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COMMUNITY MILIEU APPROACH: RESOURCE FOR CRIMINAL JUSTICE SYSTEM

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Introduction

Never before in our history has there been such a need for sophisticated programming to deal with the deviant patterns of behavior that are becoming so prevalent in our society. Violent acting out, and a myriad of other self-destructive and socially unacceptable behaviors are emerging which demand immediate attention. This article is devoted to describing the approach of a community-based counseling/rehabilitative program that has responded to the dilemma.

Adolescent Counseling in Development was created several years ago to answer the specific need of a community experiencing a tremendous increase in the use and abuse of drugs. The program has continued to grow and modify it's methods to meet the various needs that are emerging almost daily. The key element of this program design is that it functions within the community and is tied into the various systems that deal with the delinquent, the youthful offender, and other acting-out persons within the confines of three large urban communities.

Adolescent Counseling in Development originated in 1969, under the auspices of Father Bernard Lane, and as noted by it's acronym "AcID", was geared to treat primarily persons experiencing drug problems. However, as the agency developed, multiple program elements were created, that, in essence, met the needs of the community as a functioning unit and the specific needs of individuals within the community. In time, AcID has grown to be a multi-faceted program that now maintains a staff of over fifty persons, services five communities and focuses major emphasis on servicing and being a part of the Criminal Justice System. The innovative design of this community-based program is as follows:

Background

AcID is the largest community agency in the three-city area of Malden, Medford, and Everett (population: 164,000, -- total area: 16.7 square miles), all of which are considered part of Metropolitan Boston, Massachusetts.

The three communities are in the first ring of urban suburbs of Boston, combining both urban and suburban features. The area is 98% white middle class, industrial with residential sections. The median income for the Tri-City area is approximately \$11,000 per annum. Less than half of the inhabitants are over twenty-five years of age and have completed high school. Two additional communities, Melrose and Wakefield, both also suburban, comprise with the Tri-City area, the service local for the First District Court of Eastern Middlesex County*. This is the fourth busiest district court in the state.

The AcID Program is a treatment program for adolescents, young adults, and their families. Staff treat approximately 150 youth and 60 parents a week, utilizing a multi-modality approach. Criminal Justice in the area is meted out by the First District Court of Eastern Middlesex. AcID works closely with the Probation Department and the Judiciary to formulate sound treatment plans and to service clients who reflect drug abuse, alcoholic, and acting-out behavior syndromes.

AcID began as a crisis intervention and streetwork program for drug-using adolescents. Over a period of time, it came to deal with adolescents who might be in trouble with the law due to their drug use. The evolution of the program has been shaped by the following guidelines:

- The broadening of service to youth regardless of their presenting symptoms.
- Movement away from eligibility criteria per se.

*A court which services one distinct geographical area and handles all civil and criminal matters, referring to Superior Court civil cases to be heard before a jury and criminal felony cases.

- Emphasis on program flexibility, multi-service, multi-modality, voluntariness, parent involvement, one-to-one advocacy and counseling, and general eclecticism in utilization of treatment modalities.
- Emphasis upon day care, counseling, alternative schools, etc., in preference to residential treatment programs.
- The utilization of para or non-professional staff along with professionals.
- Active involvement in networks of private and public agencies through training and education.

Program Philosophy and Strategy

AcID staff share the view of drug abuse that it involves a wide variety of personal, emotional, familial and social problems and conditions. The chemical substances used by juveniles and adults reflect symptoms of wider problems. Therefore, our treatment fundamentally ignores the substances that are inhaled, ingested, or injected by the whole person within the context of his life circumstances and especially in connection with his family.

AcID staff feel that the barbituate/polydrug user - frequently also involved with alcohol -- is the most most alienated and chronically depressed of all drug users, and that his sense of rejection, anxiety, depression, loneliness and uselessness is most striking. The resultant approach to treatment by AcID is thus not based on psychological notions of pathology nor sociological theories of association and social pressures that often are offered to explain deviancy and delinquency. The AcID intervention model is an approach to treatment that is applicable to drug users, but is not an approach to drug users per se. It presumes a diagnostic understanding of the presenting problem, but does not rely on a specific diagnosis. It focuses on the present moment -- how the client functions, communicates and interacts, particularly in relation to his current crisis', conflicts and concerns. The strategy of intervention is largely good social work practice.

