefts, are cruel and untruthful, and as they grow older they may be inaccessible, boorish and without sense of responsibility. Their emotional life is superficial and affectively cold. They seem incapable of mature emotional relationships. They cannot organize an acceptable, constructive expression of their aggressions. They lack ambition, application, seriousness of purpose and foresight. They are irritable, arrogant, unyielding, characterized by a brutal egoism and rarely feel remorse for their most serious offenses against person or property. Frequently they show a rebellious attitude toward authority and society. Changes in mood are sudden and often without apparent cause. They are cynical, devoid of a sense of honor or of shame and are lacking in sympathy, affection, gratitude and other social and esthetic sentiments. When frustrated they may be dangerous to others. Their offenses may constitute the whole register of crime—theft, embezzlement, forgery, robbery, brutal sex attacks and other acts of violence. Many take pleasure in their struggle with the law and feel pride in their accomplishments. They are unable to identify themselves with society and its laws. Punishments are considered as expressions of injustice and have no deterrent effect. At times psychopathic, criminal behavior seems to develop out of a sense of guilt. In such a case the individual finds his unconscious guilt feelings so unbearable that he commits a crime to find relief by being punished. Frequently the sociopsychopath possesses a remarkable ability to rationalize his behavior so that it appears warranted, reasonable and justified."

It became clear to me once more in re-reading the above why I was reluctant to enter into the treatment of such individuals initially.

Prior to describing the Asklepeion program, I will briefly review some of the major features of the people who are usually labeled psychopaths or other more or less euphemistic terms that I found useful in both understanding the men I work with and in also setting treatment goals with them.

Feature Number One is whether or not the individual at the time I met him had yet committed what amounts to social suicide. I use the concept of physical suicide as an analogy and also as an equivalent, in that the result in many

ways is very similar in that the individual who has committed social suicide is wiped off the roster of genuine citizens and is put into a para-human context. Some incarcerated individuals, usually those with white-collar, selective service or other kinds of milder social infractions had not committed social suicide and could honestly see themselves returning to a relatively normal social existence. The vast majority of felons, however, had, through their own acts and the subsequent consequences, social reactions, labeling processes, prejudices, etc. of other members of the social system, been written off and written themselves off as social beings in the mainstream of society. The treatment contract for this part of the disorder independent of its exact nature required a re-decision for return to the social mainstream and for behavioral patterns compatible with maintenance of life in that mainstream. That leaves a great deal of leeway as society has a good deal of tolerance for eccentricities of a variety of kinds but certainly this does not include major felonious behavior.

Feature Number Two is not unique to this population. Berne placed general life histories into one of the following three categories: Loser, At Leaster, Winner.

THE LOSER

The loser is an individual who by means anywhere from mild to violent consistently behaves in such a way as to defeat his own desires, needs and goals. This defeat is predictable on the basis of the methods and behavior shown and appears resistant to advice, counsel or learning. The tragic loser usually causes tissue damage either to himself and/or to others. This type is very common in penitentiaries though not universal.

THE AT-LEASTER

The at-leaster, though never losing big, never wins big and his model in general is "at least I didn't (die, lose everything, throw it all away, etc.)". This individual when involved in criminal behavior is noted to say things like "at least I didn't pull a life sentence, at least I didn't kill anybody, etc.". This group, which is quite large, especially in the minimum and medium security type institutions, is basically inadequate socially, may have drifted or been led into crime, is not usually the greatest threat to anyone but may well be committed to criminal life careers.

THE WINNER

This last category, that of winner, is rare in penitentiaries almost by definition and consists of a life style of overcoming adversity when necessary, avoiding adversity if possible, entering into successful and satisfying human relationships on a variety of levels and in almost any context. The rare cases of individuals I would consider winners appeared to consist solely of some lifelong successful members of organized crime and one or two sincere revolutionaries who had been leaders of failed revolutions.

The contrast between these effective human beings and their conferees is visually, behaviorally and otherwise quite dramatic. One of the interesting features of prison life is that by grouping together a large number of people almost all of whom are losers and at-leasters there emerges a dominant type individual who within that limited context takes on the characteristics of a winner but these behavior patterns are usually successful only in the penitentiary context and thus these aggressive individuals while appearing to be winners in this context find that they are once again losers in the outside world. This fact is one of the more destructive features of incarceration.

Treatment for losers and at-leasters consists in part of enabling them to re-decide the losing and minimalizing decisions that they made at a younger age under a variety of stresses and lack of resources and enabling as many as possible to take a winner's position or at least an at-leaster's position, much the same as working with character disorders in a civilian population. Transactional analysis is specifically designed to do this and appears quite efficacious in this regard.

Feature Number Three is the age of affiliation with a negative deviant sub-culture which is usually associated a year or two years with the first incarceration which is the marker usually used by sociologists and others as indicating the start of a criminal career. Since for the losers this relationship is a very stable and reliable one, the age of first incarceration has been a valuable predictor. In addition, the number of recurrences of incarceration has also been a valuable

predictor in estimating the length and commitment to a criminal life career. I have found, as have all other investigators, that the preceding is valid; my only addition to this is to emphasize that the younger and more enduringly an individual is involved with incarceration and negative deviant sub-cultures, the more intense their training has been in these behaviors and expectations, the more committed they are personally and the more their circle of acquaintances and friends and skill and knowledge is restricted to that limited segment of our society. Treatment for this feature consisted largely of increasing awareness of a larger culture, increased contact under positive circumstances with members of that culture, staff and non-staff and filling in of life experiences which had not been available because of the limitations of the previous life circumstances.

Feature Number Four is crucial, central and of all the features is the one most destructive to mental health of therapists. The cardinal sign of what was at one time called psychopathy is the inability of the observer, as Cleckly put it, to understand why the things that are done are done. All expectations come to naught, all belief is turned into folly, all good intention to malice, all practice twisted to its opposite. Our universal finding in these major character disorders and also in the civilians we treated with severe characters who had not been incarcerated is that the prime destructive focus of their behavior was in making fools of themselves and everyone else. In addition, their life patterns and social modes tend to caricature the usual civilian social roles, especially idealized myths such as "The Code of the West" (which appears to be one of the sources of the convict code). The unsophisticated civilian entering into a relationship with someone who is busy making fools of others and themselves soon finds himself in an "Alice in Wonderland", topsy turvy world where nothing is as it seems, all apples are poisoned, all princesses are really witches, all ogres are really kind men, etc., etc. The common observations related to this are that a variety of methods of psychotherapy which had some validity and usefulness in the civilian population, when brought into institutions and used with incarcerated individuals of this type had results opposite to those expected or hoped for and that the projects proved failures, many times unpredictably so.

For instance, much research has indicated that a variety of forms of group therapy when used in incarcerated circumstances contributed to the maintenance of anti-social orientations because of an incredible amount of misdirection, non-inclusion of important data, game playing and ritual performance that groups typically deteriorate into with these types of individuals as members and with unsophisticated group leaders as leaders. In similar ways, individual forms of counseling, educational methods, occupations methods, religious methods, philosophical methods, self-motivation methods, etc. are almost universally brought to naught by this capacity to make a fool out of anything; the better the thing made a fool of, the more delicious the temporary pleasure. Treatment for this feature is the most difficult and the most demanding and taxing of the entire program and is, in fact, so complex as to require a separate paper at some future time. Very briefly, it is in many ways similar to the gentle art of judo and every effort by the "making fools of" individual to make a fool of oneself or the program must be thwarted and redirected in a positive direction through any one of a number of methods described below and in addition, careful watch must be made of not too repetitiously using the same set of methods as there is an inherent tendency for any method to be subverted as soon as it is clear as to how it works.

Feature Number Five is adherences to the so called "inmate code". This code encourages and rewards inmates with or without feature four (making fools of) to maintain distance from staff and fake all rehabilitative efforts under threat of punishment and for ostracism as a "rat" or "snitch". On the social level this code behavior reproduces the effects of feature four. Secondly, it keeps the staff locked into a pessimistic and/or dishonest pseudo attempt at rehabilitation. In Transactional Analysis terms—"I'm Only Trying To Help You", a game in which the overt of the treater appear poorly united to the task while covertly he is pessimistic and/or antagonistic to the client, while the client is "going along" for superficial rewards with no hope of long-range benefit. As a result, the treater is reinforced for the view "They're not OK" and the client for the view "I'm not OK but they're not OK either, the square jerks", a position of despair. The method we chose to use to avoid the above was the creation of a "third culture" where effective methods of relating were used both by staff and inmates—the Synanon derivative type therapeutic community.

Feature Number Six has been much written about and appears to be very valid which is the presence or absence of an adequate role model for identification which for men appears to be a father or good father substitute during the latency period. If such is not present or available at the time, the individual appears to turn to peer and slightly older individuals for such guidance and essential role modeling as is necessary at that time. Treatment of those individuals who already had an adequate role model during this period is relatively easier. For the more typical individuals who lacked such a role model, it is necessary to provide these role models, the most useful ones usually being men who have already grown up themselves in the course of the program and/or previous life experience and can be related to by the individual lacking such identification.

Feature Number Seven is the presence or absence of violence. This feature is primarily interesting because of the extreme consequences of violent behavior and does not make the individual intrinsically more or less difficult to treat. In general we have found the concept of violence as "the last resort of incompetence" under normal civil circumstances as being very helpful in understanding how to prevent violence. Furthermore, we found that exercising responsibility and learning increased social competence made violence unnecessary and experientially it disappeared.

Feature Number Eight is whether thinking, sometimes called reality testing, is present or not. This relatively independent variable is closely related to the presence of alcoholism, drug addiction or other mind-altering addictions or habits. Some incarcerated criminals without these habits also typically do not think and behave by prior programming. The typical history of this part of the disorder includes parents who severely punished thinking behavior, questioning behavior or clear-minded observation and who, overtly or covertly, provoked and applauded unthinking reactive programmed behavior. Treatment of this consisted of, in transactional analysis terms, permission to think and, in addition, as listed below, a variety of group and individual methods for learning how to think and for increasing the storehouse of knowledge.

Feature Number Nine is the particular idiosyncratic script that each individual follows. This concept comes out of transactional analysis. It consists of the observations that there are just so many human situations, there are just so many human sequences (plots and scripts), and that children, adolescents and adults in attempting to understand themselves, their place in the world and the nature of the action and drama around them relate to traditional and other types of stories with a sense of identification. Further, the intrinsic sequencing and nature of particular stories match their own life experience and expectancies as to the future. In addition to these script stories, there has been built up a superstructure of concepts some of which are:

Injunctions—Parental negative commands.

Provocations—Parental instigations to negative behavior.

Seductions—Parental encouragements to illicit behavior.

Outcome—The concept that behavior can be goal oriented in addition to reactive, etc.

Decisions—The existential conclusions and commitments that an individual makes, most particularly those made at a young age prior to full capacity and knowledge.

Treatment for the destructive and disastrous parts of scripts can be done by the variety of modes used in transactional analysis (2,3,4) and related psychotherapies. This is found to be crucial for preventing the typical recurrences of self-destructive behaviors that occur if the measure of completion is merely the presence of socialized behavior. These episodes of socialized behavior are, in transactional analysis terminology, called counterscript and consist of those socially approved behaviors that have also been learned and taught and which are at times intertwined and at other times cyclically present with the script behavior.

Feature Number Ten is the presence of a limitation of time orientation to either past, present or future; any one or two of these are insufficient for full living. This is crucial as real time consists of reviewing the elaborations of the past in the present while relating to possible outcomes and consequences in the future, while fully experiencing the current internal and external environment to this. Any restriction is crippling. In addition, men are encouraged to increase the amount of time spent in productive activity, fun-type recreation, nurturance and intimacy.

Feature Number Eleven is the balance of ego states (a transactional analysis concept—Parent, Adult, Child). We have found that the most typical incarcerated individual's profile is that of having the majority of his personality expressed through his critical Parent and rebellious Child and if not his rebellious Child, then an adaptive compliant Child. There is usually minimal function of the Adult, natural Child and nurturant Parent. During the course of treatment, each person is encouraged to turn off the critical Parent with which he has been bludgeoning himself and his environment, stop doing programmed rebellious or compliant behaviors, begin to have fun and think things through with competence and begin to be able to take care of himself and others.

DESCRIPTION OF ASKLEPEION—U.S. PENITENTIARY, MARION, ILL.

The U.S. Penitentiary at Marion, Illinois is the newest U.S. Penitentiary, opened in 1965 for full use and is designed and is used as a maximum security facility of the Federal Bureau of Prisons. The inmates at this facility are, in the main, selected by other major penitentiaries and correctional institutions because of major problems in adjustment or lack of cooperation or major infraction and/or new crimes committed at that other facility. Thus, at any one time, the majority of these men are there because they could not be retained at other close security facilities. This also has meant that the general level of intelligence and cunning is high in this group as a fraction of the above were management problems because of their ability to confuse, upset and otherwise get around the staff at some other institution.

The population averages 500. During the course of the early part of the program until mid 1969, it consisted of the most difficult youthful offenders up to the age of 26 with an average age in the early 20's. Between 1969 and 1972 its mission changed to that of an adult maximum security penitentiary and the average age rose rapidly to 38 with a preponderance of lengthy sentences. The vast majority of individuals, both in the youthful population and in the adult population, were multiple offenders who had also been incarcerated multiple times and, in general, appeared committed to a life of crime. The institution consists almost entirely of single cells with a good deal of television and other electronic paraphernalia and is designed to discourage escape and to provide maximum surveillance.

The program was at all times voluntary and the volunteers initially consisted of young men representing a cross section of prisoners including factors of crimes, race, age, education, intelligence, severity of crime, length of sentence, previous history of incarceration, etc. In addition, the initial MMPI's when averaged, matched the MMPI's of a group of 10,000 other federal prisoners and thus, as far as we could tell, at least in the usual variables, this group, other than its interest in the program, was in no way different from those that were not interested enough in the program to join it. Upon examination of men's reasons for joining the program, it was discovered that they appeared to vary from the best and most sincere of reasons to the most conniving and underhanded reasons and all points in between so as to make this variable, at least at this time, not relevant. Thus it would appear that the program signed up individuals representing a cross section of the population who, for a variety of reasons at that time in their period of incarceration, desired to be in and at least appear to be part of a self-help treatment program.

On now to review some biographical data of interest that was collected and collated in 1971 and included the following information: Seventy-one percent of the inmates were in a 24-35 year old age group. Out of a total of 70, ten were in their 40's. Their average age, as the average age at Marion, has increased as the number of inmates in their 30's and 40's has gotten higher. In terms of the crimes committed by these men, they were 68% violent, 32% non-violent. The average sentence left to serve was 16 years. Only 29% of the sentences were begun five years prior to the survey so that most of the men were relatively early in the lengthy sentences that they had. The average number of arrests were $7\frac{1}{2}$ per man, the average number of convictions per man was $3\frac{1}{2}$. The vast majority were under 20 at the time of first conviction, and the arrest process had begun years prior to that. Twenty-four percent of the group had been arrested by age 12 or younger. The average length of time served in state institutions prior to federal incarceration was $3\frac{1}{2}$ years. In addition, on an average, they had already spent four years and four months in federal facili-

ties. Educational and intellectual levels of participants were not significantly different from average. On the whole, they had completed 11.1 years of school and had achieved a S.A.T. level of 8.8, a figure which is not significantly different from the average in the general population. Intellectually they appeared to be slightly above average with an average I.Q. of 109. Predominantly they tended to fall within the 100-115 I.Q. range. Fifty-two percent of the group are between 100-115. Forty-five percent of them would be considered of sufficient intellectual ability to complete college although only three had. Drug use, while there had been some examples of it, does not appear to be a major problem in this group. Eight of them had indicated an addiction to the use of drugs. This is approximately equal to what is found normally in other groups in the population (20%). Use of marijuana and other drugs in a non-addicting way, however, was substantially higher which is typical for incarcerated populations. The majority had not served in military service because of the early onset of criminal behavior. Of the 31 who had some military experience, only 13 completed three years of active duty. There were 15 honorable discharges, six general under honorable conditions, four dishonorable, two bad conduct and four undesirables. As indicated above, these biographical characteristics are entirely typical of a major federal penitentiary population.

PROGRAM HISTORY

The creation of this program was serendipitous. In July of 1968, having just completed my psychiatric residency at the Langley Porter Neuropsychiatric Institute, I was assigned by the United States Public Health Service to the U.S. Penitentiary at Marion, Illinois as staff psychiatrist in order to serve my two-year military obligation. I arrived there with no prior prison experience. My initial reaction, having just completed many years of school, was to ask those more "knowledgeable" what it was I was expected to do. This was greeted alternatively either grimly or humorously and, in general at the institution, I found little but the feeling I was at best expected not to be a nuisance. I thought perhaps this was due to their prior experience with psychiatry and looked forward to a conference at the end of the first month in July of 1968 at which all the new psychiatrists would be oriented and, I hoped, trained in how to perform their duties to the best advantage. At that conference in Ann Arbor, Michigan I found that the so called "experts" in the field shared with my bewildered, depressed compatriots the feeling that psychiatry ought to have a great deal to offer corrections but that no one had the vaguest idea how. Those that did have an idea, felt that there would not be sufficient cooperation to get anything accomplished. After 48 hours of listening to such complaints and despair, I decided to cast aside the despair. I had had the experience of working with civilian character disorders with transactional analysis and had had membership experience with Synanon at their San Francisco game club and, perhaps by putting together these two experiences, I might be able to do something worthwhile. I proceeded to put my ideas together, was granted the opportunity by the then Medical Director, Dr. Sigfreid to present these to the conference at which time I was greeted by a typical reaction—"That sounds great, however, I don't think I could do it. I hope you can but I doubt it." Facing the prospect of what would amount to serving a two-year sentence myself, I decided to attempt to do my best and proceeded to plan and implement my ideas.

Initially, in order to get some experience with the inmates, to find some interested parties and to see whether the classical penitentiary use of once-a-week, isolated group therapy meetings had any effect, I began, during September and October, two groups meeting once a week for two hours using transactional analysis. Over the period of the next few months, I found very strong indications that some of the men were learning from me and from the context and from each other and the fact that they were having to return and spend 166 hours a week in the penitentiary compound much outweighed the gains we made in our two-hour meeting. Anecdotally, in fact, one inmate I met years later said that he had to keep his new information secret from his friends and was only able to put it to use once released because of the negative peer pressures. I found this very discouraging but having seen the potency of the Synanon community and the Phoenix House project in New York, I felt that though these had been designed for drug addicts and most of my men were not addicts that a therapeutic community could make a difference. Certainly I looked forward to the possibility of having an enclave free of some of the pressures of the compound.

