



ARCHIVED - Archiving Content

Archived Content

Information identified as archived is provided for reference, research or recordkeeping purposes. It is not subject to the Government of Canada Web Standards and has not been altered or updated since it was archived. Please contact us to request a format other than those available.

ARCHIVÉE - Contenu archivé

Contenu archivé

L'information dont il est indiqué qu'elle est archivée est fournie à des fins de référence, de recherche ou de tenue de documents. Elle n'est pas assujettie aux normes Web du gouvernement du Canada et elle n'a pas été modifiée ou mise à jour depuis son archivage. Pour obtenir cette information dans un autre format, veuillez communiquer avec nous.

This document is archival in nature and is intended for those who wish to consult archival documents made available from the collection of Public Safety Canada.

Some of these documents are available in only one official language. Translation, to be provided by Public Safety Canada, is available upon request.

Le présent document a une valeur archivistique et fait partie des documents d'archives rendus disponibles par Sécurité publique Canada à ceux qui souhaitent consulter ces documents issus de sa collection.

Certains de ces documents ne sont disponibles que dans une langue officielle. Sécurité publique Canada fournira une traduction sur demande.

THE PILOT TREATMENT UNIT:
THE FIRST SEVEN MONTH DEVELOPMENTAL
PROGRAM IN THE
TREATMENT OF THE NARCOTIC ADDICT

Department of the Solicitor General
Canadian Penitentiary Service
Matsqui Institution
Abbotsford, B.C.

by

D. Craigen, M.B., Ch.B., D.P.M.
D.R. McGregor, B.S., M.P.A.
B.C. Murphy, B.A., M.A.

HV
5841
.C2
A1

HV
5841
C 2
A 1

THE PILOT TREATMENT UNIT:
THE FIRST SEVEN MONTH DEVELOPMENTAL
PROGRAM IN THE
TREATMENT OF THE NARCOTIC ADDICT

Department of the Solicitor General
Canadian Penitentiary Service
Matsqui Institution
Abbotsford, B.C.

by

D. Craigen, M.B., Ch.B., D.P.M.
D.R. McGregor, B.S., M.P.A.
B.C. Murphy, B.A., M.A.

Copyright of this document does not belong to the Crown.
Proper authorization must be obtained from the author for
any intended use.
Les droits d'auteur du présent document n'appartiennent
pas à l'État. Toute utilisation du contenu du présent
document doit être approuvée préalablement par l'auteur.

SECTION 1

INTRODUCTION

The idea of the Matsqui Institution was conceived in the report of the Fateaux Commission, issued in 1956, which recommended that institutions be built for the treatment of certain classes of offenders. Matsqui is the first of these institutions to be constructed, and has been designated for the custody and treatment of narcotic addicts. There are approximately 3,350 addicts in Canada. Of these, some 1,710 live in British Columbia. (Division of Narcotic Control, Department of National Health & Welfare, 1964.)

The institution is situated some forty miles east of Vancouver and is, in fact, two separate institutions, one male and one female, situated one-quarter of a mile apart. In each of these institutions, there is a building to which the title of "Pilot Treatment Unit" has been ascribed. This report deals with the first developmental program which has just been completed in the Male Pilot Treatment Unit. While the unit is situated within the perimeter fence and forms part of the main institution, it is, to a limited extent, geographically isolated from the remainder of the institution. An attempt was made to utilize this in the development of the first program. It was considered that the culture of the main institution, like that of any prison, would conform to the norms and mores of a delinquent society. In attempting to orientate those involved in the program towards a non-delinquent culture, it was felt that this degree of physical separation plus an imposed lack of communication would be an asset to our therapeutic aims.

The sleeping accommodation in the unit consists of four 4-bed wards. This increased the opportunity for the possible development of meaningful inter-personal relationships, in which addicts are known to be deficient, and was another factor in ensuring the maximal confrontation of the individual with his problems, both those which arose during the day and those which formed an inherent part of his character disorder.

Offices for the staff, combined group therapy and day room, dining room, ablutions and a treatment area, are the other main features of the unit.