The most innovative features of the AcID Program are the following:

- The non-classification of adolescents; that is, dealing with any problems they present as merely symptoms of a wider and more pervasive problem of adolescent development.
- The Alpha Omega House residential treatment program, largely comprised of seriously delinquent youth; this is a small, intense, open residential setting.
- The Adolescent Counseling Residential Intensive Care Unit, made up of seriously delinquent youth; this is a small, intense, closed residential setting.
- Special Needs Day Care Program for adolescents, made up of adolescents who are unable to function in the public school setting; this is a small, intense, open day care/educational setting.
- In-Service Training Program for all staff geared to assisting staff members in clarifying learning and professional needs and the provision of in-house and external resource to meet assessed needs.

Program Elements

The actual components of the operating program are as follows:

- Detoxification and medical services at the local hospitals.
- Outpatient treatment including orientation, group therapy, family therapy and individual counseling.
- Special Needs Day Care via public school referral.
- Inpatient treatment via the Alpha Omega House and the Adolescent Counseling Residential Intensive Care Unit.
- Streetwork/Outreach Program.
- Crisis Intervention via hotline and drop-in center.

Program Linkages

The AcID Outreach Program involves crisis intervention counseling in a variety of agencies, streetwork, informal and formal contacts with other social service agencies, counseling and training with other agencies including the Juvenile Justice Agencies and three school systems in the area.

AcID has a well developed working relationship with the First District Court of Eastern Middlesex. As a direct result of the experience with this court, AcID was requested to provide a consultant to the Drug Screening Board, an LEAA project which provides related services to the Somerville District Court, the Superior Court of Middlesex County and the District Court serving the city of Cambridge, the Concord District Court and the Woburn District Court. In addition, AcID is working co-existently with the Malden Court on a Pre-Trial Diversion Program, offering a short term counseling program for the "first offender". More recently, we had originated a special program under the sanction of the Court, for drunk drivers, utilizing a special Alcoholic Education and Driver Education Course. This provided a formal linkage for evaluation and continued treatment for this person and his family. The addition of these functions extends the services of the AcID Program much beyond its original purposes.

Referral and formal working relationships are maintained with the following agencies: Malden Hospital and the Lawrence Memorial Hospital in Medford, New England Memorial Hospital in Stoneham, and the drug units of the Boston State Hospital, and Washingtonian Center of the Addictions. Also, relationships exist with the Malden, Medford, and Everett School Systems, with the Tri-City Mental Health Agency, and the District Courts of Eastern Middlesex County, Somerville, Cambridge, Concord, and Woburn. Additionally, AcID participates in the drug coalition of twelve drug agencies in the Department of Mental Health, Region IV, as well as the Association of Human Development, which is serving the same area.

Case Examples:

The ability of the AcID Program to work effectively with the various types of behaviors presented by clients is predicated primarily upon: 1) a broad-based contact/inter-relationship with the general community and 2) multiple program services to meet individual client needs. The following case examples are provided to further clarify and illustrate the workings of the program.

CASE #1

- a. Personal: Male Caucasian Age: 17
- b. Program Contact: Via an AcID Streetworker
- c. Presenting Problem: Hostile demeanor, with a history of acting-out behavior; e.g., vandalism
- d. Intake Evaluation:

A family situation where the stepfather, due to an accident, had serious medical and psychological problems and would sporadically physically abuse the stepson. Exclusive of these periods of uncontrolled aggression on the part of the stepfather, his relationship with his stepson was distant and cool. The mother would exhibit concern and affection towards her son when the stepfather was absent, but would show little affect towards her son in the presence of her husband.

The client expressed hostility towards his mother for her refusal to defend and protect him from his stepfather. His feeling level reflected depression, hurt, and anger over the lack of a good male father figure.