In the first three months of 1969, we slowly admitted one person at a time to our penitentiary hospital which had a capacity of 17 beds. Only four or five beds were used at most times for medical and surgical patients. By March there were four men in the hospital working together most of the time and relatively isolated from the compound with myself available not only at group meetings but also in individual sessions. With these opportunities available, the men began to use the experiences and knowledge gained from me and each other more and more extensively. However, there was still a great deal of distance between us and there was still a great deal of underhanded "making fools of" and scheming type of behavior going on. This I found destructive and decided at this point that we needed to not only begin to build a community but begin to use an instrument I was initially concerned about using with violent men. This was the Synanon game, a form of very vigorous confrontation used to reduce obnoxious and self-destructive behaviors. The introduction of the game, first through explanation and then through my demonstration, was very traumatic to the men. Prior to the game, I was only a slightly smarter "square" whom they could still manipulate while accepting each other's images and phoniness as real. The game blew this cozy, phony world up. Thus, I took control of the program and the men began to face honestly the fact that they had committed themselves to helping themselves and not just faking it.

The program began to grow explosively at this point as outsiders began to notice the improvements in the men and their self-esteem. Between March and June we became a community and the number of men in the hospital rose from four to eight while eighteen men were involved with out-patient groups. The major methods at this point were the game, the teaching of transactional analysis and mutual work and living together projects. In June of 1969, a consultant, Candy Latson, visited us from Phoenix House in New York and was very inspiring to the men as a role model and also gave us his blessings as he thought we had a successful community going and he introduced some new stylistic elements in our situation. We proceeded very rapidly at that point to grow fast, beginning our newspaper and magazine. Reality, recruiting some of the stronger members of the program who were later to become some of its graduates and, that summer, became too large for the hospital. After a difficult period of negotiation, the administration of the institution finally granted us some single-cell ranges in one of the less used units and we moved in August of 1969. This was also the point at which we began to follow serial psychological tests of our members. The August 1969 date is usually counted as our beginning date as it represented recognition by ourselves and others that something was really happening right there in the compound and not just isolated in the hospital.

The program continued to grow rapidly in the compound but it continued to be vastly mistrusted by the staff and non-member inmates. We were a threatening presence in an environment consisting of two sides maintaining a philosophy of "You are with us or against us". Despite this friction at the boundary, the more sophisticated began to see the vast changes in our members and the program grew to 34 in-house members, almost 40 out-patients and many waiting for us to open a new unit. However, on November 30, 1969, our situation came to a head. An instigating homosexual who had temporarily been a member of the program while psychiatrically ill in the hospital and who had maintained some affiliation had been found so obnoxious by all the members of the program that he had been thrown out. He, at that time, had a relationship with another man in the institution and this man became extremely incensed and decided that his "boy" had been harmed by this exclusion and proceeded to work himself up, with the encouragement of some of the negative elements of the population, into a murderous rage which culminated in the fatal stabbing of a program member in the dining room. This event, external to the program but intrinsic to its initial non-acceptance by both sides of the penitentiary culture, almost terminated the program. The program was shut down, a number of members, under threat to their lives, transferred elsewhere, some members quit, almost all the out-patients abandoned the idea of being in the program and the life of the program was threatened. The momentum that we had built and the depth of commitment and strength of some of the members in the program resulted in the fact that early in 1970 we reopened, now only 18 strong but having lived through a major traumatic experience.

During the course of 1970 the program remained small. We began to follow the concept of having the more dedicated and skillful individuals train for life

careers as para-professional clinicians and we developed the first training program. The scope of the program and the intensity of the psychotherapy offered continued to increase. We continued to discover more effective ways of doing our work and by later in 1970 and during 1971, as the program began to grow again, we were much more sophisticated and had much more flexibility and potency in general.

In the summer of 1970, the Asklepieion name was chosen for the program and in November 1970 the program was to adopt its present name, which is the Asklepieion Training Institute, and to begin training correctional laymen and professionals and other non-correctional professionals from around the country. These activities continued and grew and we added such activities as sending graduates to other institutions, the first of which, Ken Windes, went to the Federal Correctional Institution at Terminal Island to begin what is now the Narcotic Addict Rehabilitation Program. There is much rich detail about our history which could be elaborated and which would be of human and scientific interest but I'll leave that to another setting as the information already given presents the difficult starting up period and the basic format of the program will be described next. This has remained reasonably stable in the last 18 months.

THE PROGRAM METHOD

As described above, the program was and is voluntary and people present themselves in a variety of simple and intricate ways for their prospective membership. The methods represent a cross section of all the straight and crooked ways possible to gain entry. Whatever the particular route, the interested potential member is referred to an orientation committee consisting solely of more experienced inmates who spend some time with him individually and in small groups "rapping" about the program and how it works, how it might or might not fit into his plans. They orient him to transactional analysis and other of the methods in the program and at the same time get a feel for how and where he and we might match up. In general, the individual is encouraged to join even if it's felt that his motivation is somewhat crooked as long as he is willing to abide by the rules. We have found that, in general, motivation contains many elements, some of them expectably covert, and that the willingness to at least appear as an interested, sincere member is more crucial for the early phase than our ability to intuitively know for sure whether a man is sincere or not. If he survives this period and is not dissuaded by those of the compound inmates who still see us as an annoyance and threat to their own anti-social recruiting and other activities, then he is put into a 90-day program as an outpatient. In this orientation he has experiences with our various group methods so that he can see whether these, in truth, seem suitable for what he wants to accomplish and for us to get a picture as to whether we can have any effect on him and whether his interest and sincerity increases or decreases as this period passes. Ten to thirty percent currently decide that they would rather maintain their cherished fronts (phony images) and go back to the compound. Each person also begins to experience the input of a positive peer culture which many find is exciting, especially if they have served much time and have become very discouraged with the general negative inputs of penitentiary culture. At the end of this time, if he is still desirous of being a member of the program and we find no major reason not to have him a member, he will then be brought into one of the more secure units that we now have in the institution as a member. Later on, if he opts for training for a para-professional clinician, he will move into our training unit, which is an open unit, and participate in our training methods.

For presentation purposes, instead of presenting the galaxy of methods we use one by one I have chosen to present a sequence of major behavioral areas in which typically there are strong needs for change and then mention the methods we use to produce this change with each man's effort and cooperation:

Social behavior by which I mean all those kinds of transactions between people that determine whether someone is seen as interesting or boring, polite or rude, threatening or fun to be with, etc., etc. The men, as in the general population, are very variable from the most affable and beloved to the most obnoxious and solemnly withdrawn and, in general, we use our version of the Synanon game to smooth off the rough edges and to encourage positive behavior.

The penitentiary, as mentioned, is a negative environment and one that puts men in a very dependent position by stripping away many of life's responsi-

bilities and the growth possibilities that go with these responsibilities. To reverse the tide of institutionalization, we provide achievable goals with a context of structured responsibility taken by the inmates for each other and the management of most of the program. The behavior, attitudes and ethics that are necessary to successfully use this responsibility and perform well in a variety of positions provides a growth opportunity and learning experience that have been unavailable to these men in their previous life history. In addition, easy upward and downward mobility creates a culture of opportunity, interest and dynamic involvement in which men can fall and rise again without permanent detriment. One typical observation that outsiders make is that the institutionalized solemnness and sullenness that is so typical in a variety of institutions is absent after a short period of time in the program.

Psychopathology by which I mean what is usually known as psychopathology by psychiatrists and psychotherapists and which relates to self-destructive behaviors and structured unresolved remnants of childhood plus distorted perceptions of the present and destructive expectancies of the future. These are handled on a contractual basis in the following settings: the game, most often transactional analysis sessions including script sessions, occasional marathons and visits from other transactional analysts from around the country and a method recently introduced which has occasionally proven spectacularly successful which is primal therapy. The primal method has been most interesting in those cases that had already been completed as far as we could determine prior to its introduction who then were able to regress and re-live and abreact traumas of various kinds from childhood resulting in increased flexibility of personality and general well being as the energy previously mobilized by psychotherapy for control of these various affects and conflicts were now available for general living.

Awareness: In the Noyes and Kolb description of psychopaths, they made it clear that these are men who, in general, appear to be unaware of consequences or the nature of what they are doing. We use all the methods already described and, in addition, some sensitivity methods, Gestalt methods and psychodrama which are very "here and now" oriented so as to heighten each person's ability to be fully aware of all the contingencies possible at any one time.

Thinking: The majority of the men had various blocks in thinking and often did not use reality testing. We used, in addition to the above described methods, specific methods such as the concept game (which is an organized philosophical session which encourages the use of and familiarity with abstract thinking), a variety of courses including courses in transactional analysis, anatomy, physiology, psychiatry, psychotherapy, psychology, growth and development, etc. For those who had been high school drop-outs, this introduced them for the first time to the range of human knowledge and the ability to use higher level abstract thinking. The third method was to encourage the men to begin teaching various aspects of our body of knowledge. This we found to be the most effective method as responsibility for the other's learning was highly encouraging to the exercise of fruitful thinking processes.

Human concern: Again in the Noyes and Kolb description this is described as being totally absent which is only partially correct. The game is important in getting people to realize their responsibility to their brothers. We used the Asklepieion Training Institute training sessions to foster concern about and responsibility for strangers. The taking of clinical responsibility for each other that the men soon acquire is an on going way of structuring human responsibilities that may not have been present in the families of origin and certainly not in the institutional context in which they grew up.

Family malfunction was not handled in a formal way as we had no vehicle for doing so. However, those men who had continued to receive visits found it very fruitful to apply many of the things they had learned in the program to their family relationships. A number of relationships that had been marginal or had already lapsed were revived by husbands now able to talk with their wives and children and work through years of neglect, tension, resentment and hatred and thus return to a more stable family equilibrium even though still incarcerated. We hope to elaborate this aspect of the program in the future as stable family situations are well-known helpmates to successful adjustments to the community. Informal methods appeared to work so well I would hope that more formal application of energies to this area would increase the chances of success in the community for members of the program.

Community and women: Most of these men had never been involved with the general community and had been involved since childhood in deviant sub-cultures and many of them had been incarcerated for such long periods in their life that they had not been able to grow up psychosexually and culturally with women and thus were very uncomfortable and awkward around them. We had very limited resources in this regard. However, our weekly training groups where professional women and students from around Southern Illinois came in for training in our methods allowed the more advanced inmates to begin to experience for themselves positive helping relationships with women.

For some of the other specifics as to how the methods relate to the particular difficulty you might refer back to the section on the nature of psychopathy and its treatment.

RESEARCH AND RESULTS OF THE PROGRAM

In mid 1969, we moved into regular housing and began a research program consisting of elaborating the base of biographical data as reviewed above, taking initial MMPI's and California Personality Inventories with follow-up at six-month intervals and following the behavioral characteristics of the members of the program as opposed to the general population such as major and minor infractions, meritorious and/or good-time cash awards and successful participation in other programs such as education. In reviewing our research findings to date, they appear as follows:

The MMPI: The initial MMPI's of the program population on an average were identical with the average MMPI's of 10,000 federal inmates. This again points toward the absence of detectable selective factors in this group. The important and statistically significant changes in the MMPI briefly are as follows:

(1) General configuration, the L, F and K scales go from the typical prisoner configuration to a civilian configuration.

(2) The neurotic triad drops out and flattens into the normal range as depression, the highest scale in prison populations, drops into normal range.

(3) The psychopathic deviant spike drops down to normal range.

(4) The psychotic triad flattens out with loss of the typical elevation of schizophrenia, psychosthenia and paranoia.

Some additional scales of interest with significant, positive improvement were a decrease in social introversion, a decrease in adjustment to prison (a measure of institutionalization), a decrease in general anxiety and a very marked increase in ego strength. These positive changes were progressive each six months, however they plateaued out after two years as psychopathology fell to the normal range and those factors such as ego strength which measured positive factors reached the upper regions of their range.

California Personality Inventory: This test, which uses questions identical to, in most cases the MMPI, is scaled for positive factors such as dominance, social well-being, intellectual efficiency, flexibility, etc. There are 18 scales. In a progressive way, the individual man's scores and the averages for each cadre increase every six months in 16 out of the 18 scales in a positive direction. One of the scales not increased in its masculinity and femininity and it's hard to know what a positive direction would be. This increase is especially prominent and most significant in the area to the left of the usual presentation of the scales where inner-directed leadership and social efficiency are measured. In addition, there is a marked positive elevation on the right side of the scale which relates to characteristics usually elevated in effective members of the mental health profession which is parallel to their commitment to being effective clinicians. More moderate but still significant positive changes have been in the mid-ground in characteristics such as tolerance and social well-being and characteristics related to getting along with people. This may relate to the fact that our emphasis in training and treatment has been on leadership and socialized aggressivity as opposed to docility and adjustment.

BEHAVIORAL CHANGE

One of the most striking features of the program is the disappearance of infraction behavior in this group. A number of times there have been entire periods of 90 days where there were no infractions by any member of the group and much longer periods (over a year) where there were no violent infractions. Violence, per se, became nonexistent with very rare exceptions despite violent past histories. There were also significant increases in the percentage of people

getting good time and meritorious service awards and other recognitions for institutionally favored behavior.

Even more striking than these changes was the increased number of social roles available and actually used by each member of the program. This was reflected in the remarkable increase in flexibility of choice of behavior that the program provides. Thus, for instance, the typical non-thinking tough guy thug may be seen six-months to a year after entering the program spending his time having fun, taking care of others, thinking, studying, probing issues, being taken care of by others and, in general, participating in the whole gamut of human behaviors. A further interesting note which I had first noted at Synanon was that these men, in general, when compared to civilians of the same intelligence appeared much more potent and more dominant and a personal gradient runs from them to the civilian. I am not convinced that this is particularly due to prior psychopathy as much as the training methods as we have seen similar changes in the civilians who also made major commitments to the program and who had started off as very inflexible, rigid, low-key personalities and were able to demonstrate similar types of personal gradients after similar periods of training.

DESCRIPTION OF FIRST CADRE OF TEN WITH OVER TWO YEARS IN THE PROGRAM

Of these ten men to be briefly described below, six are counted as clinical graduates (clinical graduate equaling someone who has completed the program, is considered to be potentially or actually able to be a fruitful member of society and is also clinically skilled). Two are non-clinical graduates (non-clinical graduates are men who have completed the program and gotten all the necessary psychologic social, psychological benefits to make a success of their lives in society, who, however, through lack of desire and/or appetite, clinically are not clinicians). Two are failures (failures are defined as program failures, that is to say the characterological traits usually called psychopathy are still present; this is independent and more stringent criteria than that of recidivism since you will notice none of the ten are recidivists to date).

THE GRADUATES

Bob was a 22 year old, white New Yorker convicted of crimes related to sexual psychopathy and given a life sentence. He had first been incarcerated at age 14 and went on from there with multiple offenses including theft and the sex crimes noted. He appeared as a schizoid personality with marked anti-social tendencies. His script was called "Desert Island" and it consisted of living out his days in avoidance of other human beings on a desert island. In New York, desert islands are scarce and the readily available social equivalent was a life sentence in an isolated penitentiary cell. He is now the major inmate computer programmer and researcher and handles the research for this program and is counted one of our best administrators and clinicians.

Claude was a 21 year old, black male from rural Alabama who had been a rural juvenile delinquent and joined the Marines and gone to Viet Nam. His major anti-social behavior appeared to begin after an elite company, of which he was a member, was wiped out leaving him as the sole survivor. At that time, he began a series of bizarre anti-social acts culminating in attempted murder under circumstances appearing suicidal because of the risks involved. He then went on through multiple escapes, to become an impossible adjustment problem which finally landed him in a segregation unit at the U.S. Penitentiary in Marion with a twenty-year sentence. On initial diagnosis, he presented an anti-social personality with major paranoid features. His script involved being part of some major anti-social black movement with a terminal scene that he described very vividly of his entering a law enforcement establishment, guns blazing, shooting it out until he was slaughtered by the police. He had no expectation of living to 30. He is now, at 25, Executive Director of the Drug Treatment Halfway House run by the State of Georgia, Department of Corrections.

Ken was a 25 year old, white, male Californian. He was first incarcerated at the age of seven for petty crime and went on to major crime, multiple incarcerations, drug addiction, bank robbery, escape, and assault. When I first met him, he was a cunning, anti-social drug addict, con man with a ten-year sentence. His script was a classical "Billy the Kid" script in which he would have ended up being killed on his mother's doorstep. He is now 28 and the

Training Director of a major transactional analysis training institute and foundation.

Bill was a 22 year old, black, male from St. Louis. He was a four-time loser and had just received a life sentence and was quite depressed. He had a typical black street script called "Youngblood" and was diagnostically an alcoholic with anti-social tendencies. He is now 46 and is a major psychiatric assistant for a program at the Federal Medical Center, Springfield, Missouri.

Harry was a 37 year old, apathetic, anti-social, depressive alcoholic, white, male from the mid-west. He had had multiple sentences and had been involved in assaults, bank robbery and shoot-outs. His script was a version of his uncle's life though he was going at it much harder than his uncle ever had. He is now 40 years old and the Drug Program Coordinator for the Drug Abuse Program at the U.S. Penitentiary at Terre Haute.

Jack was a 24 year old, black, male from rural Alabama. He had been incarcerated for the murder of a homosexual while in the military. In the military, his low intelligence (I.Q. 73) and inadequate personality resulted in his being led by more aggressive antisocial men. When we first met he had an inadequate, anti-social personality and was an adjustment problem. He is now 27, has an I.Q. of 109 and is an inmate Program Administrator for a Narcotic Addict Rehabilitation Program at the Federal Correctional Institution at Terminal Island, California.

NONCLINICAL GRADUATES

Frank was a 37 year old, white, male Californian lawyer. He committed a series of bank robberies subsequent to marital problems. This is typical for middle-class, white bank robbers. He is now 40 years old, the Editor of Reality, the program's magazine, appears stable and ready to return to the community whenever paroled.

Jim was a 42 year old male from Kansas City. He had had a lifetime association with criminality, was asocial and had been associated with organized crime. He had been a storeowner as a front for his "fencing" activities and had a typical conventional family life as associated with his life pattern. He is now 45, has re-socialized and appears prepared to return to a storekeeper's life without the covert criminality in another area of the country.

FAILURES

Jesse was a 23 year old, black male from Texas. He had been a pimp, hustler, drug pusher, armed robber and killer. He had worked two years in a penitentiary hospital and had been a psychiatric attendant, EKG attendant and surgical assistant, etc. An older, more intelligent and powerful inmate had kept a great deal of influence over him during the entire course of the program. He is now 26, has a full-time job, has antagonistic relationships with white women, has maintained some criminal and drug behaviors on the side with this adjustment to the community. He has been in the community for over a year without incarcerations and would not be considered a recidivist in usual terms, however, since his personality disorder has not been sufficiently corrected, he is counted as a program failure.