The function of the Pilot Treatment Unit is to serve as a research centre for the institution, to devise and put into effect therapeutic programs which, it is hoped, may be of some importance in the treatment of drug addiction and to compile data from these programs which may be of value in the development of future programs in research. The unit is staffed by a psychiatrist, responsible for both male and female units; two inmate training officers, research being a primary concern of one of them; and five hospital officers (psychiatric

nurses). As the female Pilot Treatment Unit has not yet opened, we had, during our first program, female psychiatric nurses on duty in the male unit. Despite initial misgivings by many people, this accidental integration of staff has not only been without incident for the entire program, but it is felt that it has also been of considerable importance as a part of the inmates' rehabilitation; e.g., they have had the opportunity of absorbing from female "square-Johns" the norms and mores of non-delinquent women - a facet of life which had previously been a mystery to many of them. It is hoped that it will be possible to maintain at least a partial degree of staff integration after the opening of the female unit. As a minimum, it is planned that a male Inmate Training Officer will take part in the female groups with the psychiatrist and, conversely, that the female Inmate Training Officer will be included in the male groups. If the requested minimal increase in nursing staff is implemented, it should also be possible to rotate one male and one female nurse between the two units. There are many practical reasons why the present establishment of five psychiatric nurses should be increased by one in each unit but perhaps the factors of most interest would be those which are directly related to the type of program which was developed, viz.:

- (a) The use of the psychiatric nurse in the Pilot Treatment Unit is a very important aspect of the total program. As it stands now, there are five nurses, with two on days (8 A.M. to 4 P.M.) one on afternoons (4 P.M. to 12 midnight) and one on the graveyard shift (12 midnight to 8 A.M.) In order to cover the unit thoroughly on the afternoon shift, there would have to be at least two nurses. Reference is made here to the afternoon shift because it is during this time that there is a great deal of activity among the residents, and one nurse could not possibly cover this activity to the extent that is necessary. The staff must do more than make themselves available to the residents; they must be active in promoting relationships. It is a well-known fact that drug addicts represent one type of character disorder, and, therefore, do not have the basic ego structure to make the necessary contacts themselves. Thrusting himself into contact with them, the staff member must become involved, and put the relationship on a personal basis. We feel that, through active and prolonged contact with the effective egos of the psychiatric nursing staff, a rubbing-off process will take place that will help fill the gaps in the defective egos of the drug addicts. By doing this, we are provided with further tools to complement our total treatment program.
- (b) The inmates have a prison code with is anti-therapeutic, and which enforces sanctions against those who cooperate and try to get help. The only way to combat

this attitude is by the therapeutic atmosphere. The stronger the therapeutic atmosphere, the greater will the chances be that we will effect change in the desired direction. We strongly feel that an extra nurse on the afternoon shift will enhance the total therapeutic atmosphere which we are trying to create. It is extremely important that added members to our staff by psychiatric nurses, for it is only through this method that we can assure that a total therapeutic atmosphere will exist. At the present time, in the Pilot treatment Unit, we do not have the traditional dichotomy between Custody and Treatment. This traditional dichotomy is wrong, and must not occur. Either everyone treats, and a total therapeutic atmosphere prevails, or the goal of filling the gaps in the ego will not be achieved.

In the same way as an attempt was made to utilize the physical structure of the unit in furthering the aims of the program an attempt was also made to develop an atmosphere in the unit which would be conducive to therapy. This will be dealt with in more detail in a subsequent section, mainly under the heading of "Short-term Goals" but includes such factors as the development of a group culture in which staff and inmates could freely discuss problems; the development of feelings of responsibility and trust in the inmates and the encouragement of feedback into the group situations.

As this program started at an early date in the history of Matsqui Institution, the number of inmates available for selection was limited, and many of these were required to assist in the routine maintenance of the institution. For this reason, the number of inmates involved in the first program was restricted to ten. The list of criteria previously drawn up for admission to the Unit had to be jettisoned, and final selection was made on (a) Parole Eligibility Date within a reasonable time from the end of the program; (b) I.Q. in the vicinity of 100; and (c) a minimal degree of apparent motivation.

For the next group, due to commence in January 1967, a more elaborate selection procedure has been evolved, the objects of which are:

- (1) To provide a balanced Pilot Treatment Unit Experimental Therapy group in which inmates are paired for similarity along several dimensions.
- (2) To provide a matched Control Group of inmates which will undergo the conventional treatment program in the Main Institution in various units to which they are assigned by whatever selection methods prevail there.

Earlier in this introduction, it was stated that the long-term function of the Pilot Treatment Unit was research. This is not meant to imply that therapeutic aims were to become secondary but, rather, that the program should be so planned, and the compilation of data so arranged that they could adequately serve the purposes of research. Thus, while the immediate concern is the welfare and treatment of the individual inmate, the fundamental goal of the unit is the painstaking and long-term acquisition and development of knowledge in the field of drug addiction. On the assumption that drug addiction is not an illness in itself but a symptom of an underlying personality disorder, it would appear probable that any such knowledge gained could be applied in the wider field of corrections. In a paper given at the White House Conference on Narcotic Drug Abuse in 1962, Dr. Harris Isbell stated, "In fact, the key to the addiction problem may be in the development of some adequate theory of the sociopathic personality, and of preventive and therapeutic measures applicable on a mass scale to this group of mysterious behaviour disorders. Work of this sort is as important, or even more important, to general problems of delinquency and anti-social behaviour as it is to problems of addiction."