- e. Treatment:

Initial treatment involved outpatient counseling, which was initiated by a streetworker who was seen by the youth as "a guy who would listen". After a short period of time, it was determined that separation from the family was indicated and the client was subsequently transferred to our residential therapeutic community.

Once away from the family, and within a therapeutic milieu that demanded responsibility and simultaneously exhibited, on the part of staff a constant concern and caring for the client, he (client) slowly began to express his feelings and analyze their origin.

Over a period of time the following changes were noted. The client 1) attained a reasonable understanding of his stepfather's behavior; 2) achieved the realization that the feelings emanating from the lack of a "father figure" were not signs of psychological disorder, but, instead, were normal and must be expressed and dealt with on a continual basis; 3) began to develop the strength necessary to accept the fact that the resolution to this empty feeling rested solely within himself; 4) developed a close, loving relationship with his mother and became aware of his mother's needs and how she had suffered in her relationship with her husband.

f. Present Situation:

Mother, son, and other siblings have separated physically from the stepfather. The client remains in residence, participating in the "after-care" phase, and attending a local public school. His mother continues, at this time, family therapy, and recently became an advocate for our program. On several occasions she has initiated, organized and influential fund-raising events on our behalf. Another illustration of how therapy helped a person recognize their problem and aroused them to enhance the program that serviced them.

CASE #2

- a. Personal: Male Caucasian Age: 19
- b. Program Contact: Via a group therapy program run by AcID Staff within the Billerica House of Correction. (A minimum security prison serving AcID's catchment area).
- c. Presenting Problem: Extensive drug history, long term anti-social acting-out behavior and repeated incarceration.

d. Treatment:

He entered group therapy within the prison and externally pretended to be rather quiet, and felt that the whole process was somewhat unusual. Towards the end of his first group meeting, he became very agitated, overtly upset, and rejected the group and its members. This was not tolerated and he was told that he either had to work or not come to the group. A verbal contract was made with him regarding group therapy and involvement. He fulfilled his contract for a number of sessions, being very non-verbal, until one day in reaction to the emotions of another member, he became very active and started to cry. The issue was his hair and how he had been constantly brutalized by his father, who could not tolerate his appearance. He continued in the group for a period of six months while in the House of Correction.

As we got to know him better, he became more resourceful, appeared happier, and seemed to be more aware of himself. However, after he was paroled and discharged, he did not follow through and we had no further contact with him, as an agency, until approximately a year later. At that time, he called one of the staff and stated that he was calling because he knew who we were and thought that we could help him. He said he didn't believe in treatment, but he had gotten to know us and felt that he could trust us better than anyone else in the community. He entered outpatient care expressing marital problems that he had, having gotten married shortly after his release. He was seen over a period of months and, although functioning on a somewhat marginal basis,

was able to maintain himself in the community. This continued on and off for a two year period. His functioning, now, is remarkably improved; he is maintaining his marriage, and is gainfully employed.

Conclusion

The above cases accentuate the need for a broad scoped program that allows maximum access to the client within the community. Additionally, these cases show the value of a multi-faceted program design that incorporates various modalities and multiple approaches. The benefits of such multi-faceted community based programs are:

1. Contact with individuals in a variety of ways.
2. Immediate and direct service because of the proximity of programming.
3. The achievement of the goals of client orientation, with minimal confusion, and sound treatment plans.
4. The realization of a close interaction with the Court and other social systems that treat and interact with the criminal-acterouter drug abuser, etc., which minimizes the opportunity for client failure due to gaps in the delivery of service.

The involvement of other systems, especially the judiciary, probation, law enforcement and the involvement of the community at large, including the client's family, school and place of employment, increases the likelihood for client success. More important, this involvement gives the message to the client that citizens and the community-at-large do care.

In conclusion, the focus has to be on the commitment to development of sound goals, and of the understanding that the task is to deal with the client, not in isolation, but in a more wholistic sense. This approach allows treatment professionals to play an active role in the community and to engage in communication and activity with other systems that results in benefits to the individual client and the community as a whole.