Nathaniel was a 22 year old, black male from St. Louis. He was an armed robber, street corner tough clown and a black militant. He presented an initial diagnostic impression of an asocial person with anti-social tendencies. During the course of the program he also had maintained an affiliation with other, more potent black males who had maintained a great influence over him and so had maintained, too, a foot in each culture. He is now 25, a college student who works. However, his life pattern is rather erratic and he appears to be hanging on marginally at times. These behaviors indicate that his characterological problems are not over even though, again, he has not been a recidivist to date. He is counted as a program failure.

FURTHER RESEARCH

We are continuing to follow at six-month intervals the psychological tests and behavior of the members of the program. We are now entering a period of attempted follow-up of all previous members of the program in order to test the following hypothesis: Length of time successfully in program is directly proportional to decrease in recidivism from base expectancy rate of recidivism for each

type of individual, and (2) graduates would have crime rate and crime type similar to that of general population and not similar to that of ex-offenders. In addition to these follow-ups of the program at Marion, there are a number of similar type programs around the country which are being followed. Many of these are being evaluated so other types of figures on related types of programs are slowly becoming available. Now that I have been selected to be Correctional Program Coordinator at the Federal Center for Correctional Research in Butner, North Carolina, which is now in the process of construction, there exist opportunities to explore and determine the exact nature and benefits of this type of program and, moreover, on how to integrate it into community follow-up programs and, thus, hopefully increase the opportunity a man would have to return or, for most of these men, begin for the first time a successful life in the social mainstream.

ASKLEPIEION: EFFECTIVE TREATMENT FOR FELONS

(By Martin G. Groder, M.D., Federal Center for Correctional Research,
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Psychiatry traditionally has paid little attention to character disorders. Incarcerated felons have attracted even less attention. Sociologists, in general, have been the behavioral scientists who have spent the most time studying criminals. Their observations, in the main, pointed toward truisms such as a preponderance of lower-class people in those incarcerated, of people who had failed in our educational system, of youth, of males, etc. These studies, as minimal as they were, did establish that, for many, criminality was related to a style of upbringing, especially emphasizing socialization by peers who were also deviant; this usually occurring with a combination of lower-class status and broken families. Also noted is the fact that institutions per se did not appear to have a beneficial effect but that the general process of aging appeared to decrease the percentage of each cadre that was actively involved in crime.

Psychoanalysts from Freud on have noted the impracticality of the use of psychoanalytic methods with severe character disorders. In fact, the psychopath has been described as the model untreatable person. Cleckley,¹ Johnson and Szurak,² Wilhelm Reich³ and others who worked with characterological psychopathy and delinquency noted important features of the disorder but did not attempt curative treatment in prisons per se. Meanwhile, academic psychologists, using learning theory concepts and much in agreement with the sociologists, saw these disorders as learned behaviors occurring in an environment in which such behaviors were common and deviant role models were freely available. There were few rewards for other kinds of behaviors. These various explanations, all having some degree of validity for circumscribed aspects of the situation, in general, have not been pulled together and certainly have not been applied in a consistent way within a correctional setting, to the treatment and cure of major character disorders. Further, the condition of professional life in correctional systems, the lack of an accepted effective technology and the almost complete lack of correctional training in conventional psychiatric training programs have conspired to keep the best minds in psychiatry out of prison settings. The few who try it, leave quickly.

THE SETTING: ASKLEPIEION, U.S. PENITENTIARY, MARION, ILL.

The U.S. Penitentiary at Marion, Illinois is the newest. It was opened in 1965 and was designed for and used as a maximum security facility by the Federal Bureau of Prisons. Generally, the smarter, more cunning, difficult, violent, sophisticated, long-term prisoners ended up in Marion. The population averaged 500. During the early part of the program until mid-1969, it consisted of the most difficult youthful offenders up to age 26, with an average age in the early 20's. Between 1969 and 1972, its mission changed to that of an adult maximum security penitentiary and the average age rose rapidly to 38 with a preponderance of lengthy sentences. The vast majority of individuals both in the youthful and adult populations was multiple offenders who had been incarcerated previously and, generally, appeared committed to a life of crime. The institution consisted

Footnotes at end of article.

almost entirely of single cells with a good deal of direct and television surveillance paraphernalia and was designed to discourage escape and provide maximum security.

The program was at all times voluntary and, when carefully compared to the baseline available, population was in every factor comparable to the general population of the institution. Likewise, the initial MMPI's of entering volunteers were, when averaged, a match for the averaged MMPI's of some 10,000 previous prisoners.⁴ The only vital difference between the volunteers and those who did not, appeared to be the act of volunteering. This correlates with the clinical observation that many prisoners who are perennially inaccessible to self-help programs do become accessible, periodically, for short times, if an engaging program is available at that time. They may become members and become as staunch in that membership as they previously were in a prison sub-culture.

A brief review of biographical data indicates an age spread ranging from the early 20's-50's but with an increasing average age as the whole institution increased its average age. Sixty-eight percent of the participants had committed crimes of violence and the average sentence left to serve was 16 years. Most had multiple previous arrests before being convicted and the vast majority was under the age of 20 when first convicted. Twenty-four percent, in fact, had been arrested by age 12 or younger. They had spent almost eight years in various prisons, on average, prior to entering the program. Intelligence was slightly above average with a median I.Q. of 109 with the mode falling in the range of 100-115. Drug use and abuse was typical for an incarcerated population. The majority had no military service as their criminal careers had begun prior to eligibility for same.

PROGRAM HISTORY

The program was developed by the author during his tour of duty with the U.S. Public Health Service as a psychiatrist at the U.S. Penitentiary in Marion, 1968-70. It brought together his training in Transactional Analysis under Eric Berne and his experiences with the Synanon Foundation, Inc.^{5, 6} and the Synanon Game Club in San Francisco. Dr. Mitchell Rosenthal and his staff at Phoenix House⁷, New York, New York were very supportive and helpful in the early stages of the program. The program history has been reviewed extensively in Proceedings of the Third Annual Institute on Law, Psychiatry and the Mentally Disordered Offender⁸.

PROGRAM SEQUENCE: PHASE I

Various motivated individuals, on their own, would present themselves to a small committee of experienced inmates who acted as an orientation committee. The committee would get acquainted with each man and lead him through some of our basic materials including Transactional Analysis and the nature of the Asklepieion program. Then he would be introduced into some of our out-patient groups. Over the course of 90 days his motivation would be observed by noting how consistently he attended sessions, how hard he might work at reading and participation and what level of energy he was willing to invest in the program. We would also be looking for "sincerity" but didn't get too troubled if this was superficial as it was expected that, at least initially, individuals would have more than one motivation for entering the program. If the individual indicated by active participation, verbal declarations of intent and a willingness to abide by the simple rules and regulations of the program that he was ready to enter, some 90 days after initiating this process, he would be proposed for membership at a general meeting. Unless there was some sensible objection to his membership, he was routinely admitted to an Asklepieion living unit. The only people routinely excluded from the program were notorious informers, flagrant homosexuals and members of organized crime.

PHASE II

This consisted of living in the Asklepieion unit, working at regular institutional jobs and attending school or other regular institutional activities, while participating in a full-scale, night-time program of group training in Transactional Analysis. Typically, within 90 days inside the program, a person would be manifesting social control and would enter Phase III.

Footnotes at end of article.

PHASE III

The gains in Phase I and Phase II would be consolidated, the depth of treatment would be increased and more and more autonomy, authority and responsibility would be granted individuals as they continued to grow. Those that were interested in our para-professional clinical training would then begin to take additional training leading to moving to our open Asklepieion unit which offered more full-scale clinical and educational training programs.

PHASE IV

This consisted of taking major responsibility in the program. Through this, the gains of the previous phases were fine-tuned and perfected.

PHASE V

This was provided for those individuals in the para-professional training program and consisted of independent duty at another institution either setting up and/or running, under the supervision of staff, an Asklepieion derivative model program. For those not in clinical training, this phase was omitted.

PHASE VI

This phase is in the developmental stages. It is community based and, currently consists mostly of informal contact by the paroled member and one or more Asklepieion-trained individual.

THE PROBLEM

Let us now review the distinguishing features of the types of character disorders demonstrated by incarcerated felons. After each feature, I will add some comment on the specific methods used to reverse that particular aspect of the problem. In addition to these below, individuals manifested all the various kinds of psychological and social problems that non-incarcerated people demonstrate and usual kinds of methods were employed in those cases. No individuals necessarily demonstrated every feature listed below but most had a majority of them.

The Social Disturbance

The majority of individuals in a maximum security penitentiary⁸ have committed what amounts to social suicide. They see themselves and are seen by others as if they can never return from the land of the non-citizens in the penitentiary. This is usually quickly proven out upon return to the outside community where nonacceptance by the general public and negative self-image conspire to produce a socially fatal phenomena known as recidivism. Further, the earlier this process starts, especially if in adolescence or before, the closer and stronger the ties the individual has with an institutional and street sub-culture which maintains a negative self-identity. For those, sometimes called "solids", "convicts", etc., who have a high degree of acceptance in the inmate sub-culture, the balance of reward for trying to make it in society vs. the immediate satisfactions of being accepted in the subculture are hardly commensurate.

Violence is an intrinsic part of the inmate sub-culture. In Asklepieion, we demonstrated violence to be "The last resort of incompetence". For people who, due to lack of social confidence and skill, varyingly resort to violence in order to solve otherwise seemingly unsolvable problems, the deviant sub-cultures are a supportive environment. Further, the deleterious effect of long years of institutionalization and the missing of major growth and development landmarks in the community result in a varying lack of effective social behaviors in non-deviant environments. Likewise, institutional environments tend to dampen out much of what little human concern may have been present resulting in much of the highly noticeable callousness. Also, the depth of ignorance about the general community and women, particularly, can be frighteningly stark.

The Method

As is described in a number of works about its parent model, Synanon,^{9,6} this type of therapeutic community provides a positive ethical environment 24 hours

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a day, seven days a week. It further provides an achievable authority structure where a man can start at a level and achieve increasing levels of responsibility. In order to do that, however, one must assimilate and live by the ethical standards of the community which are often in opposition to the criminal code. Further, by granting men responsibility for one another in small increments and constantly reviewing the effectiveness of the use of this responsibility, a stunted capacity for human concern is developed and brought into full flower. By a large infusion of outside interested volunteer civilians, much of the ignorance about the general community is filled in and effective, healthy relationships are formed with women including, at times, resumption of relationships that have been allowed to lapse with family members. As new options and methods of problem solving are increasingly used, practiced and brought to a level of competence, violence rapidly disappears as a viable option. To date, it has been totally unknown in long-term members. The Synanon Game can also generate huge amounts of energy to encourage individuals to become more devoted to achievement.

The strongest method of teaching human concern is to provide role models who are both concerned in a genuine way and yet tough and not easily tricked by guile and deceit. Further provision of opportunities in a variety of groups and settings to reach out to another member in a caring way and soon, thereafter, in personal relationships is an important aspect of practicing the kind of concern for one another that, under usual circumstances, inmates are discouraged from doing because of possible misinterpretation. One of the strongest aspects of the program was the continuous inflow of civilians from the general community such as visitors, students, trainees, colleagues, etc. coming to share with the men in the program, learn from them and teach them. For many of the men, the relationships with the women who visited were most important; not only because of their general lack of experience in positive relationships with women but also because of the opportunity to practice caring, kind and non-violent but tough behaviors with them. This was crucial in helping increase confidence and ability in handling most human problems. At times, these experiences enabled men to reach out to ex-wives and disaffected wives and re-establish these lapsed relationships in a productive way. For these men, the majority of whom were from "socially disadvantaged" backgrounds, the program provided an opportunity to learn effective social action.

The Psychological Disturbance

In Eric Berne's terms¹⁰ "Most of the men in penitentiaries are losers." In some of the less secure institutions, most "At Leasters" abound praising themselves for having "at least not gone to the penitentiary". Rarely is a Winner seen and each one of these is a special case proving the general rule. An enormous amount of energy is spent encouraging men to discontinue losing, to learn tactics of problem solving and acquire new options that are more effective. This builds a base of effective behavior.

The Dusay egogram¹¹ displays ego states, that is, the Critical Parent, Nurturing Parent, Adult, Free Child and Adapted Child (complaint or rebellious type) on a time diagram indicating the amount of time spent in each ego state on a given day. The total percent adds up to 100. These pictures provide a view of the balance of the individual's personality as displayed. Typically, inmates spend a great deal of time in their Critical Parent and Adapted Child, varying amounts of time in their Adult, little time in Nurturing Parent and almost no time in Free Child. The human concern work we do greatly increases the amount of time in Nurturing Parent. The work done to decrease externalization and blaming of others decreases remarkably, Critical Parent. The great deal of psychotherapy we do using Transactional Analysis also decreases Internal Critical Parent self-criticism.¹² The increase in problem solving options directly increases the amount of time spent in the Adult, solving problems, and decreases Adapted Child compliance or rebellion. In general, the end point that we strive for is an individual who spends part of his time each day taking care of people, much of the time solving problems and some time having fun while being critical when necessary and sufficiently adaptive to go along with those things that need to be accepted. The other kinds of psychopathology usually found in the general population are treated using Transactional Analysis, etc. in a manner similar to that used with civilians. For those inmates who specifically avoid thinking, especially alcoholics, and those whose educational level is such that they have had

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restricted contact with abstract thinking and multiple option problem solving, we involve them in a variety of procedures to enhance thinking capacity and interest in using thinking in problem solving.

Specifically, we used an abstract reasoning session derived from Synanon called the Concept Game which encouraged philosophical and broad-range types of thinking on specified topics. Further, various task assignments come along in the program and are used for enhancing thinking behavior. Likewise, a complete set of academic programs in areas supportive of psychotherapy such as physiology, anatomy, pharmacology, child development, sociology, psychiatry, etc., are a part of the general program curriculum. We encourage each individual to get his General Equivalency Diploma. It is a requirement for those interested in further advancement and training. We also have people study Transactional Analysis^{23, 24} closely and pass a series of rigorous exams in that subject. Finally, for those interested in para-professional training, we provide a variety of experiences in teaching, curriculum preparation and public speaking which enhances each person's skills. Those who are in the last phases on independent duty status in another institution are presented with an array of immediately pressing problems which encourages the highest and most vigorous type of thinking behavior possible. Simultaneous with the encouraging of thinking is a great emphasis on increasing awareness of one's self and others. This has a significant effect in reducing callous, psychopathic behaviors as the individual becomes more and more aware of the effect of his behavior upon himself and others. Further, as he becomes more sensitive to the emotional tones and nuances present in social interactions, he becomes more effectively involved with other people making fewer gross errors in perception and reaction.

A typical problem that we, as well as others, have noted is ineffective time orientation. Often inmates dwell on their past non-productivity while reacting to it in the present without taking account of the realities of the present situation. We find that we need, in a variety of settings, to enable the individual to explore his past and make sense out of it, become aware and sensitive to his present and begin to use his future productivity. Many of the men are in a state of suspended animation and do not use their futures at all. Therefore, they find their present is very sterile and boring. The teaching of goal orientation takes place in many contexts especially our inmate-staff achievement hierarchy and the use of the Game to encourage consideration of future consequences of present actions.

The most crucial psychological-social mechanism involved in psychopathy is the position of "Making Fools Of" everyone, everything, everybody.²⁵ This is a hard rock upon which therapeutic efforts of all types typically sink and founder. This position of desperation is a retaliatory one against an unkind world that's been rejected long since as a source of any consistent positive input. Underlying this is a feeling of great despair of deadly proportions while on the surface, the individual is involved in a great variety of intriguing but eventually futile schemes, hustles, cons, etc. The emphasis has often been on how the psychopath "Makes Fools Of", hustles or otherwise deceives others. However, a balanced view of the total outcome of the situation indicates that he is as much "Made a Fool Of" as he is successful in making a fool of others. In fact, much of the inmate code and lifestyle appears to be a caricature of some of the more obnoxious aspects of the false masculine image that Americans tend to portray in Western movies. We use many methods, especially the Game, to prevent this negative outcome. The subject requires sufficient additional discussion as to warrant a separate paper. The slogan here is "Eternal Vigilance is the Price of Liberty".

Playing into all of the above described phenomena is the specific idiosyncratic script that the individual is living. By this he makes sense out of his world. Pre-conscious life plans are remarkable in their tenacity and adaptability to changing circumstances as they include with them crucial existential decisions from childhood, crucial injunctions from the parents and, especially in the case of psychopaths, crucial seductions, provocations and instigations by parents and others. Some frequent examples are Jesse James, Billy the Kid, Robin Hood, the Wanderer. This concludes a brief summary of the personal problems treatable in incarcerated felons in an intensive therapeutic community.

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RESEARCH AND RESULTS OF THE PROGRAM⁴

In mid 1969, we moved into regular housing and began a research program by elaborating a base of biographical data and taking initial MMPI's and California Personality Inventories with follow-up at six month intervals. Further, we followed the behavioral characteristics of the members of the program as opposed to the general population in areas such as major and minor infractions, meritorious and/or good-time cash awards and successful participation in other programs such as education. In reviewing our research findings to date, they appear as follows:

The MMPI.—The Initial MMPI's of the program population on an average were identical with the average MMPI's of 10,000 federal inmates. This points toward the absence of detectable selective factors in this group. The important and statistically significant changes in the MMPI briefly are as follows:

- (1) General configuration, the L, F and K scales go from the typical prisoner configuration to a civilian configuration.
- (2) The neurotic triad drops out and flattens into the normal range as does depression, the highest scale in prison populations.
- (3) The psychopathic deviant spike drops down to normal range.
- (4) The psychotic triad flattens out with loss of the typical elevation of schizophrenia, psychoasthenia and paranoia.

Some additional scales of interest with significant, positive improvements were a decrease in social introversion, adjustment to prison (a measure of institution-alization) and general anxiety. There was a very marked increase in ego strength. These positive changes were progressive each six months, however, they plateaued out after two years as psychopathology fell to the normal range and those factors such as ego strength, which measured positive factors, reached the upper regions of their range.

California Personality Inventory.—This test, which uses questions identical to, in most cases, the MMPI, is scaled for positive factors such as dominance, social well-being, intellectual efficiency, flexibility, etc. There are 18 scales. In a progressive way, the individual man's scores and the averages for each cadre increase every six months in 16 out of the 18 scales in a positive direction. No increase was noted in one of the scales, masculinity and femininity, and it's hard to know what a positive direction would be. This increase is especially prominent and most significant in the area to the left of the usual presentation of the scales where inner-directed leadership and social efficiency are measured. In addition, there is a marked positive elevation on the right side of the scale which relates to characteristics usually elevated in effective members of the mental health profession which is parallel to their commitment to being effective clinicians. More moderate but still significant positive changes have been in the mid-ground in such characteristics as tolerance and social well-being and those related to getting along with people. This may relate to the fact that our emphasis in training and treatment has been on leadership and socialized aggressivity as opposed to docility and adjustment.