SECTION 2

SOME BASIC INFLUENCING ASSUMPTIONS

On 25 April 1966, the first treatment program in the Pilot Treatment Unit was started. Now, some seven months later, with the program completed, it is hoped that, by studying what transpired, some lessons may be learned to assist us in the formulation of our next project.

In planning our initial program, we gave considerable thought to the role which institutions might play in the treatment process. It was felt that treatment could best take place when the culture of the institution was supportive and not, in itself, a source of undirected emotional stress. Placing an individual in a correctional setting can be, and often is, anti-therapeutic.

Too often, pathological behaviour occurring within an institution is the result of institutional experiences, rather than a manifestation of the problem areas which pre-disposed and precipitated the inmate's commitment. Individual psychotherapy is often geared as much to dealing with problems created by the institution as it is to dealing with basic personality defects. Considerable time has to be spent treating latent homosexual fears, hostility feelings about certain staff, and feelings and problems occurring with other inmates. In many cases, the problems were in no way related to the problem areas which had pre-disposed or precipitated the individual's commitment. Nevertheless, they were basic, immediate problems precipitated by real stress, and had to be dealt with before therapeutic effort could be focused on the more pathological difficulties.

A prison setting is not a normal setting, and a so-called normal individual placed within a prison setting would undoubtedly have some troubled feelings and problems related to latent homosexual fears, hostility towards staff directing his every move, and problems with other inmates with whom he would be forced to live.

When a prisoner is incarcerated in a correctional institution, he is placed in an obvious defenseless and helpless position. Direct conflict expression is repressed, and finds expression in more subtle behaviour. Prisoners criticize and condemn the administration and partake in various forms of intrigue. What appears to develop in most traditional prisons is a situation in which both groups lack respect for the other. Staff negate and derogate the inmates, while the inmates deride and condemn both officers and the whole penal policy. Individuals from each group who attempt to deviate from their respective representations are subject to pressure and control from their group members.

When an individual is sent to prison, he is subject to a vast body of rules and commands which are designed to control his behaviour in minute detail. Instead of helping lawbreakers to act as mature adults, we tend to place them in environments that demand childlike dependency. Like a child, problem-solving behaviour patterns are limited, and, instead of teaching inmates new ways to satisfy their needs, we appear to encourage existing patterns which have already proven to be unacceptable to the greater society.

For the purposes of this program, we acted on the assumption that drug addiction is not in itself a disease but, rather, a manifestation or symptom of an individual's personality difficulties. There appears to be a delay in or disorder of maturity in the emotional development of these individuals. They have personality problems of many types, and addiction is a symptom of these problems. Certainly there was no clinical evidence of psychotic or neurotic illness in the group involved in our first program.

Many who are involved in attempts at rehabilitating addicts consider that a major cause of addiction is the lack of maturity, understanding and control within the individual. This results in their inability to seek, develop and maintain constructive inter-personal relationships which are oriented to non-delinquent goals. They tend to be indifferent to the feelings of others and their incapacity to form lasting relationships may be related to their fear of emotional involvement on a prolonged basis which is seen as threatening and increases their fear of dependency. The addict is alienated by society, and, as a result, he seeks acceptance from persons who will accept him with a minimum of expectations beyond the world of addiction. The addict's sub-culture binds together members who are alienated from society, and this group places few constructive demands upon the individual. The demands which become paramount are those to reinforce the alienation and to perpetuate the addict's sub-culture.

These are individuals who have internalized the values of their early environment and are, as a result, in conflict with the social and moral values of society at large. They are deficient in social controls, more accepting of short-term satisfactions and less able to defer short-term gains for long-range satisfactions. They have a low tolerance to frustration and anxiety. As a result of his internalization of the values of his early environment, the addict's behaviour is regarded by him as normal, and does not, in itself, produce anxiety or guilt. Their behaviour is abnormal only when contrasted to the social values of others. In our present group, this deviation from the social norm was the only characteristic shared by all the inmates and predated the onset of addiction in all cases. Aggressive behaviour

was not an outstanding characteristic of these individuals. They tended more towards inadequacies of personality. These defects of personality will not, in themselves, cause addiction. They do, however, predispose such an individual to addiction. If he then comes into contact with the use of narcotics in an environment where such drugs are available and where the social and moral values of that society or sub-culture are permissive to their use, he is likely to become addicted.

Maas (1), using Erikson's (2) theory of psychosocial development as a theoretical basis, gives an interesting insight into the development of the personality difficulties mentioned above.

