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## A REHABILITATION MODEL FOR THE ADULT OFFENDER

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In the face of ever-increasing crime rates, corrections has come under considerable criticism, simultaneously being called too lenient by some and too harsh by others. The historical facts clearly show that corrections has been a monolithic and simplistic response to one of our most complex social problems. Retributive punishment has been the single guiding objective, and incarceration has been the principal medium. That this approach has been a multi-billion dollar unmitigatedly tragic failure is evidenced by the fact that of the 90% of offenders who ultimately return to the community after release from prison, an estimated 65% recidivate (U.S. Dept. of Justice, 1973) and are responsible for 80% of felonies (Clark, 1970). Because of the dehumanizing and demoralizing effects of prison life, ex-offenders are no better prepared to deal with the vicissitudes of living than they were before being sentenced. Indeed, they are less well prepared because, on release, they are angry, embittered, hostile, and vengeful because of the way they have been dealt with.

When someone is placed on parole, the situation is not improved, for the supervision, counseling, and re-direction the offender is supposed to receive usually are not provided. Most parole personnel function more as law-enforcement officers than helpers. The same can be said regarding probationers who, although spared the destructive experience of the institution, are probably in as great need of help as parolees. Both groups are left to fend for themselves without developing any better survival skills than they had before committing their offenses.

The primary reason for this state of affairs must be the public's unwarranted sense of security in knowing that the offender has been institutionalized and its unfounded faith in punishment as a means of changing unlawful behavior. Corrections

responds to public opinion by spending from 80-94% of its funds for building and maintaining institutions and for custody and security (Nelson, 1967; U.S. Congress, 1972; Task Force, 1967). Missing is any significant expenditure for programs and services to help the offender. Yet a debate rages concerning the value of rehabilitation, and some declare loudly that rehabilitation has been a failure. The fact is that rehabilitation has rarely been truly tried. When the failure of rehabilitation is claimed, it is rather the failure of incarceration, mistreatment, and neglect.

The combined and only legitimate objective of corrections must be to help the offender to change so that he will be enabled to live a satisfying, law-abiding life and thereby to provide the public with safer communities. If anyone is to be helped to change, one must know what characteristics of the individual are maladaptive or self-defeating, for behavior is the conglomerate result of many factors. Although offenders differ from one another as much as the members of any other group do, the offender population typically has in common such disabling problems as: limited education, lack of work skills, poor work history, disorganized life, family problems, poor interpersonal relationships, emotional instability, and a poor self-concept (National Advisory Commission, 1973). These disabling problems are so frequently found in offenders that they can be considered likely contributory causes of crime and recidivism. As work combines or can be affected by most of the problems listed, the very failure to achieve more vocational success must be a factor in crime (Glaser, 1969), for it is not just a job that the offender needs, but those attitudes, values, and interpersonal skills which will enable him to remain employed (Neff, 1968). These problems are treatable through a rehabilitation approach. There would appear to be no other alternative; incarceration, punishment, and neglect have not been effective, and prevention remains elusive. One primary target must be the potential recidivist, and hence, rehabilitation of the person who already is an offender.

#### A Rehabilitation Model

What is rehabilitation? It is the restoration of the individual to a satisfactory physical, psychological, social, or

vocational status (Wright, 1959). This definition implies a multifaceted approach to the individual to aid him in the most significant areas of living so that he may be a fully functioning person and member of his family and community. It also implies a process for returning the individual to a former state of well-being and adequate living. Because the offender's problems are often lifelong, he should not be restored to such a former state but rather should be helped to achieve a more desirable state for the first time -- hence, a process more appropriately called habilitation. As it is usually used, the term rehabilitation encompasses habilitation as well, and is so used in this article.

Rehabilitation was first rendered to World War I disabled veterans and subsequently extended to civilians. It has been essentially a government function, financed jointly by the Federal Government and each of the States, and administered by each State. Service has been provided to individuals with the whole range of physical, mental, and emotional disabilities, and for a short period (1965-1973) to those with behavioral disorders as well, which clearly included offenders. A wide range of services are available free for individuals who have a diagnosable disability which is a handicap to employment, if the individual is found to have potential for employment after service is given. The multidisciplinary team has become the vehicle for determining an individual's potential for rehabilitation and for providing needed service.