BEHAVIORAL CHANGE

One of the most striking features of the program is the disappearance of infractions in this group. Several times there have been 90-day periods with no infractions by any member of the group. There were no violent infractions for much longer periods (over a year). Violence, per se, became non-existent, with very rare exceptions, despite violent past histories. There were also significant increases in the percentage of people getting good-time and meritorious service awards and other recognitions for institutionally favored behavior.

The increased number of social roles available and actually used by each member of the program were even more striking than these changes. This was reflected in the remarkable increase in flexibility of choice of behavior that the program provides. Thus, for instance, the typical non-thinking, tough-guy, thus may be seen six-months to a year after entering the program spending his time having fun, taking care of others, thinking, studying, probing issues, being taken care of by others and, generally, participating in the whole gamut of human behaviors. A further interesting fact which I first noted at Synanon, was that

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usually these men, when compared to civilians of the same intelligence, appeared much more potent and dominant and a personal gradient runs from them to the civilian. We have similar changes in civilians who initially were inflexible, rigid, low-key personalities but who also made major commitments to the program. Because of this, I am not convinced that this is particularly due to prior psychopathy as much as to the training methods.

GRADUATES

The number of released graduates from the community still remains less than ten. The number of individuals out for a year or more will not be large enough for a year or two to begin making significant statements about the recidivism outcomes. However, an early study on premature drop-outs from the program as compared to a control group of otherwise similarly paroled individuals from Marion indicates that the program, even in incomplete cases, increases self-esteem, employability and the ability of the individual to participate in the community without anti-social behaviors. Thus far, most of the recidivism in both groups which would be expected to be over 50%, has not occurred. Therefore, a definite recidivism statement is not possible. These cases will continue to be followed and results will be published. No graduate of the program has been a recidivist to date.

DISCUSSION

This paper broadly reviews the areas of possible and necessary intervention in the treatment and major character disorders of those incarcerated that we have been able to delineate after five years of work. The avoidance of the usual sterile name calling descriptions of these men which therapeutic nihilism has produced in the past, facilitated finding areas of effective intervention. At this point, we have only partial statistical evidence of effectiveness and must rely on those specific cases who came out of cadres with less than 30% expected chance of post-release success. These men are not only succeeding in the community or other institutions but are effective treaters, clinicians and administrators who have already produced fourth generation effects by having effectively trained students of their own who are now training students of their own. The program has proliferated and exists in a number of federal institutions and in a variety of states. We hope, through further follow-up, testing and improvement, to be able to make some more clear-cut, gross statements of long-term change. In addition, this program will be one of the programs further tested at the Federal Center for Correctional Research, Butner, North Carolina at which the author is currently putting together the research and programs which he will then administer.

FOOTNOTES

- ¹ Cleckley H. M.: *Mask of Sanity*. St. Louis, Mosby, 1941.
- ² Johnson A. and Szurak S. A.: *Genesis of anti-social acting out in children and adults*. Psychoanal. Q. 21:323-343, 1952.
- ³ Reich W.: *Character Analysis*. New York, Orgone Inst. Press, 1945.
- ⁴ Lyle W. and Mott R. W.: Unpublished data.
- ⁵ Yablonsky L.: *The Tunnel Back*—Synanon. New York, MacMillan, 1965.
- ⁶ Rosenthal M. and Biase D. V.: *Phoenix houses—therapeutic communities for drug addicts, Hosp. and Community Psychiatry* (Jan.) 1969.
- ⁷ Groder M. G.: *Asklepieion—an effective treatment method for incarcerated character disorders in Proceedings of the Third Annual Institute on Law, Psychiatry and the Mentally Disordered Offender*. Springfield, C. C. Thomas, In Press.
- ⁸ Sykes G. M.: *The Society of Captives*. Princeton, Princeton University Press, 1971.
- ⁹ Endore G.: *Synanon*. New York, Doubleday, 1968.
- ¹⁰ Berne E.: *What Do You Say After You Say Hello?* New York, Grove Press, 1972.
- ¹¹ Dusay J. M.: *Egograms and the constancy hypothesis*. *Transactional Analysis Journal* 2:3, pp. 133-137, (July) 1972.
- ¹² Berne E.: *Games People Play*. New York, Grove Press, 1964.
- ¹³ James M. and Jongeward D.: *Born to Win*. Massachusetts, Addison-Wesley Publishing Co., 1971.
- ¹⁴ Steiner C.: *Games Alcoholics Play*. New York, Grove Press, 1971.
- ¹⁵ Groder M. G.: Unpublished data.

Dr. GRODER. To my knowledge, since I have been in personal contact on and off with most of the graduates of the program, there has been to date no recidivism in this program, but the numbers are less than 20.

Mr. KASTENMEIER. Incidentally, if I may interrupt—

Mr. DRINAN. Yes.

Mr. KASTENMEIER. Mr. Dixon will accept and screen any additional materials, and I think he already has certain materials on the basis of his trip to Butner, N.C., which may be appropriate for the hearing record. They will be introduced into the record and they will also be available to members of this committee for their review.

[The material Mr. Dixon received from Butner follows:]

U.S. DEPARTMENT OF JUSTICE,
BUREAU OF PRISONS,
Washington, D.C., December 3, 1973.

Mr. WILLIAM P. DIXON,
Counsel, Subcommittee on Courts, Civil Liberties, and the Administration of
Justice, House of Representatives, Washington, D.C.

DEAR MR. DIXON: We wish to respond to your letter of November 28, 1973 regarding the Federal Center for Correctional Research at Butner, North Carolina.

We are enclosing material about the general program and objectives of the facility. We are sure you can understand that the specific program plans need to be developed in conjunction with the program managers at the time they come aboard on the projects. Therefore, we are some six months away from completion of these specific program documents.

We have encountered some construction delays and now plan to have the facility operational late in 1974. A multi-disciplinary staff of some two hundred will be selected from present Bureau of Prisons employees and qualified persons on the Civil Service Registers. Interested parties should direct their applications to Mr. R. Brewer, Federal Center for Correctional Research, Butner, North Carolina 27509.

We are also enclosing some photographs which depict the scale and architectural features of the new facility. Should you desire additional information, please contact our office.

Sincerely,

GARY R. MOTE,
Assistant Director.

Enclosures.

U.S. DEPARTMENT OF JUSTICE,
BUREAU OF PRISONS,
FEDERAL CENTER FOR CORRECTIONAL RESEARCH,
Butner, N.C., October, 1973.

The Center, composed of seven living units, each housing approximately 50 prisoners, will be organized into a Mental Health Division (three living units) and a Correctional Program Research Division (four program units).

The Mental Health Units will provide acute, specialized and/or forensic services for psychiatrically ill prisoners. It is anticipated that these services will be extended to all federal prisoners in the Eastern United States regardless of length, type or stage of sentence. These services will be conducted in the context of a research setting to validate and incorporate increasingly effective methods of referral, evaluation, treatment and aftercare. The Mental Health Units will serve three different populations, one per unit, consisting of adult male, female and male youth. The Units will also offer training and consulting services to other federal facilities and agencies to assist in aftercare service following release from generally 90-180 days of intensive care. The Units will be tied in as closely as possible to the adjacent universities for training of students and consultation with faculty.

The Correctional Program Units will test the best correctional and treatment modalities available with the goal of finding usable, effective and transferable models for other correctional settings (federal, state, local). The four Program Units will be utilized for discriminably different programs. Each will be so designed, staffed and implemented as to provide a valid, testable example of its type. The eventual research design and program mix will dictate the organizational format. All programs together will conform to an initial integrated design and will be fully researched in a prospective, longitudinal manner with full follow-up. Particular programs and/or participants will be changed as research results indicate to insure a responsive, contemporary, innovative operation.

While various treatment approaches will be used in the semiautonomous Program Units shared activities will be provided in a central area: small chapel,

canteen, dining hall, indoor and outdoor recreation, auditorium and clinic. This "Community Green" will resemble a town center where residents and visitors can associate in an atmosphere as normalized as possible.

The location of the Center makes possible a close working relationship with the colleges and universities in the Raleigh-Durham-Chapel Hill "Research Triangle" area. Staff members of these organizations, as well as representatives of the National Institute of Mental Health, the Department of Health, Education and Welfare and the National and North Carolina Advisory Panels to the Bureau of Prisons have assisted the Bureau planning staff in developing the programs and architectural design for the facility. The prospective specific program designs are being currently selected by a small, on-site planning staff in consultation with appropriate experts within various disciplines. Final program determination will be made by the Executive Staff of the Federal Bureau of Prisons.

Instead of a traditional institution, the facility will have a more psychologically pleasing character, designed to be adaptable to changing research procedures. Rather than guard towers, underground electronic detection systems together with a mobile vehicular patrol will be used for more effective perimeter security. Special windows of a special plastic and glass laminate with a built-in alarm will furnish better and more economical security as well as providing a better therapeutic environment.

The architectural firm is Middleton, Wilkerson, McMillan of Charlotte, North Carolina. Capacity: 348 Total Beds:

Mental Health Unit:

38 Youth—Male.

64 Adult—Male.

38 Female.

Correctional Program Units (4) : 50 each.

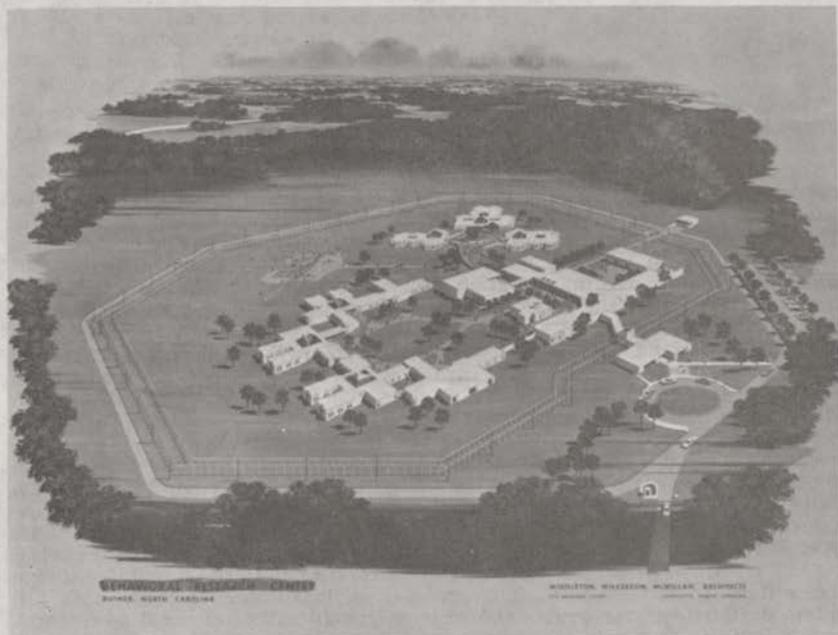
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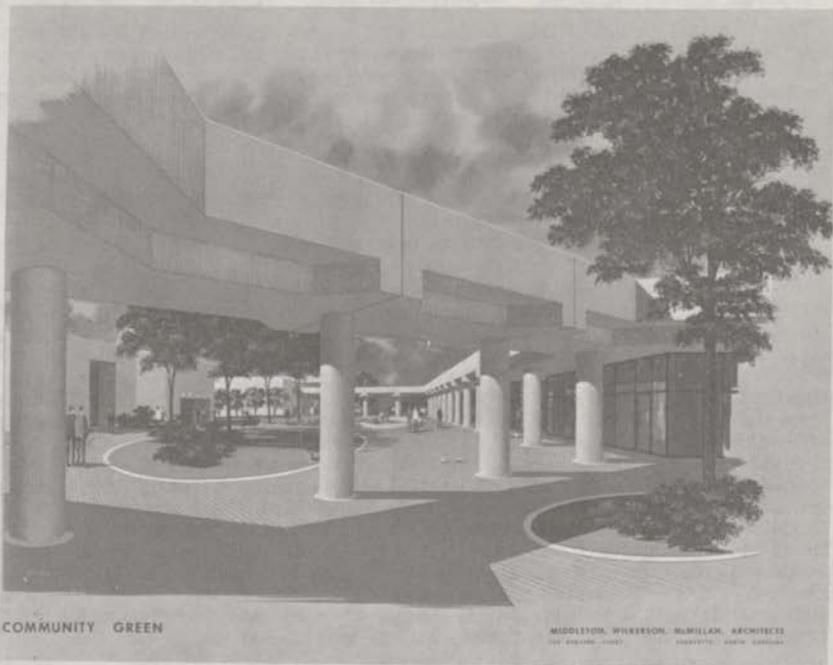
Square Footage: 235,000.

Area Inside Fence: 42 acres.

Construction Start: June 1972.

Completion Date: Mid 1974.





FOREWORD

This is a revised but still preliminary and incomplete version of the Program Master Plan. We can expect a new version every thirty to ninety days as program and research planning and growth continue. Those proposals that are carefully spelled out in detail, however, will remain stable as they have already been, in general, accepted by the planning staff in the Bureau of Prisons.

FEDERAL CENTER FOR CORRECTIONAL RESEARCH: PROGRAM MASTER PLAN

SECTION I—INTRODUCTION

A. Location

Butner is a very small town in the center of North Carolina with several major state institutions within its boundaries. These include John Umstead Hospital, a mental institution; Murdoch Center, with treatment for retardation; C. A. Dillon School for juvenile delinquents; the Rehabilitation Center for the Blind; the Alcoholic Rehabilitation Center; and a minimum security camp, Umstead Youth Center, which is part of the state correctional system. Aside from the obvious cooperative efforts with these state institutions, the community of Butner carries little in the way of resource. Butner, however, is in close proximity to the "Research Triangle Area" made up of the cities and communities of Durham-Raleigh-Chapel Hill, with each city containing a major college or university, i.e. Duke with a medical school, the University of North Carolina with a medical school and North Carolina State University. There are, in addition, several private colleges and two black universities which provide additional resource services. There is also a formal Research Triangle Park including business institutions, such as IBM, and many pharmaceutical laboratories. It is within this larger community then, already heavily committed to research, that the close working ties will be established.

B. Physical Characteristics of the Institution

The Federal Center for Correctional Research is a new institution. Under the direction of the architectural firm of Middleton, Wilkerson and McMillan of Charlotte, North Carolina, construction was begun in June 1972. The capacity is approximately 350 total beds, 235,000 square feet of buildings and 42 acres inside the fence with an anticipated opening in mid 1974. This institution is characterized by seven separate living quarters for inmates with each living unit containing a majority of individual rooms, meeting rooms, staff offices and recreational areas within its boundaries. There are certain other buildings of shared interest including a chapel; gymnasium and recreational area; a support building, housing clothing, commissary, food and barber shop; an educational building; an infirmary; a service structure containing the mechanical services and storeroom; and finally, an administration building which is located outside of the fenced enclosure. This will be a medium security institution with a double fence, underground perimeter security sensing devices, armed vehicular patrols, and replacing the security sash will be a special material, electrically wired for additional security within each unit.

C. Key Population Characteristics

1. *Mental Health.*—The three mental health units will be filled by referrals from institutions located in OMB Regions I-IV (east coast) with inmates across RAPS categories in various stages of their sentences.

2. *Correctional Program.*—The correctional program research units will be filled with some sub-segment spectrum of the inmates housed in federal facilities in Regions I-IV. This spectrum will be determined by the research program design.

D. Organizational Structure and Staffing Patterns

The anticipated staff of the Federal Center for Correctional Research is 211 positions, representing an inmate-staff ratio of 1.66 to 1. The basic organizational design will be functional participatory management with a functional unit sub-structure. There will be four principle divisions: the administrative services, the correctional program division, the research division and the mental health division. The administrative service is made up of the Warden and his office staff, the personnel office and the business office. The correctional program division is made up of the Associate Warden, Correctional Programs, the four correctional program units, food service, mechanical service, chaplain,

correctional coordinator and community coordinator. The research division is made up of the Director of Research, the research coordinators and the record office and data coordination staff. The mental health division is made up of the Associate Warden, Mental Health, the three mental health units, the nursing service coordinator, the safety officer, education coordinator and case management coordinator. The organizational chart and the participatory management committees are located in Appendix B.

E. Statement of Mission

In the green book entitled "Behavioral Research Center, Butner, N.C.," the mission for the proposed facility was stated as "the treatment of mentally disturbed and violent offenders, for research leading to the management and correction of such behavioral problems, and for staff training in promising treatment techniques for serious deviant behavior". The method of actualizing this mission includes the following two mission statements:

1. *Mental Health.*—The Mental Health Units will provide excellent acute and/or specialized treatment and/or forensic services for psychiatrically ill offenders from Region I-IV in all stages of their sentences. This program will be conducted in the context of a research setting to find increasingly effective methods of referral, evaluation, treatment and aftercare.

2. *Correctional Program.*—The Correctional Program Units shall, in an initial integrated design, test the best correctional and treatment modalities available in such a way as to provide usable and transferable models for other correctional settings (federal, state, local), these models to be fully researched in a prospective, longitudinal manner with full follow-up. The institution shall provide at least part of the initial training for such transfer of program models.

SECTION II—PROGRAM PRINCIPLES

A. I.—General Principles

1. To provide carefully selected personnel with full training experiences prior to opening and through continuing training post opening so as to maximize actualization of potential. This is not only to provide the Federal Center for Correctional Research with fullest manpower utilization but also recognizes the fact that transferability of programs, mental health and/or research, will require a transfer of knowledgeable, experienced personnel capable of training others.

2. To provide careful, full and accurate record keeping above and beyond the usual for an institution because of our research function.

3. To utilize functional participatory management so that all specifically treatment functions and specifically maintenance functions and mixed functions are carefully integrated into the total program model and the authority for implementation of same is shared by those concerned. This is in order to properly integrate the work load of the institution which would otherwise, through over-decentralization, result in inefficiencies of scale and performance.

4. To make proper and complete use of academic and other consultation and involvement of local and national community members and volunteers. An open situation with multiple involvements of outsiders will result in better community relations and a full general understanding of our research function. Moreover, the total environment in the institution will be more normalized by these contacts, especially in conjunction with the most modern policy procedures related to everyday inmate life.

5. To provide an environment that is understandable, reasonably rational and masterable by inmates and staff but is yet not so carefully and detailedly outlined as to have learning in this environment non-transferable to the less than rational outside world.

A. II.—Specific Principles

a. *Mental Health Units.*—1. That each unit (youth, adult male, female) establish clear, cooperative relationships with its small list of referring institutions in Regions I-IV. This will facilitate communication, referral and aftercare processes and general evaluation of the program.

2. That the units provide acute care; this care, in general, consisting of 90-180 days of care with some exceptions. That these units provide for carefully selected cases specialized care lasting longer than 180 days, but in no case should these units provide merely chronic, custodial care.