In Erikson's theory, the person "develops through a gradual unfolding of the personality through phase-specific crises which are precipitated by a combination of environmental and societal pressures, and the person's readiness and capacity to deal with those pressures." During the first of these stages, "a convincingly continued stage of early trust is necessary" and this trust must be felt both about the developing individual and the surrounding environment. In the second stage, trust must be felt particularly about the parents. It was considered by Maas (1) that in these individuals the conflicts associated with the above two stages have not been resolved "and are still being actively engaged in." It is as though these persons cannot give up the conflicts, either by resolving them in a healthy way or by becoming fixated in some psychotic or neurotic character position.

Keeping the above facts in mind, the next step was to develop an outline of a specific program oriented to the treatment of the generally accepted defects in the personality of the drug addicts and to minimizing the possible deleterious effects of the normal institutional culture as described earlier.

SECTION 3

THE FORMULATION OF GOALS AND OBJECTIVES

Although the Pilot Treatment Unit is a relatively small organization or sub-system within a larger system, it is nevertheless an organization. With this in mind one of our first tasks was to formulate goals or objectives so as to give it purpose and direction. Only if an organization has well defined objectives, will it be able to devise and implement strategies to obtain those objectives. Too often objectives are vague or ill-defined and they result in vague and ill-defined strategies. Consequently the organization faced with these circumstances is managed by confusion. The logical outcome, that of establishing evidence of accomplishment, is difficult enough in the area of human behaviour, but it would be virtually impossible if it were attempted within a framework characterized by Management-by-confusion.

Declaring objectives or goals is easily done if they are stated broadly enough. The Pilot Treatment Unit, broadly speaking, has as its objective, the rehabilitation of the narcotic addict. On the same plane with this broad objective and equally as important are the goals of experimentation and research. The goals of experimentation and research will be discussed later but before these objectives could be worked toward, it was necessary to further define the goal of rehabilitation or treatment under the headings of (1) Short-term Goals, (2) Intermediate goals or intermediate range dimensions of change and (3) Long range goals or long range dimensions of change.

Short-term Goals

Short-term goals relate specifically to the creation of an environment conducive to the attainment of the intermediate and long-range dimensions of change in the narcotic addict. This is not to say that the intermediate and long-range stages will be attained if the short-term goals are realized, however, it is felt that the short-term goals must be satisfied first before the intermediate and long range dimensions can be worked toward in the prison setting. Specifically these short-term goals are:

- (1) Begin to establish authentic communication and genuine understanding between inmates and staff.
- (2) Help staff and inmates to feel more comfortable in one another's presence.
- (3) Help staff and inmates to learn to talk about mutual problems.
- (4) Establish non-judgmental, or non-threatening environment so as not to encourage defensiveness.

- (3) Low self-esteem —————> High self-esteem
- (4) Dependence —————> Independence
- (5) Unrealistically high (or low) levels of aspiration —————> Realistic levels of aspiration
- (6) High anxiety resulting from objectively moderate frustration —————> Low anxiety resulting from objectively moderate frustration
- (7) High anxiety from delayed gratification —————> Low anxiety from delayed gratification
- (8) Passive hostility or direct non-instrumental expression of hostility —————> Direct expression of hostility in instrumental ways.
- (9) Educational progress
- (10) Vocational Progress

The basis of the program is to make the addict aware of the above defects in his personality and of his maladaptive patterns of behaviour. However, it is not sufficient just to be aware of one's defects. There must also be a desire to change and a willingness to work and improve the defects in the desired direction. Once this growth process is started again then the logical progression of treatment or rehabilitation is parole supervision where growth can be nurtured in a natural environment.

Long Range Dimensions of Change

The long range dimensions of change refer more to broad areas in the individual's life space. If the short and intermediate goals are reached with some degree of success then we would expect to find the following changes.

- (1) Ability to adapt to changing circumstances
- (2) Change in employment pattern
- (3) Change in narcotic use pattern
- (4) Change in alcohol use pattern
- (5) Change in use of other drugs
- (6) Change in religious attitude and behaviour.
- (7) Change in degree of emotional contentment or satisfaction in life.
- (8) Change in extent of criminal behaviour:
 - (a) Crimes against property
 - (b) Crimes against person

(9) Change in recreational patterns.

We would hypothesize that these changes would be toward more socially acceptable patterns. Data has been collected on these patterns or dimensions prior to their participation in the Pilot Treatment Unit program and it will be the role of research to examine these dimensions while the residents are on parole.

The importance of declaring objectives cannot be emphasized enough. Too often, confusion is the order of the day simply because people have no idea where they are going. Only when one knows where he is going can he decide on the method; or in the case of the Pilot Treatment Unit, the strategies, by which to reach that goal or objectives.