This service delivery model is a logical and sequential process which culminates in employment, followed by a period of follow-up (usually limited to 30 days after placement in employment) to determine the suitability of the position, and then closure is made, unless a change of job or some additional service is required. That this model has worked well is evidenced by the steadily growing number of people successfully rehabilitated annually, a figure which will soon approach the half million mark nationally. Clearly, then, there is a proven prototype for rehabilitation.

Now, to consider what rehabilitation of the offender could be. First, we must establish that offenders without conventional types of disability, to which rehabilitation has traditionally been directed, are legitimate rehabilitation clients. This implies that

they have a disability related to their offender status, that this condition is a handicap to employment, and that with appropriate service many can be rehabilitated to employment and independent living. We need not establish that all offenders can benefit from rehabilitation any more than all members of any other disability group. It is sufficient to postulate that a significant number can benefit. Being a so-far untried alternative, we can be no more definite.

We can delineate a set of criteria which are basic to rehabilitation of all disability groups and particularize their application to offenders. A sound rehabilitation approach can be characterized as follows:

Individualized: Each client is dealt with as unique in terms of his personality, problems, needs, and therefore required service. Hence, what will constitute the rehabilitation program for each individual will be different in terms of the component services and their priority and timing. Such a tailored approach, the basic hall mark of rehabilitation, is the antithesis of the mass treatment now used which follows a stereotype rooted in the assumption that all offenders are alike, a homogeneity related to the common denominator of unlawful behavior. By contrast, a rehabilitation approach would consider the illegal behavior as secondary to those features which make the client unique and would concentrate on the changes which need to be made to aid him in reorganizing his life, changing his attitudes, and modifying his behavior.

Comprehensive: Clients are viewed globally and as total organisms. There is a realization and acceptance of the inter-relatedness of problems and a rejection of the fiction of a single-problem individual. Clients are not viewed as having either a psychological, social, or vocational problem, but as having life adjustment problems perhaps comprised of elements in all areas. Hence, an evaluation seeks to determine the nature and primacy of problems in the whole person, and service is planned and implemented accordingly. The approach does not assume problems in all areas but sensitizes the helping persons to their possible existence and need for resolution. The offender would not be viewed as just needing a place to live, a job, or some spending money, but probably all of

these and considerably more.

Integrated: All needed services are brought together either in one place or in a network of resources, phased in as required by the particular client's situation, and monitored and coordinated to produce the sought for objective as expeditiously as possible. Decisions regarding initiation, modification, and termination of each service are not made by any one individual but by the team involved with the client through regular periodic reassessment of his total situation. By contrast, service for the offender is either neglected, haphazardly implemented, or passed along from agency to agency with no attempt at monitoring, coordination, or completeness.

Continuous: Once service is begun, it is pursued until the intended goal is achieved. Interruptions are avoided, thus reducing the possibility of regression or sagging morale on the part of the client, both of which occur when there are breaks in service. Although independent living is a general rehabilitation objective, there are some clients who cannot function without help and probably never will. They require the on-going availability of professional help for their chronic emotional problems, just as some individuals require on-going medication for their chronic physical problems. In the case of the offender, what service is currently rendered is segmented and crisis-oriented. And, yet, the very availability of continued help may prevent the commission of another offense by helping the offender to reduce internal pressure and to maintain a more stable self-concept and life style.

Democratic: The client is involved in the assessment of his situation, the setting of objectives, and the design of services to be rendered. This is no mere application of our national philosophy, but a realization that without client involvement at every step, no effort can succeed. He must help to determine what it is he is striving for, and he must be an active participant in service rather than a passive recipient, if help is to be effective. This involvement encourages assumption of responsibility by the client for himself. By its very nature, the democratic approach is the complete antithesis of what almost always happens with the offender. Generally, self-determination and assumption of responsibility are

discouraged (if not punished) in favor of the much more common repression, intimidation, domination, and required blind obedience to authority. The participating client can take much credit for what he achieves, or blame for what he fails to achieve, and thereby derive some therapeutic benefit.

Realistic: Service must be relevant to the client's situation and his likely future. This entails taking into account the type of individual the client is and the type of world he will live in and accepting these as they are and not as we would have them be. By failing almost totally to perceive typical offender problems and rendering service to reduce or eliminate these problems, we have been unrealistic. Expecting the offender to go, in one day, from being a successful inmate to becoming a successful community resident without prior preparation and adjustment service is unrealistic. Expecting superior performance from one who has never performed well in the matter of living is absurd.

These criteria of sound rehabilitation are just as applicable to the offender with whom they have not been tried, as with the many groups of disabled with whom they have provided the basis for effective help. But to achieve similar success with offenders, certain special steps must be taken after the commitment to rehabilitation is made.