3. That if one or more universities are cooperative in assisting in the staffing and consulting for forensic work, that one or more of the units maintain a small sub-section for case studies for the United States Judiciary in conjunction with said university. This is in order to open up to the United States Judiciary in Regions I-IV the potentially rich forensic resources of the institution and surrounding academic community without overtaxing program staff.

4. Each unit should, in conjunction and cooperation with its referring institutions, insure that the aftercare provided at said institution is adequate to preserve and enhance the benefit accorded to the inmate during his period of treatment at the Federal Center for Correctional Research. This is in order to prevent the "revolving-door" phenomenon which occurs when the centralized treatment facility efforts are not followed up by adequate aftercare.

5. That such research as would lead to the enhancement and increase in efficiency of method of the curative treatment of psychiatric illness shall be done so as to incrementally improve the services provided by the three mental health units. This is necessary because with all the deficiencies of psychiatric treatment generally the differences between correctional setting and inmates and the general population has resulted in much of general psychiatric knowledge not being easily transferable.

6. These units shall be actively involved with the training of other federal correctional mental health personnel and in the training of mental health personnel generally in the research triangle area and nationally as there is a great dearth of individuals trained both in mental health and corrections.

BUTNER RESEARCH PLANS

In approximately six months the 13.5 million dollar Federal Correctional Research Center will open in Butner, North Carolina. Originally the institution was to have been named U.S. Behavioral Research Center. This led to numerous inquiries and some bad publicity concerning "behavior modification". Federal Bureau of Prisons administrators changed the name on the grounds that it was misleading.

Still the plans for Butner include the development of a "Behavior Research Unit" which will accommodate 200 prisoners. According to Dr. Martin Groder, a psychiatrist who will be the first warden of the new facility, four test programs will be administered in the Behavior Research Unit.

One of those programs will be modeled after Asklepiion, a self help transactional analysis program which Dr. Groder originated at the U.S. Penitentiary in Marion, Illinois. Another program will be a "human resources" project involving one-to-one educational instruction. As for the remaining programs of the Behavior Research Unit, Dr. Groder says he is still "shopping around."

On the subject of eversion therapy and psychosurgery, Dr. Groder recently told a Washington Post reporter: "It gets tiresome saying that we aren't going to do that kind of thing."

Earlier statements issued by the Bureau of Prisons in 1972 outlined the Behavior-Research Unit plans differently. Participants for the Butner research experiments were to have been chosen from "sub-groups of offenders" which included "minority groups, high security risks, overly passive follower type, alcoholic felons, drug addicts, and sexually assaultive inmates." Original plans called for the unit to be divided into four units of 50 prisoners. Of these, one was to be a segregation unit while the other three would be graduated reward stages in a multiple level conditioning program.

Dr. Groder now denies that any conditioning plan is being readied for use at Butner. He also states that prisoners will be required to give their written consent before being admitted to Butner.

In her book "Kind and Usual Punishment", Jessica Mitford has charged that secret plans for Butner to include the use of chemotherapy and psychosurgery.

b. Correctional Program Research Units

1. All research programs shall either provide adequate community follow through by aftercare supplementation or not provide it for research control purposes. This necessity is indicated by repeated research findings that institutional improvement without community follow through tends to disappear over a two-year period.

2. Each individual shall have prescribed and shall follow an educational-vocational program with an emphasis on his/her capacity for productive interpersonal relationships. Upon release, he/she shall be prepared to work with a

high expectancy of success with a high enough level of skill either to perform on the job and/or have entry level skills for training and with proper preparation of the place providing employment such that their expectancy is positive. This combination of high expectancy, high interpersonal and technical skill and reasonable community acceptance is demonstrated to result in better vocational success.

3. Each individual, post-release, needs an adequate positive social setting. There now exists four such well-established patterns: one is family adjustment, two is the therapeutic community or some other totally involving work setting, such as the military, three are deviant sub-cultures and four is the loner life-style which is only characterologically feasible to a small sub-segment of our population. In general, all inmates who had a family will be encouraged, counseled and given every assistance in maintaining and enhancing this family involvement. The others will be given assistance in methods of operationalizing a family and providing an equivalent social setting during the institutional time and post-release until such family-like involvement is operational.

4. All research programs shall effectively discourage overt and covert anti-social behavior. This will avoid the hypocritical involvement in programs that often saps their strength.

5. Staff and inmates will be required to participate in a joint effort. This will prevent the "we/they" split that typically polarizes and alienates the staff from the inmates.

6. Each program will be required to involve all staff and inmates in its functioning so as to prevent sterile, alienated roles for either staff or inmates.

7. Each program and all the programs together will make every effort to prevent negative cliques from forming in the institution so as to prevent the usual negativistic inmate compound culture which interferes with corrective programming.

8. Each program will be asked to develop its own integrated philosophy so as the members of the program, staff and inmate, have an understandable basis for decision making. This enhances the cooperation and coordination of all parties and appears to result in increased performance.

9. Each program will be asked to include within itself academic and other consultation as an adjunct to its basic program design. This will enhance the reputability and depth of each program without overrelying on academic conceptualizations.

10. Each program will be asked to provide for all the inmates needs and deficiencies that might prevent him from making a successful adjustment in the community. This is to prevent strengthening only specific areas in the inmates personality and technical skills while preserving other major areas of deficiency.

11. Each program will carefully use a variety of categorizing instruments to determine if its methods are more or less appropriate for each specific category but will preferably not use these for prescribing treatment especially in the early stages of the program. This is to prevent premature categorization with self-fulfilling prophecies prior to adequate information gathering and sorting.

12. Each program will have an adequate training program such that those staff that do rotate from program to program are quickly and competently integrated into the program and thus resulting in their getting, over a period of time, a good set of skills in each program area. This is to prevent rotating staff from getting treated as second class citizens and also provide them with a broad base for further promotion and development of their potential alongside of those that may have been employed with a high level of previous skill.

13. Each program staff will participate in the community follow-through for its post-release inmates to at least some extent. This will provide continuity of philosophy and practice and will also provide an interesting and broadening career development opportunity to institutional staff.

14. Preferably each program will harness the social pressure of its various component members for positive goods. These social pressures are given in institutional situations and need harnessing as they often otherwise go opposite to the goals of programming.

15. The Research Department in its coordination with the programs will provide feedback to the programs as to their performance and as to new data as it comes along in a variety of areas so that the programs may constantly improve themselves, not only from their own natural development but from these inputs. The Research Department will then calibrate for such changes in programs as to be able to maintain the research design which should be so designed as to have

this capacity. This will prevent the original research design from becoming a constraint and then a sterile instrument divorced from the actual procedures being followed in the units.

16. Each research program shall follow ethical guidelines to be determined in advance for all programs.

B. Current Implementation

Research and program planning to date have resulted in the ability to formulate and document the above principles in A. The broad measure of the above's feasibility will be that of whether, in fact, these guidelines and program principles will be practical and useable in operationalizing the institution.

C. Future Implementation

Increase program planning, community coordination, research staff and operational staff so as to adequately prepare for the institutional start up which will now take only four months total time rather than the original eight months planned due to the longer planning time and more complete staffing. Implementation target, September 1, 1973 pointing toward September 1 to November 1, 1974 opening date. The position responsible for implementation is that of Program Development Coordinator.

SECTION III—ASSESSMENT

A. Mental Health Units—List of Preliminary Proposed Measures

1. Number of patients referred vs. number of patients accepted. The difference between these two figures is a measure of the degree of our adequate communication to referring institutions.

2. Number of patients accepted who actually receive full treatment as prescribed. This measure would indicate the accuracy of our acceptance and diagnostic procedures vis-a-vis our ability to provide treatment and motivate patients to accept it.

3. Percentage of patients fully treated who are then transferred to referring institutions, other institutions or community care. This figure should be 100% as policy is not to retain chronic cases.

4. Percentage of cases referred to other institutions as fully treated who require no further in-patient treatment. This measure will represent the lasting effect of our treatment process.

5. Community follow-through as to success of patients when released to the community vis-a-vis both (a) criminal recidivism, and (b) relapse into mental illness for which they were treated. This will further measure long-term effect of treatment provided.

6. Number of mental health personnel trained for other institutions relative to number hired and/or needing training. This will measure relative input of Butner to mental health efforts of the Bureau of Prisons.

7. Number of employees hired or transferred in with no adequate prior experience or skills in the area of treatment of mental patients who are transferred out, skilled in such areas.

8. Production of scholarly papers in the area of treatment of mental disorders in correctional settings and other pertinent areas.

Correctional Program Research Units

1. Number of major research programs instituted at start up of institution.

2. Percentage of research population inmates who can be adequately followed which should preferably be 100% of population plus controls.

3. Percentage of inmates who can be provided programs that follow all the policy guidelines contained in Section II-b. This figure should also be 100%.

4. Each inmate will be carefully evaluated as to his deficiencies in areas that are necessary for community adjustment and success and each program will be measured by its success in eliminating these deficiencies.

5. Percentage of research population inmates that are provided adequate community follow-through.

6. Percentage of research population inmates released from programs who are adequately prepared for employment, their average and mean salary levels, work satisfaction and general level of success.

7. Percentage of research population inmates who are released to an adequate social setting.

8. A variety of measures will be needed to determine the degree to which each type of antisocial behavior is present or not present. For example, whether or

not fighting occurs, whether or not exploitation occurs, whether or not gambling occurs, whether or not homosexual behavior occurs, whether or not escape plots occur, etc.

9. A careful analysis will be constantly maintained of the formation, evolution and dissolution of negative cliques.

10. Sociological-type testing will be used to see whether, in fact, there is an integrated philosophy in each program and whether, in fact, it is followed and to what degrees by its various members.

11. A variety of sociological instruments will be used to test the morale and joint effort of the staff and inmates. Also tested will be their positive involvement in programs.

12. Staff rotating in and out of each of the correctional program units will be pre and post tested as to the amount of skills in the specialized areas of the programs that they have learned.

13. We will establish if program staff involvement in community projects, in fact, does enhance performance in any way.

14. With sociological instruments, we will test whether social pressures are, in fact, harnessed to positive goals or not.

15. The number and amount of academic and other consultation will be recorded and some measure of the usefulness and whether or not the useful aspects were implemented will also be made.

16. Each theoretical categorization that is tested will include within it measures of its own reliability and validity.

17. All of the research population and matched controls will be followed for at least two years post release. The outcomes of the research, control and general populations shall be compared by such broad measures as absolute recidivism and other more specific measures yet to be specified.

18. The research department will be required to evaluate its own performance and/or to have a private research team to do same.

19. A long-term measure will be the total number of derivative programs begun in other settings based on one of the models we test, the number implemented, the number successful (see 17 above) and, finally, the number of third generation programs engendered which are also successful.

20. Finally, all programs will be initially carefully evaluated and then continuously evaluated to insure that it stays within the ethical guidelines set.

(General Comment: Most of the above measures are carefully not over specified at this time, leaving adequate room for further program and research planning and elaboration.)

SECTION IV—CURRENT OPERATIONS

Under the guidance of the Division of Planning and Development, with full cooperation of the various Central Office Divisions, and with a significant inputs from federal and state institutions and agencies, the Butner operations have consisted primarily of long-range, broad program development, operational planning, and the initiation of community public relations. The staff consists of a Program Development Coordinator, an Executive Assistant, a personal secretary and an administrative clerk. At the present time, the operations have resulted in the program development principles outlined in Section II, in the development of the staffing and organizational patterns outlined in Section I and in the Appendix, as well as having laid a solid foundation of good relations with the local academic, professional, governmental, business and lay communities. The outlines of a number of important specific projects have been identified for immediate exploration and implementation. These specific projects included but are not limited to aftercare supplementation, increased capabilities for our information system, regionalization of mental health services in OMB Region I-IV, identification and review of effective correctional treatment modalities and specification of the unique content of these for training purposes.

SECTION V—FUTURE OPERATIONS

The major tasks before us in the next six months are the following:

1. To evaluate the inmate date system and existing information systems as to their ability to accommodate the intended research and to make such appropriate recommendations as may be necessary based on this analysis.

2. To select the four program models for the four correctional program research units to test and complete at least a rough outline of what they will be,

how they will operate and what type and number of personnel will be necessary within the total possible complement of 211 for the institution as a whole. Once these are established, to begin to elaborate the manner by which inmates will come into these programs and the manner by which the entire project will be followed with suitable controls.

3. Our new Mental Health Coordinator will elaborate the mental health needs and ability to provide for them of the various institutions in OMB Regions I-IV and prepare a proposal for coordinating these efforts with our mental health programs. During the course of this, he will visit and set up initial coordinative relationships with each of these institutions. He will also develop our mental health training packages and coordinate with academic departments in local universities and assist with mental health recruiting.

4. Our Operational Systems Coordinator will coordinate for us in the Bureau's Washington Office, especially the various program changes that impinge upon the implementation of the Bureau's procedures or, conversely, such Bureau developments as may effect our planning and implementation effort.

5. The Operational Systems Coordinator will also have the responsibility with the aide and assistance of the Community Services Division, Bureau of Prisons, to evaluate the community after care supplementation aspect of the Correctional Program Units.

FEDERAL CENTER FOR CORRECTIONAL RESEARCH, BUTNER, N.C., PROGRAM PLAN,
HUMAN RESOURCES, DEVELOPMENT UNIT

"The first and most basic principle of helping and human relations is the ability to see the world through the eyes of the other person. If we cannot see the world through the other's eyes, and communicate to him what we see, then all advice, all directions, all reinforcements, rewards as well as punishments, are meaningless.

We are so accustomed as would-be helpers to making judgments of the helpee that we forget that the helping process cannot take place unless the helpee has made judgments of us and ceded us the power and recognition as agents of his change. We are so accustomed to seeking permission from above that we seldom obtain permission from below. The first order of business, then, must be getting ourselves and our own houses in order before embarking upon projects that would help others".

Dr. R. R. CARKHUFF.

A. INTRODUCTION

There is considerable evidence supporting the position that training can be a preferred mode of treatment. One aspect of this concept emphasizes the importance of training "significant others" as a treatment alternative. "Significant others" has been defined as line correctional staff by several prominent correctional authorities. Drs. Sherman Day and William Megathlin documented line staff effectiveness in their study at the U.S. Penitentiary, Atlanta, Georgia. The Federal Bureau of Prisons has given considerable credence to this concept over the past few years, with its increased emphasis on staff training in general, the inception of Staff Training Centers and the Correctional Counselor training program in particular. A second modality would go even further and would eliminate the "middle man" by training the client or inmate directly.

A close look at this second modality reveals that it incorporates the best parts of the "significant others" concept, while simultaneously permitting the individual to choose his own future. The staff, as first role models, must prove that they have something that would be of value to the inmate; by their actions, their concern and their confidence, they must be "significant others". The program originates with the inmate's own frame of reference, so that he can explore where he is, examine where he wants to be and, as a result of the training, develop action programs to get there. As he progresses he becomes a "significant other" himself and assumes more and more control of his own future. This program has been used extensively in the community services fields and has proven very popular and successful with minority groups, educators, and social service organizations. The reason for its popularity is that it delivers the capacity for human achievement directly to the client. It is the beginning of a human technology of living, learning and working skills; the skills that enable an individual to be a responsible, contributing, whole human being.

B. PROGRAM PHILOSOPHICAL/THEORETICAL BASE

There are people who can live effectively in their world and there are others who cannot. To be sure not all those who cannot live effectively are incarcerated, but realistically one can assume that a felony conviction is usually a symptom of ineffective behavior. There is extensive evidence to indicate that significant human encounters may have constructive or deteriorative consequences, that is "for better or for worse". The less than effective person is a result of a series of retarding experiences and/or relationships. Similarly, the effective person is the product of a series of facilitative experiences. Another way of defining this is to say that the effective person is a growing person, rather than a deteriorating one.

Growth and deterioration can be measured on three basic scales; physical, emotional/interpersonal, and intellectual, and the three are inextricably related in both the effective and the ineffective person. Growth or deterioration takes place at crisis points in an individual's life. These points occur when there is conflict between the person's physical or psychological need to survive and his physical, emotional, and intellectual resources. The manner in which the individual handles each crisis point increases the probability of his responding in a similar manner at the next crisis point. That is to say the results of effective or ineffective behavior at crisis points are cumulative. It is likewise true that an individual's behavior at crisis points is predictable and that the indices of this predictability are his physical, emotional, and intellectual functioning. The reverse of this is obvious. To increase his effectiveness at crisis points, you must increase his current level of functioning; physically, emotionally/interpersonally, and intellectually. The means for this increase is training.

The model, then, for this unit is a training model; a training model of human resource development. Human resource development is skills acquisition; skills that are observable, measurable, trainable, predictable. In a systematic step-by-step program an individual can be trained in the skills necessary to live, to learn and to work in his world effectively.

An individual's ability to control his future is directly dependent upon his ability to make effective decisions at crisis points. These decisions are likewise directly dependent upon the skills that he possesses which, in turn, are directly dependent upon his level of functioning physically, emotionally, intellectually. A fully functioning person has a repertoire of responses that enables him to develop new programs for each situation that demands them as well as to react spontaneously in those situations for which he is prepared. A growing person can help others who are significant to him learn these same skills and thereby create a healthier environment for himself. A growing person no longer has to live by deceit and cunning, he can be free.

Every individual in our society needs skills, all kinds of skills, in all kinds of areas. He needs problem-solving skills to resolve problems of his own and of those close to him. He needs program development skills in order to sustain, develop and implement his own programs as well as those for others. Of all the life-skills however, the social and interpersonal skills each of us acquire over a lifetime appear to be the most critical skills of all. Persons who become incarcerated are at least, in part, a product of their many relationships with significant persons. Their present relationships reflect the difficulty of their past relationships. They have learned to respond to others in ways that others have responded to them. The inmate then, is both a product and a promulgator of his experiences, and the critical core of these experiences involves relationships with other human beings. There can be little argument that imprisonment itself has a tendency to produce a corrosive effect upon social skills. In many instances the corrosive effect itself may well be the significant contributor to the causes of recidivism. Interpersonal, problem-solving and program development skills together represent human achievement or living skills. They are the first and most important rung on the ladder of human effectiveness.

The next level of skills is educational achievement or learning skills which are based on human achievement. The resident can now relate effectively to his world and the people in it. He is ready to translate his understanding into learning skills that parallel the teacher's efforts. He understands curriculum development skills, diagnostic and goal setting skills, teaching methodology skills and classroom management skills as used by the teacher and he relates them to his learning material. He learns how to explore where he is in relation to

educational or intellectual materials, how to understand where he is in relation to where he wants or needs to be and how to get there.

The next level is career achievement or working skills. The world of career achievement represents a developmental set of skills beginning with career expanding skills, which enable the individual to explore systematically career alternatives that meet his needs. Following career expanding, the individual needs career narrowing skills which let him systematically select the career that comes closest to meeting his values and whose entrance requirements he is capable of meeting. Next the individual learns career planning skills which enable him to develop systematic programs that will take him from where he is towards his career objectives. Finally, using career placement skills, the individual can systematically develop, acquire, and retain the job he has chosen.