It is the purpose of the next section to discuss the development of strategies for the program and the rationale behind them.

SECTION 4

DEVELOPMENT AND IMPLEMENTATION OF STRATEGIES

Once we were able to define our objectives we then set ourselves the task of developing strategies which we felt would be instrumental in helping us to reach our objectives.

Our long range or overall objective is the rehabilitation of the narcotic addict and this is a plan that spans a period of years. Only a small portion of this time span is spent in the Pilot Treatment Unit with the remainder being a growth period on parole and in the community. This is an important concept and distinction to make for, it helps us to further define our strategies in terms of catalysts.

It was noted earlier in the paper that we were going on the assumption that there appears to be a delay in or disorder of maturity in the emotional development of the narcotic addict. In other words, ego development has been suspended so that the individual is unable to effectively satisfy his various human needs with his environment. In order to protect himself when off drugs, the addict has developed an elaborate collection of neurotic defence mechanisms, the most common of which seem to be denial, projection and rationalization. These defenses, coupled with traditional prison living experiences, create a difficult barrier to penetrate so that emotional growth can begin again.

The Catalytic Cracker Growth Concept

The Cracker is an expression borrowed from the physical sciences and refers to an isolated unit where complex compounds are broken into simpler elements. The Pilot Treatment Unit is likened to a cracker and, the neurotic defence mechanisms and maladaptive patterns of behavior, are likened to the complex compounds. This is not regarded as a destructive process but rather as a discarding and growth process.

The basic philosophy then, is one of opening up and discarding barriers that inhibit emotional growth and we have likened the Pilot Treatment Unit to the cracker concept used in the physical sciences. The unit by itself is not sufficient. To speed the process up, catalysts or strategies must be used. The word catalyst is suggested because we are, in a sense, dealing with a complex compound that is highly resistant to change and growth. Therefore, it becomes necessary to subject the complex compound (in this case the narcotic addict) to a stimulus that will start the growth process. The reader should keep in mind

that the words catalyst and strategies will be used interchangeably. We find the word catalyst to be descriptive in this case and hence we derive the expression Catalytic Cracker-Growth concept.

STRATEGIES (CATALYSTS)

Isolation: The Pilot Treatment Unit is physically removed from the main structure of the male satellite. On the organization chart, the unit functions as a separate department and is directly responsible to the Warden. Isolation has several values. First of all, in a unit designated for experimentation and innovation, it is extremely important to have direct access to the decision-makers. Innovations have to be sold and if this creative capacity is thwarted by stumbling blocks typical of organizational hierarchies then it is likely to die.

Innovation, creativity and experimentation are very necessary and valuable commodities and, in a sense, represent patterned organizational deviance. They represent counterforces opposing rigidity and routinization, characteristics which are capable of destroying the vitality of an organization and in our case the Pilot Treatment Unit. In a sense this direct and constant access to the decision-makers is almost a prerequisite strategy with immeasurable value in relation to an on-going program. For example, we were able to obtain permission to leave the back doors of the unit open all night but it could only be done as a result of frequent contact with the Warden who had been kept informed about the operation and progress of the unit. His confidence and understanding were most important.

Secondly, isolation intensifies transactional situations of all kinds. The residents in the unit are required to do everything together. In relation to our short-term goals, isolation is one of the most valuable strategies that we have. It helps to increase communication; it limits expression to a readily observable area and thus compliments the feedback process. If the residents were spread all over the institution and in various work locations, it would be much more difficult to get accurate feedback data as to their attitudes and behaviour. Also those that feedback data are present, in group, thus stimulating confrontations for the group to work with. By keeping everything open and above board, we help to establish a non-judgmental and non-threatening environment.

Thirdly, isolation cuts down the number of possible delinquent associations. One of the most difficult aspects of the total treatment problem is the inmate value system. It inhibits inmate-staff and inmate-inmate communication on an authentic level. During the latter

months of this group, we invited a parole-violator from the main institution to sit in our group and discuss the problems he encountered while on parole. At first his story sounded good and he certainly gave the group the impression that he was a poor victim of police harassment. This is, of course, what he wanted us to think and that it was really not his fault that he broke his parole, but that the police were to blame. He then happened to mention that he took his first fix the second day out and at this point some of the group members proceeded to expose his fabrications. This man left the group still feeling that he was right and the police were to blame which indicates how difficult it is to expose these neurotic defence mechanisms for what they are. The important object lesson here is not the resistance itself but how easy it is to perpetuate it. The man in question will find all the support he wants in the average body of inmates. Not only will he be able to convince himself that he is not at fault but many others as well. In doing so this man also adds to the body of distorted facts that inmates desperately cling to in order to neutralize responsibility and project blame onto others. By isolating groups of inmates it is much easier to expose myths such as the one described above. The less support one can find for an attitude, the less likely he is to keep it especially if it can be shown to be neurotic.