First, there must be a total reorientation of corrections agencies to the rehabilitation approach. There must be the fullest possible acceptance of the mission to correct the behavior of offenders and not just to house them.

Second, there must be a total reorganization of corrections agencies into multifunction agencies. They should no longer merely operate prisons, but, as some States have already done (Task Force, 1967), must also establish a variety of facilities designed for a variety of offenders, such as quarterway houses on prison grounds or adjacent thereto where a transition experience of increasing freedom and responsibility can be offered to inmates preparing for release or participating in work, training, or educational release programs; halfway houses offering supervised living in the community; and three-quarterway houses offering independent

group living with adjustment assistance available as needed. Prisons would be used selectively for stated rehabilitation objectives best achieved in a controlled environment, as rehabilitation centers with a limited focus (Morris, 1974). Offenders would move within this system depending on their particular stage of rehabilitation and level of self responsibility. This flexibility would provide incentive and motivation through the reward of increased privileges as progress is made.

Third, there must be a total restructuring of corrections agencies into multiservice social agencies which will offer the various rehabilitation services or arrange for them and monitor and coordinate their implementation. Such a step will require that the work now assigned to probation and parole agencies will be re-assigned to the corrections agencies (O'Leary and Nuffield, 1973) to allow for the fullest possible continuation and coordination of service. In addition, perhaps there should be studies of the influence of the sentencing judge on rehabilitation service for individual offenders and, if indicated, experimental modification of the judge's power to test for optimum conditions for effective programming.

Fourth, there must be a re-staffing of the corrections agencies to replace personnel who will be unqualified to do the work of the new social agency. Corrections agencies typically have poorly qualified staff to work with probably the most difficult clients. Now, they will need the best qualified people. We can no longer accept the operating principle that anyone can work with the offender or that he deserves no better workers (Taylor and McEachern, 1966).

Having taken these steps, we will have enabled corrections agencies to proceed with their responsibility to rehabilitate their clientele. In so doing, the agencies must apply the six criteria of effective rehabilitation. The process would begin with a global evaluation of all offenders placed in the agency's custody by the courts. Such an evaluation would lead to grouping offenders in three categories: (1) some who are so dangerous that society's safety demands their incarceration for long periods up to life, a population estimated not to exceed 10-20% (Pepper, 1972); (2) some

who can benefit from a short period of incarceration, either to appreciate the magnitude of their offense, become aware of their need for help, or allow for a cooling off period before resuming community living; and (3) some who would be best treated if they never entered a prison but instead received service in the community while living at home or in a supervised residence. The corrections agency would then proceed to offer rehabilitation services, in the institution when feasible, but largely in the community. A rehabilitation program would include some or all of the following: medical treatment, individual and/or group psychotherapy, marriage and family counseling, additional education, personal adjustment training, work adjustment training, vocational training, job placement, and follow-up of the time-limited or on-going type.

### Discussion

Corrections has generally been allowed to function unchanged despite its failures (Conrad, 1969) — without demonstrating its effectiveness in achieving its only legitimate objective: to help the offender to change so that he will be enabled to live a satisfying, law-abiding life and thereby to provide the public with safer communities. Public policy based on minimal expectations of corrections has produced the unavoidable self-fulfilling prophecy that offenders will continue to recidivate and the public will continue to be victimized.

While the ideal form of intervention would be to prevent the commission of a first crime (President's Commission, 1967), the cause and prevention of crime are currently too poorly understood for effective action. Failing at prevention, a rehabilitation attempt to prevent recidivism is necessary to reverse a steadily deteriorating situation. This is the only appropriate mission of corrections. Underscoring such a policy, the National Advisory Commission (1973) states that "A rehabilitation purpose is or ought to be implicit in every sentence of an offender unless ordered otherwise by the sentencing judge." (p.43) The Commission goes on to say that "A correctional authority's rehabilitation program should include a mixture of educational, vocational, counseling, and other services appropriate to offender needs." (p.43) But, the Commission indicates that "An enforceable right to 'treatment' or rehabilita-

tion services...remains the most elusive and ephemeral of the offender rights (despite) an expression of rehabilitation intent in most state correctional codes..." (p.44)

Whether a rehabilitation-oriented corrections program of the type proposed will really be effective is still in the realm of conjecture, unfortunately, because it has not been tried. There would appear to be no other reasonable and responsible alternative, and it is a first-order priority.

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