This then, represents the current scope of the human technology of skills programs necessary for human resource development. The basis for all of these skills is training. The fundamental objective of human resource development is to identify the skills necessary to achieve, to train staff to use these skills, and finally, to transfer the skills to our "raison d'etre"; namely, the inmates. Such an objective delivers the necessary skills to the inmate so that he is no longer dependent upon others to solve his problems, but can be proud, responsible, and free.

C. OPERATIONAL ASPECTS OF THE PROGRAM

The program is divided into three basic parts: the physical, the emotional/interpersonal and the intellectual.

The physical program will be a continuous physical fitness/exercise program which also will incorporate organized sports, individual exercises and periodic tests of functioning ability. The emotional program will incorporate training in interpersonal skills as well as specifically detailed practice in applying these skills in staff/inmate relationships, family relationships and involvement as helpers with some of the mental health patients. The intellectual program will incorporate not only problem solving, program development, learning and career achievement skills but also specific programs designed with the individual to increase his educational level and to set future goals and programs.

Upon arrival at the institution the individual is met by an inmate representative of the unit who will provide general orientation to both the institution and the unit. The inmate representative will be a unit position assigned to those advanced inmates functioning at high levels, physically, emotionally and intellectually. During the initial phases, staff will be required to serve in these roles, however, after the initial training of the inmates the most effective will begin to assume more responsibility for the unit. Following his orientation the new trainee will be evaluated against established, published criteria to determine his level of functioning in all these categories. At this point he will begin formal training.

The first training will be a program detailing the unit philosophy and imparting basic living skills. The course will be taught by inmate representatives as well as the staff member responsible for interpersonal training. The program will be followed by a reevaluation and the results of this evaluation will be used for classification or program purposes.

As this process was going on, the inmate has been meeting with his counselor and his caseworker in the context of establishing rapport, reviewing social history, evaluating release resources and other personal relevant data. Based on this information the inmate's significant family will be invited to attend the classification session. During this session, which will be attended by staff, one or more relevant inmate representatives, the inmate concerned and his family, the current functioning level will be discussed in all these areas. Specific programs will be established to raise all deficient areas to a minimum functioning level (level 3 on a 5 point scale). These programs represent the institutional goals, and, whenever possible, parole recommendation will follow their achievement.

At this time the family will be offered the opportunity to participate in a training program identical to the inmate's. This training could be conducted in major metropolitan areas or at the institution. If the family is not interested in training or cannot participate for any reason, extensive counseling and group discussion will be conducted at every opportunity to insure that they understand the program and its objectives. Community resources will be offered training opportunities as well so that they also are aware of the institutional goals and objec-

tives. To the greatest degree possible, the inmate should be released into an environment to which he can relate and which is prepared to relate to him.

During the remainder of the inmate's incarceration, his time will be spent in additional training programs, i.e. learning and working skills and many specific goal oriented programs, physical training or exercise, G.E.D., remedial reading, vocational training and work programs. As his level of functioning increases, his level of responsibility and privileges likewise increase. High-functioning inmates occupy positions as counselors and associate trainers as well as in unit government and institutional councils. They are afforded opportunities for such privileges as furloughs, Special Progress Reports, parole recommendations, and work/study release. In the event that a high-functioning inmate is not able to be paroled for any reason or if the program is terminated or transferred, every effort will be made to place the inmate in a situation where he can utilize his abilities in a productive manner.

D. RESOURCE REQUIREMENT

The equation for Human Resources Development is, effective people + effective program = effective organization or mission achievement. Effective people are the most important ingredient. For this program to be successful, the staff must be selected on the basis of their effectiveness. To superimpose personnel selection criteria based on other measures is to build a potential for failure into the program. Therefore, we plan to utilize the principles set forth by Dr. Robert R. Carkhuff, the originator and foremost authority on this program.

The Bureau of Prisons already has a nucleus of personnel trained in this philosophy and selection will be made from this group for the following positions: Program Manager, Program Specialist and the two Correctional Counselors. The remaining unit staff (Caseworker, Education Specialist, Secretary and several Correctional Officers) if not already trained, will be selected using criteria developed to assess effectiveness in a helping role. Then staff training can be incorporated into the pre-opening training package that will include Bureau and institution orientation.

In addition to the staff resources, the extensive training involved in the program will require audio and video tape recording equipment, as well as good material reproduction facilities.

This program was developed with the full cooperation of Dr. Carkhuff and his colleagues and represents his progress to date in the development of human resources. As an emerging innovator of further techniques, it is necessary that there be a continuing relationship between the program unit and Carkhuff Associates. They are prepared to provide technical expertise, training materials, academic inputs, new programs, and other necessary services. As further techniques or course materials are developed, the unit staff will adapt them to the correctional setting and implement them as appropriate.

E. FACILITY UTILIZATION

This program would utilize the full range of institutional services; food service, clothing, barber shop, chapel, etc. Specific program needs will require the utilization of the gymnasium and outdoor recreation area, the education center, and a room suitable for training groups of approximately 20 people (inmates, staff, family, community resources).

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Mr. DRINAN. Doctor Groder, if I could go to this question. You may have some reaction to it, but I wonder if Mr. Carlson would respond. There is an apparent contradiction here based upon recent writings

about the START program in the New York Times yesterday and also in the New York Times of February 20. There have been extensive articles on this program and it is just a question of fact. Apparently behavior modification is not the essence of the program that is going to be opened at Butner. And with the demise of START, I assume that those principles involved in START are not going to be once again used. So can we say that the annual report of the Federal Bureau of Prisons in 1972 is now obsolete, since that annual report says START may become a prototype for programs at other institutions, and that if the answer is no, then is Dr. Robert Levinson correct in the Times yesterday when he suggests that you are going to use the START behavior modification principles and that "The Bureau of Prisons now operates or plans to operate, Dr. Levinson said, five programs along that line."

Mr. CARLSON. Dr. Levinson is correct, Congressman Drinan. We have no plans to discontinue the use of behavioral modification techniques as I have mentioned. As a matter of fact, we will continue to use them as indicated where we feel it appropriate to motivate offenders to get out of segregated units and take advantage of opportunities prior to their release. We have no plans to use the START program as such, but we certainly will use in the future where applicable the techniques which we think have some very promising potential.

Mr. DRINAN. Well, he states categorically the Bureau of Prisons now operates or plans to operate at least five programs, according to Dr. Levinson, using principles of behavioral modification. Two of these five are for juveniles.

Mr. CARLSON. We continue to use behavior modification techniques such as the token economy of the Robert F. Kennedy Center in Morgantown, W. Va. It has been a successful part of the program.

Mr. DRINAN. It goes back then to the definition.

Mr. CARLSON. This is a problem of semantics rather than procedure. I am referring to behavior modification as the use of rewards for positive behavior. Certainly we will encourage and continue to use the concept as we have in the past. I think we would be remiss if we did not. That is what I am referring to when I say behavior modification.

Mr. DRINAN. Would you say behavior modification in that broad sense is going to be used in your program or in a more narrow sense?

Dr. GRODER. Well, in a more narrow sense such as shock therapy or operant conditioning, no. None of the proposed programs are of that type. It is in the very broad sense of having incentives such as meritorious service awards and so on which could in the broad sense be considered behavior modification. That is to say, rewards for past behavior. So, the broad sense is so broad as to be meaningless in any scientific sense. The specific sense I have been quite clear about.

Mr. DRINAN. Well, let me just enumerate the problem of this committee, or at least my own problem. There is more and more literature about this, and I am certain that when Butner opens there are going to be further articles. There are a lot of people simply asking hard questions that, in all candor, I cannot answer, when they say you are on the subcommittee and you are supposed to know something about this. All I can say, gentlemen, is that if you want my approval, you have got to give me a lot more information than I

have now about transactional analysis and behavior modification and these terms that you use in the letter to Senator Sam Erwin. I can see why people, even if they are not politically motivated, would create, as you suggest, horror stories, and I am not creating them. I want to say that you people know what you are doing, but what I need is further information.

One last question that either of you or perhaps Mr. Carlson could answer. Would you explain the nature of the decision in the Federal court regarding the Marion Penitentiary that took effect on December 6, 1973, in *Adams v. Carlson* and ordered the release of 35 men from the control unit at Marion?

Mr. CARLSON. Yes. Judge Foreman in his decision did order that 36 inmates be released from the control unit at Marion. They have been released. Ten were transferred to other institutions and the remainder were released to the population of Marion.

This brings to mind a letter before me which I received yesterday. I would like to introduce it in the record. I receive mail, as you do, from many inmates. If I may I would like to read the letter because I believe it describes how some inmates feel about the incident you described. This letter is dated February 18.

Dear Mr. Carlson: I am not writing you this letter to seek any special favor myself. I am writing you in regards to a problem that is about to become a major problem if something is not done about it.

As you no doubt recall, on December 2, 1973, Judge Foreman ordered 36 recalcitrant prisoners released from segregation. Whether you are aware of it or not, but none of those prisoners should have been released. I have already written Congressman Slack requesting him to inquire as to why the local United States Attorney did not appeal Judge Foreman's decision.

These men pose danger to the staff and other prisoners, already they are attempting to enlist other prisoners to join them. It is only about 10 inmates who cause this trouble and unrest. These men should have never been let out of segregation. They are nothing but a pack of wolves. It is my devout hope that you will not allow this institution to be turned over to mob rule.

This is one of the letters that I received as a result of that decision.

Mr. DRINAN. I am afraid your problems are even more complex than ours. Thank you very much.

Mr. KASTENMEIER. Well, we are running somewhat late and there are still more questions. Let me ask if you could briefly expand a bit on what the second and third models you may employ at Butner constitute, the Asklepieion model and the psychodrama model, so that we will at least have some knowledge of these two programs that you intend to employ.

Dr. GRODER. First on the Asklepieion model, which I will describe at greater length since I know more about it—I will presume no prior knowledge. The people at the Synanon Foundation, which you may remember was organized in 1959 by an ex-alcoholic by the name of Chuck Diedich, and a group of junkies who had hung around his apartment. This was in a community and on a voluntary basis that these individuals worked together. And what they appear to have done, successfully, is take the Alcoholics Anonymous model, which has been around for almost 50 years, and develop it into a much more extensive one for this particular kind of individual, the so-called junkie. By the sheer force of their personalities and energy they created an organization of some thousands of people and it involved

a certain kind of therapeutic community. I had some experience with these men and women between the years 1966 and 1968 when I was a psychiatric resident in San Francisco. This was not part of my training. This was something I did because I was interested in what they were doing.

Basically what they do is the men themselves run their program. They get the responsibility for how things go. In our staffing plan for this unit we plan to have no correctional personnel. The only personnel will be a program person, that is to say a program manger, his assistant, an educator, because there are special skills involved there, and a caseworker and a secretary. Other than that, the unit will be run by the 50 men who are in it.

The particular mechanism—I will just go into so much detail—the particular mechanism involved has to do with a great deal of delegated authority to an inmate infrastructure; that is to say, a hierarchy of men who are involved in the program, who show skills clinically in training and administration, and who basically administer most of the day-to-day details of the program. It includes a number of different kinds of group meetings, including one that has traditionally been called the game, which is a certain kind of confrontation or encounter group. It is in this setting that the various problems which occur during the course of the day-to-day living together are brought forward and confronted and a resolution sought. In addition to that, there are a variety of kinds of community meetings and business meetings, and there are other kinds of mechanisms that they have devised that I learned from them, including games for increasing ability to do abstract reasoning called the concept game and so on.

Now, this is their basic method which they still practice in a variety of settings, mainly in California. As you may know, many drug addiction programs that use the Synanon model and the therapeutic community model in various places in the country use derivative models of this.

Now, transactional analysis is a theory of psychotherapy developed by Dr. Eric Berne during the late 1950's and 1960's. He was a psychiatrist, originally analytically trained, who created this development from the analytic model. It basically is a way of saying in plain English much of what has been discovered in psychological theory in the last few generations. As you may have noted, if you have looked at any of the lay oriented books, such as "Games People Play" or "I'm Okay, You're Okay," much of it is very commonsensical and attempts to talk to people in a way that they understand, rather than the usual professional jargon which is not comprehensible to the patient, and is often not comprehensible to the professional.

The marriage that we made in this hybrid that I talk of was basically that to the basic Synanon kind of a therapeutic community we added team B of transactional analysis which enabled these individuals in the program to understand better not only, as I say, where they are coming from, but where other people are coming from, and open up additional options of action in a variety of situations because of a superior kind of analysis of what is actually going on. In addition it added a form of psychotherapy which is used extensively with

civilians in a variety of settings around the country to the other methods that Synanon had used.

This is actually what Asklepieion is about—psychotherapy and theory and teaching combined with the therapeutic community.

Now, the psychodrama model, which has been proposed to us by Norman Zinger, who is the head of the Psychodrama Training Institute here in Washington, D.C., and spends much of his time currently consulting with a variety of agencies and is training privately, is a model that has been around for many decades. The originator, a man by the name of Moreno, is still alive and was consulted by Mr. Zinger who is interested in this program. Psychodrama has been used in correctional settings in the past, usually, as I mentioned, as an adjunct, I think partially because most of the people who used it probably were not fully trained in the method. This man is a highly charismatic person who has those qualities I described, and who feels that the basic problem he sees with inmates is that however they got to be inmates, their behavior is being supported by the entire context in the institution, and that when they are released, because of the lack of acceptance and so on, they tend to always drift into circumstances that also reinforce the social behavior that they may have been practicing for many years in recurrent incarceration.

Psychodrama, through role playing, enables an individual to practice new behaviors in a number of ways. One new behavior would be community oriented behavior, or second, problem solving behavior. Inmates, as all other individuals, have a variety of problems, and very often have very restricted options partially because of their lack of resources, and partially because they have been interacting in a very restrictive environment. Third, the method enables the individuals to work together. It is a group method and members provide a lot of feedback to each other and learn a great deal about themselves and their own behavior through observing the new learning going on with other persons who are practicing new behaviors, and by participating as members of the group and playing different roles themselves. So it broadens the entire knowledge that the individual has of himself and of the possible things that he might do in a variety of contents.

In addition to that, he has a method called sociometry which enables him to understand better the dynamics that go on in the unit and to feed this information back to people. Again, brief examples. Some inmates, like some people, are very withdrawn and tend to be loners. And this tends to restrict them from a variety of human contacts. This would come out through the "sociometry" kind of analysis, and the individual would be encouraged to get more human contact, not necessarily to a particular preset level, but to one which he is more comfortable, less lonely, feeling less rejected or unable to make it with other folks.

I will stop at that point. I have said quite a bit.

MR. KASTENMEIER. Thank you. I would like to yield to the gentleman from New York, Mr. Smith.

MR. SMITH. Thank you, Mr. Chairman.

Mr. Carlson, Dr. Groder, thank you for appearing before us this morning.

Dr. Groder, you are a doctor of medicine?

Dr. GRODER. Yes, sir.

Mr. SMITH. And a psychiatrist, I understand?

Dr. GRODER. Yes.

Mr. SMITH. And how long have you been with the Federal Prison System?

Dr. GRODER. As I mentioned, I entered the Federal Prison System July 1, 1968, as a U.S. Public Health Service officer doing my 2 years of military service. At the end of that time, in June of 1970, or actually a little bit prior, I had decided that the work I was doing in Marion was very exciting, and very rewarding, although also very difficult. So I signed on, so to speak, as a civilian. I am not now a member of the Public Health Service. I signed on as a civilian psychiatrist and also head of the hospital. So I have been primarily involved in correctional work for what would be 6 years as of this July. In addition, I have continued to teach in universities that I have been involved in some, and also to some degree a part-time private practice on my own time.

Mr. SMITH. And you are the Warden-Designate of the facility at Butner?

Dr. GRODER. Yes.

Mr. SMITH. Although your position there will probably be Chief Administrator and probably Chief Psychiatrist rather than Warden?

Dr. GRODER. Well, I will be the Chief Administrator. I will not serve as a Chief Psychiatrist. That is not particularly a role I would see as fruitful. We will have a program manager for that area who will probably be a psychiatrist, or might be a psychologist who will actually oversee the work. One of the major roles I see for myself and the institution is that through the action and circumstances in Marion, and through having been involved in the administrative process, and also in the running of the small voluntary unit, the Asklepieion unit, and through having had the opportunity with the Bureau of Prisons of consulting with many of our newer institutions, and their new functioning units and highly programed units such as Forth Worth and many of the drug abuse units, which were our original functional units, I have a concept of how a program manager operates, and so that I will, at least in the first year, be very closely supportive of and monitoring the work of the five program managers. And so at sometime subsequent we may put in an intervening level of management, which would be the usual case. So that we will only have one associate warden in the general operation in the beginning and I will be directly supervising the program managers in their work.

Mr. SMITH. In regard to the conclusion of the START program, either Mr. Carlson or Dr. Groder can answer this, do I understand correctly that you stopped it because it was a compulsory program?

Mr. CARLSON. That was one of the factors, although the economics of the program was the primary reason we stopped it, Congressman Smith. We could never generate enough cases to make it economically feasible.

Mr. SMITH. For the number of people it required?

Mr. CARLSON. That is correct. It required a high degree of staff involvement because of the type of offenders we dealt with in the institutional setting. It simply became prohibitive in terms of cost and the allocation of resources.

Mr. SMITH. Now, the new facilities at Butner, on the other hand, that program is to be voluntary, is that correct?

Mr. CARLSON. That is correct, Congressman Smith.

Mr. SMITH. Could you state generally from your experience, both of you, what is the general level among the prison population for a real desire for rehabilitation? How many would you say, roughly, in a general sense really want to be rehabilitated?

Mr. CARLSON. I believe 90 percent have a desire to take advantage of programs and want to make it when they get back into society. I will defer to Dr. Groder for his comments.

Dr. GRODER. Yes. I think it is a large percentage. I do not know exactly how large. Many inmates, as you may know, are kind of trapped in a circle of peers and friends, and in public, in front of those friends will deny this, and in private will almost plead for opportunities to get out of the vicious cycle that they are in.

One of the other things that I have noted, and I made up an impossible term for it that I will not even share with you, is that the feelings and attitudes of inmates, as is true with most people, go in cycles. And some of the so-called very hard core, some of these same men who were described in the letter to Mr. Carlson, these 10 wolves, so to speak, may, 6 months or a year from now, or 2 or 3 years from now, get tired of that, decide that perhaps this has been a waste of their life, and a waste of their energy, and may, in fact, be looking at that time, it is hard to say exactly why, some other opportunity. This is one of the functions I, in my program, served at Marion. We found people who had long been labeled in the Bureau of Prisons as totally hopeless recalcitrant cases who suddenly would show up one day and say, "Hey, tell me more about this thing." So that over the course of a long incarceration I would say most, the vast majority, perhaps 90 percent or more do, at one time or another, feel like maybe this is not the way they want to go for the rest of their life. And on any particular given day, depending on how you approach them, you could get any percentage you wanted.