Group Activities: The group therapy sessions are excluded from this general category and will be dealt with below. More specifically, this area refers to work and recreation. In order to enhance group cohesiveness many activities, apart from the therapy sessions were devised for the group to participate in. The constant contact caused tension and conflict at times but provided excellent material for the group to work with. Typically narcotic addicts withdraw or escape from anxiety-producing situations so we felt it was necessary to create a setting with anxiety-producing situations and where the avenues of escape were minimal. During the early stages of the program, the group members constantly avoided dealing with conflict. This was an acute problem with some members and they exhibited great skill in attempting to manipulate the group's attention onto something more comfortable. As the group matured this fear diminished. When working with here-and-now behaviour patterns, group activities are important because they provide the necessary opportunity for the various behaviour patterns to be exhibited and observed.

Within the framework of group isolation is another important concept, Rubbing Off. In the Pilot Treatment Unit setting there is constant contact between staff and resident. Apart from the actual group therapy sessions, staff are actively engaged in promoting relationships. The narcotic addict does not have the basic ego structure

to develop satisfying inter-personal relationships. The resident must feel the contact with the ego of the staff member because only then will part of it "rub off" and help fill the gaps in his ego. Again this is likened to the development or growth that takes place naturally between parent and child. Relating to people who neither fear him nor show anger toward him, and who, at the same time, are much different from any of his previous associations is a new experience for the resident.

During the early stages of the program, it was common practice for some residents to try to get the staff to respond in the old ways that they were used to because they expected and thought they could handle this kind of response. The attempt to provoke the accustomed response from the staff members is made both individually and collectively, because the inmates of any institution for delinquents almost always form an institutional society which works directly to counteract any acceptance of help from staff.

Group Therapy: For the most part the daily group sessions were oriented towards here-and-now behavior. For the resident the group was a tool whereby he could learn to stand on his own two feet if he was willing to make the effort. The desire to change is most important. All a group can do is to point out to a person the various maladaptive behavior patterns he plays over and over again. These are the behavior patterns that have proved to be unsatisfactory to date, and once a person becomes aware of them, he, and only he, can discard them in favor of more satisfying patterns.

For example, during the second group meeting, one of the residents told the group that he distrusted psychologists. Immediately following the meeting he proceeded to prove to himself that he was right about psychologists. He perceived that psychologists were supposed to help. He, therefore, made a request for a certain kind of help. It was turned down, as he knew it would be but this gave him the opportunity to call staff names and say, "See I told you you were all phonies." He then proceeded to throw a rather violent temper tantrum in order to get his way. The accustomed response from staff in the past was either to give him his way or to place him in dissociation. He didn't achieve either response in this setting. He was ignored until the following day when the incident was turned over to the group to deal with. It took the group and the individual in question approximately five months to work with this problem but they did, as they did with many others and with considerable success.

Because the short and intermediate range goals relate to behavior and attitude dimensions, a therapy group where these can freely be expressed is extremely valuable.

In the traditional prison setting, the honest, spontaneous expression of feelings at times is subject to varying degrees of punishment. In a sense dishonesty is encouraged and repressed feelings show up in many peculiar and bizarre forms. The Parent-Child relationship is fostered along with resentment.

Tremendous resentment and hostility were expressed during the first two months of the group. For a beginning therapist it can be a very anxious time, but it represents a child growing up and is a stage of development that delinquent groups must go through. By allowing this free expression of feeling without reprisal the resident also gets a good look at himself through others.

The reader should not confuse latitude to behave with permissiveness. There is nothing soft about this approach either for staff or resident. Finding out about oneself over and over is much more difficult to rationalize away than various forms of external punishment. Constant confrontation with one's attitudes and behavior is repetitious and extremely difficult to escape from.

As the group progresses through its early concerns over survival, changes gradually occur in individual behavior. Increasingly, individuals bring out for consensual validation their perceptions of what is happening. (We might add that the degree of this was not as great with this group as we would have liked). They test whether what they see is what others see, and they begin to collect data about the discrepancies between their own perceptions and the perceptions of others. With anxiety about their own identity reduced, they find they can listen to other people with less interference of personal static or psychological noise. They begin to compare observational data reported by others with the data of their own feelings. They develop some willingness to explore the behavior of the group as well as their own behavior and attitudes. They gradually look at what they do and its consequences for the group and for individual members. They develop a willingness to receive feedback from the group. They learn to check what other people say about them against their own self-perceptions. They come to see that feelings and perceptions represent information important to improvement of individual and group performance. They see that improvement can occur only if information is reported, listened to, and tested.