Mr. SMITH. Thank you very much, doctor. And, Dr. Groder, in your statement at page 9 you say, "Further, as we plan to change the research programs every 2 to 4 years, we will require that the entering group of men be within 18 months to 3 years of probable parole date." Now, would you change the research programs every 2 to 4 years? Is that the evaluation time, and if they turn out to be good they would be shifted out into the general Federal prison system, and if they are bad and you would get a new one, is that correct?

Dr. GRODER. Approximately that. The reason for that particular time is that whenever you start a scientific project you try to distill the previous experience, which may not get distilled rightly, but you put it together as best you can. My experience is that with serious offenders it takes a couple of years in an intense program that is working for them to learn the things they have to learn and reorient themselves, and be ready to then go into a community based program. And so that is why we have indicated that particular time.

The second aspect relates to the idea that the Federal Center for Correctional Research will have as its mission whatever is necessary at the particular time. I cannot necessarily predict of what may, in 1977, appear to be the really pressing needs that could best be

researched in isolated kinds of settings. What I would expect is that after we have been operational for a year or 18 months we will start to decide whether we, in fact, wish to end a particular program, or continue it, perhaps with new men.

Mr. SMITH. Well, is it the intention of the Federal prison system that as good programs are developed at Butner, that they will be sent out into the whole system?

Mr. CARLSON. Very definitely, Congressman Smith. This is the intent of the Butner facility—to develop programs we can evaluate and test. If they are successful, then to export them to other institutions in our system, perhaps even to State and local correctional systems.

Mr. SMITH. Dr. Groder, I would suggest that you might rename “transactional analysis” and you might call it “plain talk.”

Dr. GRODER. That is a very good suggestion, Congressman.

Mr. SMITH. Thank you, Mr. Chairman.

Mr. KASTENMEIER. The gentleman from Iowa, Mr. Mezvinsky.

Mr. MEZVINSKY. Thank you, Mr. Chairman.

I gather that the main reason for the START program going wrong was an economic one?

Mr. CARLSON. The program was not wrong. As I have indicated in my statement, I think the program was successful. The reason it is being discontinued is that we do not have the caseload to justify its continuance. As indicated, the highest caseload we had was 18 inmates. I believe there were six full-time staff. The costs precluded us from continuing the program.

Mr. MEZVINSKY. You know that the term behavior modification has a very negative connotation. What recommendations do you have to prevent some of the problems of START from affecting your future programs and the programs you have planned?

Mr. CARLSON. Not to use the term “behavioral modification,” but to talk about positive rewards, and reinforcements for the type of behavior we are attempting to instill in inmates we work with. I agree fully with you. I think there is a semantic problem with the term behavioral modification. It can be defined in a variety of ways by different people. We certainly do not plan; we have never planned and will not use aversive techniques. I have cited such techniques and I am sure you are aware of them. I think what most people are concerned about is electroshock, lobotomies, and so forth. I am sure we all realize that in our every day lives we use positive rewards to try to stimulate and motivate people to the type of behavior that we want to see.

Mr. MEZVINSKY. So that we have it for the record and I have a clear picture, what really do you mean by behavior modification?

Mr. CARLSON. We include—

Mr. MEZVINSKY. Do you just mean the reward system?

Mr. CARLSON. The positive rewards for acceptable behavior, not the punishment for negative behavior. Does that clarify my position? In other words, rewarding desired behavior on the part of the individual inmate, but not punishing an offender for negative behavior.

Mr. MEZVINSKY. Does the doctor care to comment on that?

Dr. GRODER. Yes. Again, as in my previous statement, because of my academic background, when I use behavior modification I am referring to a development that came out of academic psychology, that is primarily identified with a man by the name of Skinner. The tech-

nique in addition to its particular method such as the token economy, has a certain theory of human behavior and as I am not an expert in that I will not attempt, unless specifically requested, to give my layman's view of what that is. As I mentioned, however, there are two other points to be explained. One is that anything you do that influences someone else be called in plain English behavioral modification. The other point is that because of the identification of behavior modification as a term, with some very ugly things that supposedly or in fact have occurred, behavior modification is now tarred with a very broad brush. These are three separate views of behavior modification, and I find it frequently necessary to make that tripartite distinction.

Mr. MEZVINSKY. My last point then is, do you feel that there were any mistakes made concerning the methods of implementation of behavioral modification in the START program?

Mr. CARLSON. Yes, Congressman Mezvinsky. There is no question that mistakes were made in the development of the program, as I suspect is the case in any new program. There were refinements made as we went along. There has been a major revision in the entire proposal. It was an evolutionary process, a dynamic process, of trying to find what are the best techniques of working with offenders in this type of a setting.

Mr. MEZVINSKY. What would be the most significant mistake that you think was made regarding its implementation?

Mr. CARLSON. I suspect the use of the acronym "START" was the basic mistake, because that is what all the attention focused on. It attracted more attention than the concept of the program. We could have called it the "Springfield program" or any type of name that we would have used and it would not have attracted nearly as much attention as the acronym START.

Mr. MEZVINSKY. So, nothing in the actual implementation of the program besides the acronym?

Mr. CARLSON. There were mistakes. We learned from the process and developed different criteria for the program, stages for the inmates that were involved in the programs different rewards for types of behavior we thought were acceptable and desirable.

Mr. SMITH. Would the gentleman yield?

Mr. MEZVINSKY. Yes, sure.

Mr. SMITH. Mr. Carlson, would it be your opinion then that if you had all of the economic resources in the world that the START program was a good one and should be continued?

Mr. CARLSON. Congressman Smith—

Mr. SMITH. Except for the economic aspects of it?

Mr. CARLSON. Congressman Smith, I hope ome day we will develop a successful technique which can be used in all correctional systems for getting offenders out of segregation status. Very possibly the technique will use some of the principles developed in the START program. I mentioned to the chairman when he commented about the negative aspects of long-term segregation, we wholeheartedly support the fact that people should not be locked in a segregated status. We hope that we can develop programs to get them out of segregated status so they can begin functioning in the institutional setting prior to release. Dr. Groder and I have worked in institutions where we

have seen men released from long-term segregation. One shudders to think of an individual who has been locked up for 2 or 3 years in a small cell suddenly going out and being confronted with society, knowing full well he has a violent past history, and his propensity to commit further violent acts is very great. This is what we want to try to avoid in the future.

Mr. MEZVINSKY. Thank you, Mr. Chairman. I have no further questions.

Mr. KASTENMEIER. I have just one or two questions left. Under the terminology there is a temptation to use euphamistic terms. I know, for example, from our visit to California at San Quentin, one of their areas of isolation and security was termed, as people in corrections know, the adjustment center or AC. Now, that suggests something that perhaps does not really take place. I do not know. But the question I have, Dr. Groder, is whether you will be able to evaluate, the innovation correctional programs if you are involved yourself, and I am wondering to what extent you yourself will be innovating programs for the Federal system at Butner?

Dr. GRODER. Basically again I refer to some of the statements you have available. What we are attempting to do is to take programs that have already been used, and that appear promising, and, for the first time, be giving them adequate resources, and for the first time often adequate research backup by a centralized research department that will actually be able to say whether or not what these very charismatic, persuasive gentlemen are saying makes any sense, whether in fact these things really do make a difference.

In another area, I would expect that this kind of an effort will result in innovations within these program type models, within these philosophies, within these methods that are unpredictable.

The thing that I wanted to avoid was just hiring the staff, bringing in a group of inmates and then saying, "Hey, fellows would you kindly figure out something innovative." So, we are using models that are already inoperative in a relative sense. Some of them have been developed just in the last few years, and we are hoping to expand them, and to understand them better, and to make them reproducible. One of the problems in new programs is very often they are very dependent on the innovator, and cannot be reproduced by anybody else. And again, this is a failure, and you cannot say that the initial program works unless it is reproducible in terms of the needs of 23,000 inmates rather than 50.

Mr. KASTENMEIER. The criteria for selection of these individuals concerned is rather broad. Are you planning to have a mix of violent types, leader types, and those that are aggressive, or any particular personality mix?

Dr. GRODER. Yes. Whatever mix emerges from the voluntary process, the reason being that our institutions are mixed. In fact, this is more mixed than many have been because our previous classification technique tended to remove older men from the younger men and so on, and there were valid reasons for that in the past. The program models here that we are looking at, Mr. Chairman, are intended for the general run of inmates, not for the peculiar, for the weird, or for the bizarre. The idea is that we have over 20,000 men who have committed

crimes, and who we cannot reliably say will not commit crimes again. It is to those men that these programs are pitched.

Mr. KASTENMEIER. Mr. Carlson and Dr. Groder we appreciate your appearance this morning. And I think this will more or less be an open question, and we will follow the activities of the Federal prison system in developing these programs throughout the future months and years. We hope the high hopes that you have for them will be realized, and that it will prove worthy of the effort and the investment of time and money.

This, therefore, concludes the morning hearing and we stand adjourned.

Thank you.

[Whereupon, at 12:05 p.m., the hearing was adjourned.]

[The statement referred to at p. 9 follows:]

STATEMENT OF NORMAN A. CARLSON, DIRECTOR, FEDERAL BUREAU OF PRISONS,
DEPARTMENT OF JUSTICE

I appreciate the opportunity of appearing before you today to discuss several programs presently underway in institutions operated by the Federal Bureau of Prisons. Specifically, you have asked me to comment on the use of "behavioral modification" techniques such as the START program at the Medical Center for Federal Prisoners, Springfield, Missouri; the development of control unit programs at the United States Penitentiary, Marion, Illinois, and the Federal Reformatory, El Reno, Oklahoma; and the programs planned for the Federal Center for Correctional Research, Butner, North Carolina.

Before discussing these programs, however, I would like to briefly highlight some of the major developments in the Federal Prison System during the past two years. The inmate population has continued to expand, increasing from 21,430 in February, 1972, to 23,300 in February, 1974. This rise in population is the result of an increased rate of commitments and longer sentences being imposed by the Federal Courts. The number of offenders released has remained relatively constant over the past several years. Armed Bank Robbery continues to be the largest offense category constituting over 18 per cent of offenders presently in custody.

The Federal Prison System is presently 3,400 over existing capacity. All major institutions are substantially overcrowded with the most serious problems found in the penitentiaries at Leavenworth, Kansas, and Atlanta, Georgia.

We have been able to temporarily cope with the problem of overcrowding by acquiring a new state youth institution in Oxford, Wisconsin, during October, 1973 and the Clinical Research Center, Lexington, Kentucky, earlier this month. With a combined capacity of 1,100, these two institutions will enable the Bureau to partially relieve the problem of overcrowding in existing institutions if the rates of new commitments remain fairly constant.

Construction of the institution at Oxford, Wisconsin, was completed by the state in July, 1973. At that time, it was determined that the facility was not required by the state and, as a result, the federal government was able to acquire the institution under a lease-acquisition agreement. The institution will be utilized for 500 long-term youthful offenders, the majority of whom will come from the upper Midwest states.

The Federal Narcotics Hospital at Lexington, Kentucky, was built in 1935 and has operated through the years as a facility for the treatment of drug addiction. This facility will be used by the Bureau of Prisons to accommodate 600 male and female offenders, the majority of whom will have significant narcotic, alcohol, or medical problems. The program will be similar to the Federal Correctional Institution at Fort Worth, Texas, which the Bureau acquired during October, 1971.

I would like to also mention, Mr. Chairman, that the Bureau of Prisons will be opening five additional new institutions during 1974. These include Metropolitan Correctional Centers in New York City, Chicago and San Diego; a Federal Youth Center in Pleasanton, California; and the Federal Center for Correctional Research at Butner, North Carolina. These five institutions will have a combined capacity of 1,900. Approximately 600 of these spaces provided by the youth facility and research center will help relieve overcrowding in

existing institutions while the remaining 1,300 will enable us to remove federal offenders from inadequate and overcrowded local jails.

I recognize that the construction program of the Bureau of Prisons has been the recent subject of criticism from several organizations and agencies. Basically, the criticism has been that the federal government is building more prisons and jails which are unneeded because of the availability of community treatment programs and other alternatives to incarceration.

Let me state for the record that the new construction program is based on three primary objectives: (1) to reduce the critical overcrowding found in existing institutions resulting from the substantial increase in commitments from Federal Courts, (2) to provide smaller institutions with environments designed to facilitate correctional treatment programs and meet the human need for privacy and dignity, and (3) to eventually replace the large, antiquated penitentiaries at McNeil Island, Washington opened in 1865, at Leavenworth, Kansas opened in 1895, and at Atlanta, Georgia opened in 1902. Until the federal government can close these institutions, which currently house over 24 per cent of federal offenders, correctional progress will continue at its glacial pace.

If I may, Mr. Chairman, I'd like to now move to the issue of "behavioral modification" which has attracted a considerable amount of attention in recent months. Unfortunately, the term "behavior modification" has been misconstrued by a number of groups and individuals as a sinister effort to coerce offenders through techniques of psychosurgery, brainwashing, and other mental and physical abuses. It has been alleged that the Federal Bureau of Prisons has used and is continuing to use psychosurgery and various forms of aversive therapy to bring about changes in offenders committed to custody.

For the record, let me state unequivocally that the Federal Bureau of Prisons never uses and does not countenance the use of psychosurgery, electroshock, massive use of tranquilizing drugs or any other form of aversive treatment to change behavior, no matter how aggressive or resistive an offender may be.

The problem in discussing "behavior modification" is that the term is defined in a number of different ways. In its broadest sense, virtually every program in the Bureau of Prisons is designed to change or modify behavior. Presumably, the Federal Courts commit offenders to custody because their serious criminal behavior is unacceptable to society. The assumption is that during the period of incarceration, individuals will change their patterns of behavior so that after release, they will not become involved in further criminal activity.

In a more technical sense, "behavior modification" is the systematic application of the psychological principles of learning theory to the process of encouraging people to change their behavior. As such, "behavior modification" techniques can include either positive rewards or aversive techniques including a variety of punishments to promote a change in behavior. The Federal Bureau of Prisons has historically endorsed the first concept, that of positive rewards, and rejected the latter.

The use of "behavior modification" principles is in no way peculiar to programs used in correctional institutions. Over the past quarter of a century, these principles have been used in a variety of situations—public and private schools, mental hospitals, institutions for the mentally retarded, as well as in the average family situation. Since 1958, five professional journals have been publishing the increasing volume of research conducted in this important area.

One need only look around to see "behavior modification" techniques being applied daily in the home, the school, or on the job. Parents use these techniques by praising children for their report cards in the hopes of encouraging continued interest and application to their studies. In personnel management, use of promotions and incentive awards to encourage job performance is a universally accepted practice. The intent of such activities is twofold: provide recognition for positive efforts and to stimulate the individual in future activities.

The formalized use of "behavior modification" programs in the Bureau of Prisons began in 1965 at the National Training School for Boys in Washington, D.C. At that time, a program known as the CASE project—an acronym for *Contingencies Applicable to Special Education*—was instituted. Briefly, this project was an attempt to motivate delinquent youngsters who for the most part were school dropouts, to participate in education programs. Through a system of rewards convertible to "cash," offenders were encouraged to achieve at a high level in school programs. They could then use the funds earned to purchase a variety of items such as snacks and clothing, and participate in special recreation programs such as pool and ping pong.

This "behavior modification" technique, known as the token economy, was very successful both in increasing the amount of time the offenders spent in school and the amount of knowledge they gained.

A number of similar methods utilizing "behavior modification" principles evolved from the CASE project and have subsequently been transferred to the education programs in federal institutions. When the Robert F. Kennedy Youth Center in Morgantown, West Virginia, was opened in 1968, the token economy system was one of the basic components included in the program.

The most recent attempt to use "behavior modification" techniques was the START program developed at the Medical Center for Federal Prisoners, Springfield, Missouri during October, 1972 as a demonstration project. Simply stated, START (Special Treatment and Rehabilitative Training) was an attempt to provide a more effective approach for dealing with those few, but highly aggressive and assaultive, inmates who are found in any correctional institution—federal, state or local. For many years, we have been aware that the usual approach of coping with such individuals has been unsuccessful. Historically, these offenders are housed in long term segregation status and are isolated from the remainder of the institution with no opportunity to participate in the various academic, vocational and recreational programs available. When released from confinement, these offenders are all too frequently unable to function as law abiding citizens and immediately revert to further acts of violence and criminality.

The objective of the START program was to work with these offenders so that they could better control their behavior and become participants in institutional vocational, academic and other programs designed to help them make a successful community adjustment when released from custody.

The use of positive rewards was the "behavior modification" principle underlying the philosophy of the START program, rather than a token economy system such as used at the Robert F. Kennedy Youth Center. It was believed that a stratification system was more appropriate for the long term adult offenders involved. Several levels were developed, each with its own privileges and responsibilities. As an offender attained a higher level by his adjustment, he received additional privileges. The objective was to encourage offenders involved in the program to progress through the various program levels during which they would learn how to better control their aggressive behavior. Once this control had been demonstrated, the intent was to return the offender to a regular institution program.

Criteria established for an offender to participate in the START program were as follows:

Will have shown repeated inability to adjust to regular institutional programs—not just minor offenses.

While he may have an escape history, will have repeatedly displayed other maladaptive behavior.

In terms of personality characteristics, will be aggressive, manipulative, resistive to authority, etc.

Will have had experience in an adult penitentiary.

Will be transferred from the sending institution's segregation unit.

Generally, will have a minimum of two years remaining on sentence.

Will *not* be overtly psychotic (such individuals are appropriate referrals to the Medical Center's psychiatric program).

Will not have participated in START program previously.

Overall, 99 offenders were considered for placement in the program. Of these, 26 were determined to fully meet the criteria developed; 3 in this latter group were recently selected but were not transferred to the program because of the recent decision to discontinue the program; 4 additional offenders were later removed when it became evident that they did not meet the selection criteria.

During the 16 months the START program was in existence, a total of 19 offenders actually participated. A review of the background of these 19 offenders reveals the following characteristics:

An average of five institutional transfers because of disciplinary problems;

An average of 21 disciplinary reports, of which an average of 12 were for major incidents including arson, assault, possession of a weapon, and inciting violence;

An average of 49% of institutional time in segregation status, where they continued to be destructive of property, assaultive toward other inmates, and

verbally and physically assaultive toward staff, including throwing food, urine, and feces at staff members.

The offenses for which these men were incarcerated were:

- Armed Bank Robbery—6.
- Assault and Robbery—4.
- Assault—3.
- Murder—2.
- Kidnapping—2.
- Forgery—1.
- Threatening the Life of the President—1.