The here-and-now concept which we emphasize strongly is sometimes illusive and only comes with practice. It is process as opposed to content. It is achieved as members of a group come to focus upon the control, appreciation and understanding of the concrete realities of their immediate group experiences. It is only as the group learns to focus on its present experience that its

own past and future attain clarity and significance and that members' outside experiences can be related meaningfully to experiences within the group.

Nevertheless, learning to face and to examine the here-and-now is a learning not easy to achieve. Members interpose a screen of assumptions, concepts, attitudes and evaluations between themselves and what is actually taking place in themselves and between themselves and others. These patterns are drawn from members' outside experiences with other people, other groups and organizations. (Recall the above example of the parole violator visiting the Pilot Treatment Unit group). These are transferred to the therapy group. Since it is set up differently, attempts to impose familiar forms upon what takes place there tend to compound rather than to clarify confusion. It is through factoring out the actualities of the here-and-now from the importations of the there-and-then that personal and collective behavior patterns are opened up to conscious examination.

Feedback through observation: As has been noted above, it is important for both staff and resident to feedback information about feelings, attitudes and behavior, that are observed through daily transactions outside the regular therapy groups. This is especially critical with beginning groups for there is a strong tendency to resolve conflict and discuss feelings outside the group. If this is allowed to happen then the group is deprived of valuable material and its drive for maturity is slowed down.

It is extremely important to emphasize the growth concept in relation to feedback. Narcotic addicts and for that matter prison inmates in general, fear information feedback because they feel it will be used against them. We discourage this kind of thinking in the Pilot Treatment Unit for it is only through honest and open communication that growth can take place.

The main strategies used in the Pilot Treatment Unit are:

- (1) Isolation
- (2) Group activities
- (3) Group Therapy
- (4) Feedback through observation.

These are seen as catalysts in a growth process and are used much the same as catalysts are used in chemical reactions - to start a reaction that is then capable of continuing under its own energy system.

Finality or cure is not a part of our conceptual framework. There is no way to ensure that growth will

continue once it is started in all cases. One thing seems important at this stage, without authentic feedback both within, and from out of the group, growth is not likely to take place. The individual that holds back hurts the group, but especially himself.

Implementation of Strategies

The development of strategies by which to reach an objective or goal is not always an easy task. Until you have tried and tested them you cannot be sure if they will perform the function for which they were designed. Of equal consideration along with the development, is the implementation. What good is a specific strategy if it cannot be put into practice?

In the previous section, we articulated four strategies, Isolation, Group Activities, Group Therapy and Feedback. These were general enough so that flexibility within each general area would be possible as we progressed. In other words, we wanted strategies that would allow for new innovations when warranted as opposed to a rigid framework that might discourage flexibility in the face of adversity.

We were able to implement all the strategies. Only time now, and research follow-up, will determine how successful they were as catalysts in starting the growth process. When we say we were able to implement all the strategies this does not mean that we did not encounter difficulties of varying degrees for we did. It is not our intention to go into detail about the problems of implementation in this paper for each is deserving of a more detailed examination than is possible at this time. Rather, it is our intention to present only a brief discussion of some of the difficulties we encountered.

Isolation: The physical distance of the Pilot Treatment Unit from the main institution was such that avoiding some inmate contact apart from the unit was virtually impossible. To further this objective we discarded sanctions for contact in favor of the residents accepting the responsibility for limited or no contact. Violations of this rule were brought to the group's attention. During the early stages the group's response was usually child-like vis-a-vis angry outbursts and withdrawing and pouting. This tended to control staff due to inexperience. During the latter stages of the program there was less and less contact with the general inmate body. The important thing to note here is the application of strategies within strategies that compliment the overall objective. It is important to have the latitude as staff to innovate when difficulties arise in order to compliment and further the objectives as opposed to taking action that might contradict and retard their attainment.

Group Activities: The residents were required to do things as a group. For the first program, work consisted of the landscaping and general maintenance of the unit. As the work habits of the narcotic addict are generally poor, this gave us the opportunity to observe and feedback information about their industry, or lack of it, to the group. No direction was given by the staff for the cleaning and maintenance of the unit. Some residents took more responsibility in this area than others. This created resentment later in the program and it is most important for staff to be tuned in and to expose this in the group. Developing staff awareness and sensitivity is extremely important for you cannot always rely on the residents to reveal important areas. In the area of recreation, difficulties consisted almost entirely of keeping with the objective of total participation. Transgressions provide material for the group to work with. The failure to deal with these as they occur can set a dangerous precedent. Addicts are selfish. One way to work with this is to get them in the habit of doing things they don't like to do but that have to be done. Typical of their child-like behavior, you will often hear, "Why do I have to do that?"