While incarcerated, 11 of these men received additional sentences for offenses committed while in prison:

- Murder—6.
- Assault—4.
- Possession of a Weapon—1.

Of the 19 participants, 10 successfully completed the program and have been returned to a regular institutional program. One of the 10 has been released from custody because of the progress he made in the program and the resulting restoration of forfeited good time. Another offender, a state prisoner, was returned to the committing court and has not been recommitted to a Bureau of Prisons institution. By comparison, the vast majority of the inmates referred but not selected for the START program remain in segregated status because of continued adjustment problems.

In our opinion, the START program assisted 10 of the 19 individuals who participated. When considering the criminal backgrounds and institutional behavior of the individuals involved, we believe that the program significantly increased our understanding in developing approaches to work with such offenders.

We have decided to terminate the START program effective March 1, 1974, on the basis of the small number of inmates who met the criteria developed for the program. At the time the program was instituted, we anticipated that the population would rise to a level of between 30-35 offenders. Utilizing the established criteria, however, the maximum number of inmates in the program at any one time was 18. After a review of the program, we concluded that a disproportionate amount of manpower and resources would be required to keep the program in operation.

While mistakes were undoubtedly made in developing the START program, we believe that the Bureau of Prisons profited from the experience. The effective use of programs using positive rewards for acceptable behavior can assist in developing new techniques of motivating offenders who are incarcerated.

We recognize that "behavior modification" does not represent a panacea or cure all for the deficiencies in correctional programming. It is, however, a valuable treatment technique which can be effectively used to motivate some groups of offenders. For this reason, "behavior modification" using positive rewards is an integral part of many of our correctional programs and the Bureau of Prisons will continue to use this technique whenever appropriate.

At this point, Mr. Chairman, I would like to briefly discuss the Federal Center for Correctional Research which is presently under construction at Butner, North Carolina and will be opened later this year. The warden-designate of the institution, Dr. Martin G. Groder, is with me today and will be testifying in more detail concerning the specific programs planned for the institution.

The Butner institution has a long history, dating back to the tenure of James V. Bennett, the Director of the Federal Bureau of Prisons from 1937 to 1964. Originally, Butner was conceived as a psychiatric facility which would accommodate offenders from the eastern area of the country who required psychiatric treatment for acute mental disorders.

The site at Butner was selected because of its close proximity to Raleigh-Durham and the excellent university resources available in the area. Specifically, there are two schools of psychiatry nearby—Duke University and the University of North Carolina—both of which have expressed an interest in working with the institution by providing psychiatric residency programs.

Funds were appropriated by the Congress between 1961 and 1964 to complete construction of the facility. Unfortunately, bids taken on the proposed institution on two occasions were substantially above available funds. As a result, the funds initially appropriated for Butner were reprogrammed to cover other needed improvements in existing institutions.

During 1970, the Federal Bureau of Prisons again requested funds for an institution to be built on the Butner site. Subsequent planning involved a number of consultants from the fields of law, psychiatry, psychology, and the administration of criminal justice. As a result of these inputs, the institution has taken on a twofold mission:

The diagnosis and treatment of offenders with mental disorders, and
An institution to test and evaluate programs aimed at improving correctional effectiveness.

I again want to state for the record that the Federal Bureau of Prisons is not contemplating and has never contemplated the use of psychosurgery, sensory deprivation or aversive treatment of any kind at the Butner institution. The institution will include only a small hospital without surgical facilities because of the availability of excellent medical care in nearby university hospitals. Dr. Groder will describe in detail the specific programs he and his staff are planning to implement when the institution opens later this year.

You have also asked me to discuss the control unit programs which have been established at the United States Penitentiary, Marion, Illinois and more recently at the Federal Reformatory, El Reno, Oklahoma. These units were developed following serious disturbances which occurred at both institutions in order to separate the small percentage of the inmate population who, because of their aggressive and violent behavior, were disrupting the lives of the majority of the inmates.

As I have mentioned previously, correctional institutions contain a small number of aggressive offenders who present significant management problems. These offenders, through fear and intimidation, threaten their fellow inmates both verbally and physically. To cope with such offenders, the institutional administrator has two basic alternatives. He can provide tight security, regimentation and control throughout the entire institution, thus penalizing the vast majority who want to comply with the institutional rules and regulations. The other alternative is to separate the small number of seriously disruptive offenders and do everything possible to normalize and relax the remainder of the institution for the benefit of the majority of inmates.

Offenders assigned to the control units at Marion and El Reno are provided with the same basic elements as contained in the general institutional programs—but in a closely supervised and controlled setting. Work, recreation, education, counseling, correspondence, and visiting are all available. The degree of participation in these programs, however, depends in large part on the behavior of the inmate in the unit. Each offender's situation is reviewed regularly by senior members of the staff in the hope that he can be returned to the general institutional population as soon as possible without becoming a disruptive influence or threatening staff and other inmates.

The control unit at the United States Penitentiary, Marion, became operational in July, 1972 following a major work stoppage organized by a group of inmates. Initially, a total of 89 offenders were assigned to the unit. Since the program was established, 93 offenders have been released to the general population at Marion or transferred to the population of other institutions. The average stay has been 9 months and there are currently 43 inmates assigned to the control unit.

The control unit at the Federal Reformatory, El Reno, was established in July, 1973 after several major racial disturbances. During these incidents, one offender was killed by another inmate and several received serious injuries. Initially, a total of 12 inmates were assigned to the control unit. At the present time, there are 26 inmates in the program.

While no correctional administrator likes to operate control or segregation units, we believe they are essential in order to protect the vast majority of inmates from the predatory activity of a small group.

Before concluding, Mr. Chairman, I would like to candidly admit that the Federal Prison System has many deficiencies, including severe overcrowding and a number of large, antiquated institutions. At the same time, I want to assure you that we are attempting to develop humane, effective correctional programs for offenders committed to custody by the Courts.

I recently came across a quote from a book "Beyond the Punitive Society" edited by Dr. Harvey Wheeler:

"... if an organization cooperates with evaluative or monitoring systems, and utilizes novel or experimental techniques, it exposes itself to criticism and possi-

ble extinction. . . . On the other hand, if an organization utilizes established non-controversial methods, and if it conceals—either by commission or by omission—its failures or limitations, it is less likely to be criticized and, hence, more likely to survive. It will also be less likely to solve the problem.”¹

I believe this quotation is applicable to the programs I have described. We admit that we know relatively little about how to assist offenders in changing their lifestyle so that when released from custody, they can live a law-abiding life in society. It is our hope, however, that through innovation, we can improve the effectiveness of the Federal Prison System.

This concludes my formal statement, Mr. Chairman. I would be pleased to answer any questions you or your colleagues may have.

[The statement referred to at p. 14 follows:]

STATEMENT OF MARTIN G. GRODER, M.D., PROGRAM DEVELOPMENT COORDINATOR,
FEDERAL BUREAU OF PRISONS

Mr. Chairman, members of the subcommittee, it is a pleasure to appear before you today in conjunction with the Director of the Bureau of Prisons, Mr. Norman Carlson, to inform you of the state of progress of the planning for the Federal Center for Correctional Research which is now under construction in Butner, North Carolina. As you probably know, the Federal Center for Correctional Research grew out of two pressing needs of the Bureau of Prisons. One was the need for a new treatment center for acute mental illness as the only current extensive psychiatric services available are in the aging Medical Center in Springfield, Missouri. Second was that as the Bureau of Prisons has moved into innovations in correctional practices, it has become necessary to test, evaluate and research the nature and efficacy of the new methods. The Federal Center for Correctional Research is basically two smaller institutions, each carrying out one of the above described missions, in one facility with a common administrative and service structure.

Construction was begun in June of 1972 after the contract had been let to the general contractor, Ranger Construction Company, Atlanta, Georgia. The initial contract completion date was February 1974. This has now moved to April 1974. The institution, in reality, is only 50% completed at this date. I was appointed as Program Development Coordinator in September 1972 to provide for an extensive period of development of programs, research design and staffing prior to opening.

The Mental Health Program area consists of three units: Unit A, a 38-bed unit for young males; Unit B, a 64-bed unit for adult males; and, Unit C, a 38-bed unit for females. Thus, a total of 140 treatment beds will be added to the ability of the Bureau of Prisons to provide for the treatment of acutely disturbed incarcerated federal prisoners.

Our current conceptualization is that the Center will provide services to inmates committed by the Courts or referred by the 13 Bureau institutions in our Northeast and Southeast regions, OMB Regions I-IV. Specifically, the young adult male unit will coordinate with and treat the patients referred from our institutions in Ashland, Kentucky; Petersburg, Virginia; Morgantown, West Virginia and Tallahassee, Florida. The adult male unit will provide services for the U.S. Penitentiaries in Atlanta, Georgia and Lewisburg, Pennsylvania and the Federal Correctional Institutions in Danbury, Connecticut and Lexington, Kentucky and, on occasion, to the Federal Camps at Allenwood, Pennsylvania; Eglin Air Force Base, Florida; Montgomery (Maxwell Air Force Base), Alabama and to the New York Metropolitan Correctional Complex. The female unit will serve the Alderson, West Virginia federal reformatory and the female units at the Robert F. Kennedy Youth Center, Morgantown, West Virginia; and the Federal Correctional Institution at Lexington, Kentucky. In this way, modern, up-to-date mental health methods can be provided in a small, reasonably well-staffed unit.

Because of the small number of referring institutions, our unit staffs will be able to get to know the institutional referring staff well and be able to coordinate referral and aftercare services in a workable fashion. The basic treatment approach in each of the units will be a team approach combining the skills of

¹ *Beyond the Punitive Society*, ch. 4 "Controlled Environments for Social Change," by Vitali Rozyanko, Kenneth Swift, Josephine Swift, and Larney J. Boggs, W. H. Freeman and Company, San Francisco, Calif., 1973, p. 82.

psychiatrists, psychologists, psychiatric nurses, correctional counselors and correctional officers, along with occupational therapists and recreational therapists. It appears that their efforts may be supplemented by students from training programs in the adjacent large universities; Duke University and North Carolina Central University in Durham, The University of North Carolina at Chapel Hill, North Carolina State University in Raleigh and East Carolina University in Greenville, North Carolina. Further, some early planning is in progress with the State of North Carolina and the University of North Carolina at Chapel Hill for a program in forensic psychiatry. A similar plan is being developed with the Department of Psychiatry at Duke University. I state unequivocally that the primary purpose of these mental health units is not experimentation and that, in general, only accepted treatments that are used in civilian settings will be employed. We hope that, due to special problems of a strictly correctional population, that some innovations may emerge because of the evolution of methods. We also hope that this facility will serve as a training ground for not only the students mentioned above, but for Bureau of Prisons personnel in the handling of inmates with mental problems. The specific staffing set to date for these 140 patients is three psychiatrists, three psychologists, four social workers, three counselors, twenty-eight officers, nineteen psychiatric nurses, two occupational therapists, two recreational therapists, one educational specialist and four secretaries.

The correctional program research division of the institution consists of four 50-bed units for a total of 200 beds. The research program has been designed to answer some of the crucial questions for which answers are needed now but certainly will be needed even more as we advance into the 1970s. The Bureau of Prisons has, historically, provided humane, excellent and effective levels of programs in two of the three areas, care and custody, that are part of its mission. However, it is only recently, in the 1960s and 1970s, that the concepts and methods and program types have started to become available to provide a program which is truly correctional above and beyond care and custody. As you may know, most outcome studies indicate little difference between one type of program and another, or one type of special program and regular institutional programs. There, however, has been an increasing indication that certain principles and certain methods do produce a positive effect on the post-release adjustment of inmates. However, in general, the testing of these concepts and methods has either been partial; that is to say, one method at a time in isolation, or have consisted of retrospective studies of programs that appear to have been successful without sufficient controls and research design methodology to really prove whether or not the subjective impressions hold up in fact.

The last important issue for the 1970s is that the Bureau of Prisons is managerially reorganizing itself on a regional basis to provide better integrated institutional and community based services to incarcerated federal inmates from particular regions. Meanwhile, the institutions, themselves, are becoming decentralized into functional units in which it is possible to integrate the staff, program concept and methods so as to mount a totally coordinated effort. Thus, by the time the first results come in from Butner, some time late in the 1970s, the Bureau of Prisons will then already consist almost entirely of functional units with integrated programs. Unfortunately, because of the lack of adequate research resources in the past and because of a lack of information, not only in the federal system but in all the state systems and internationally, on effective correctional programming, there is a dearth of solid information on effective program options. We hope that, even prior to the first results, interim studies will prove helpful to the efforts of program managers in the Bureau of Prisons. What we have done, through a variety of site visits, searches of the literature and consultation with various experts, is elaborate those principles which appear to be related to a positive outcome. These principles, contained in the Program Master Plan we have been using as a working document, dated Summer 1973, I will briefly synopsise below:

The principles will sound simple because they are; yet the achievement of these goals has proved quite difficult in the past in the usual fragmented types of programming that we have had to perform. Specifically, in post-release, it has become clear that there is less recidivism among men who are employed in jobs in which they are reasonably skillful and have some chance of advancement and at which even the initial salary level is, at least, adequate for support and in which their master of interpersonal relations is such that they do not constantly get into unnecessary difficulties with their peers, subordinates or supervisors. Likewise, an education to at least the high school level appears

to support the above employability in a way above and beyond that even of vocational skills as it appears to enable employment flexibility of a type not available with just one set of employment skills and a low educational level. Further, those individuals who have what I am calling an intact, positive social setting; usually, an intact family, occasionally other types of special settings, do not need to turn to deviant subcultures for their social support with the resulting increased probability of recidivism. Lastly, individuals who have high self-esteem and can solve not only their everyday problems but also the crises that come to all of us from time to time and who are able to relate to other people, in general, in an effective manner, do not usually find it necessary to revert to crime for self-support and to the then subsequent minimal support of our social system provided by jails and penitentiaries.

On the programmatic level, I have seen over and over again that integrated, small programs which have a clear philosophy that relates to the methods used and have adequate resources in the various areas mentioned above, are able to, with the cooperation of the inmate members, get these resources used and get the necessary skills to the membership. Many of the principles, then, in the Program Master Plan, relate to how a group of inmates and a staff coordinate their efforts in a common and mutual effort to achieve their goals which can be understood by both the staff and the inmates involved as sensibly leading to a reduced risk of recidivism. In searching the country, including all state systems and our own system, another not very surprising fact emerged; that is, because of the infant nature of adequate correctional programming at this stage of development, those programs that even appeared to be of the above type were led by unusual individuals who combined the skills of a good administrator with the skills of a good clinician and teacher. This is largely because in an integrated program, the program manager needs to have sufficient understanding and management capability in a number of areas including clinical areas, educational areas, vocational areas, social work areas, management skills relating to budgeting and supervision of employees, etc. Next, since most of the individuals in prison settings are varying unhappy and, to some degree, disturbed in their relationships with others, it has proven necessary to work with these men on improving their self-esteem and skillfulness in problem solving for themselves and others. Moreover, as these skills are very rare and unusual, it has proven necessary for program managers, within whatever mode they operate, to be excellent teachers since they will have to teach not only the inmates these skills but also usually most, if not all, of the staff that work with them. We have, therefore, searched out integrated program types with consistent philosophies and methodologies which have available program managers with correctional experience.

Thus far, three programs have been preliminarily identified and are moving into more advanced planning. One of these is the Human Resource Development model which originally was developed by Dr. Robert Carkhuff and introduced to the Bureau of Prisons as facilitative counseling through the assistance of Dr. Sherman Day, who soon will be on our Central Office staff. This model, which has been getting more extensive through further research and development, offers a method of skills training in the areas of emotional-interpersonal skills, cognitive or learning and teaching skills and physical skills that appear to meet the criteria described above. A program manager of the type described has been identified and the program has the support of the founder of this particular methodology, Dr. Carkhuff, and Dr. Day and the Bureau of Prisons. The second model is the model called Asklepion which I, myself, developed at the U.S. Penitentiary in Marion, Illinois. This model is a hybrid of a basic Synanon help-help, therapeutic community with its philosophy and many of its additional methods coming out of Transactional Analysis. This method is still in the process of being tested and followed up from its origins in Marion and has already been reproduced in some other federal institutions and in some state institutions and appears to meet the criteria. A proposed program manager, in fact, one of the graduates of the original program, appears to have been identified preliminarily. The third model identified to date has been available for some time but has usually been only used as an adjunct to other methods. That is the psychodrama model combined with sociometry and some other new methods from time to time. The basic method here is the teaching of new social roles in conjunction with actual skills training through the mechanism of role playing in a coordinated, sequential fashion. The last model is not yet determined and we are evaluating a number of proposals from different individuals, foundations and programs. We are firmly committed, however, that

the fourth program, whichever one we finally select, shall, like the first three, be basically a skills training model in an integrated philosophy in a program in which the inmates and staff participate in a major growth and learning experience with the end result that the inmates acquire the skills and meet the goals that were set initially.

Now, I would like to turn to some issues that have been raised before other audiences that appear to be controversial. We can state unequivocally that none of the methods already preliminarily chosen or being considered favorably, involve the methods of modern-day torture known as aversive conditioning, specifically the misuse of drugs, electric shock or psychosurgery. In fact, all these program types are basically humanistic, cooperative ventures which will stand or fall on their results and outcome though they can be seen assuredly as, at least, doing no harm.

As a note, the research design dictates that inmates will be selected for these units from the east coast of the United States and through meeting certain basic criteria. These current criteria are that they be male, that they be between the ages of 18 and 50, that they live within approximately one day's drive from the institution to facilitate family involvement, that they not have a previous major psychiatric illness and hospitalization as that type of problem will be treated in our mental health center. Further, as we plan to change the research programs every two to four years, we will require that the entering group of men be within 18 months to 3 years of probable parole date so that, without any promise to them, we can reasonably expect the majority will be paroled as the programs are terminated at the end of the first cycle. Those that might be left would be reasonably close to parole date and then would be able to go on to one of our less secure institutions near their homes to serve out whatever remaining time may be left. A small number of the inmates eligible may be eliminated because of special circumstances such as being on the special offenders list which would probably eliminate the possibility of rehabilitative programming. When initial cadres are selected through randomized computerized methods, they will then be given written information as to what the programs are and what safeguards they will have. In order to actually come to Butner, they will have to sign a written release stating that they are, in fact, willing to participate in this joint venture.

I hope that I have not, in this testimony, overburdened you with too much of the detail about the programs but I have tried to include those things that continue to be asked of me in reference to the planned programs. I thank you for the opportunity to inform you of the above issues as I feel this is a major opportunity for the United States Government, Department of Justice, Bureau of Prisons, to gain a better understanding of how to work with some of our most rejected citizens so that they get back their dignity, freedom and citizenship in a way that will be permanent rather than transitory as it has been all too frequently in the past. I will be pleased, now, to respond to any questions that you may have.