Group Therapy: The actual implementation of group therapy provided no real difficulties. It is critical for the therapist to approach his task with the view of an artist, and not to lose himself in the rigidity of theoretical expectations. As long as he remains free to innovate, the closer he is likely to be to the socio-psychological reality of the group, and the greater his prospects for being effective. Too much structure enmeshes and too little is likely to develop a run-a-way group. The difficulty here, if it should be considered a difficulty, is staff experience and skill. It comes with time and practice and in that sense it is not something that can be improved by making an alteration or innovation at a specific time or place.

Feedback through observation: Perhaps the most difficult strategy to put into operation is staff and resident feedback. This can be explained by the fact it causes conflict, anger, resentment, hostility, etc., in most instances. The only way to overcome the adverse reactions to feedback is to constantly practice it. When it becomes commonplace practice, the less likely it is to cause conflict.

In a situation where the psychiatric nursing staff is responsible for feedback it should be made clear to the residents that this is one of the nurses' functions. This will make it easier for the nurses especially if it is expected from them. A limiting factor here is the nurses own anxiety and discomfort. Those not experienced in group feedback tend to shy away from it because it

does draw hostility to them. Often they will mention things only after considerable time has elapsed and it is usually mentioned in a staff only situation. The security operation, when they are asked why it wasn't fed into the group, usually takes the form of, "I didn't think it was important" or "I didn't know whether to mention it or not."

The basic implementation of the above strategies did not encounter any insurmountable obstacles. The value of an exploratory program was that we were able to expose different weaknesses and then strengthen them.

SECTION 5

CASE HISTORIES

The individuals involved in the program were a reasonably typical sample of a penitentiary addict population - recidivist drug addicts, many of whom had served previous penitentiary sentences.

The following extracts are taken from five of their case histories:

CASE NO. 1:

A 28 year old coloured inmate (Father - East Indian, Mother - Octoroon). Mother left home when inmate aged 5 months. Father showed no interest in children. Cared for by grandparents. Third of four siblings. Enuretic til age 9 years. Frequent truancy at school. Expelled for incorrigible behavior.

At age 14 years he was sentenced to five years in a federal penitentiary on 18 charges of burglary and auto theft. This record had started in the Juvenile Court prior to his 12th birthday. In late 1965, he began his 5th penitentiary term with a 7 year sentence for trafficking in drugs. At this stage he was using 10-20 capsules of Heroin per day.

The Minnesota Multiphasic Personality Inventory (MMPI) given at the beginning of the program indicated "a poorly integrated ego structure, one that is basically primitive, self-indulgent, self-oriented, with numerous fears and conflicts over needs and expectations of them. Here is marked pessimism in a depressive individual ---
----- He is certainly a maximum security risk and would not make a good parolee. Further he is likely to continue as an addict and as a criminal in other respects."

The MMPI at the end of the program stated " The most dramatic changes of any of the 10 inmates took place in this man. First there was a very sharp shift in the F.K. scales showing much less hostility and more usable defences. The depression scale dropped from a T. score of 89 to a T. score of 60. He is now far more optimistic--- His actions are less likely to be compulsive, he has fewer fears and his behavior should be more predictable and less bizarre than previously. His energy level has gone up----- far more healthy emotionally but still very much of a character disorder." Currently he is enrolled in a course at a Provincial Vocational School. It was felt that this individual underwent the traumatic experience of having a life-long system of values taken away from him. Although he was fully aware of the

deterrent effect of the Habitual Criminal Act his nature was such that he wished to base his life on something other than deterrence. He was desperately seeking a positive ideology.

CASE NO. 2

A 33 year old inmate who began his third penitentiary term in late 1962 with a 14 year sentence for conspiracy, trafficking and possession of narcotic drugs. His youth was spent with his peers and he was a member of a juvenile gang. He has been in conflict with the law since age of 15 years and has had 6 jail terms since then, mainly crimes against the Narcotic Drug Act. The R.C.M. Police considered him to be a "cunning, hardened criminal".

His mother died when he was aged 10 years. Father had silicosis and tuberculosis. He is second of three siblings. Younger brother is also an addict.

M.M.P.I. (April 66) indicated "an unusual profile----- this man might well be an aggressive homosexual, or at least a latent one -----. His morals are inadequate; his personal and social relationships lack in satisfaction and he is apt to be overtly aggressive in his behavior----- The outstanding feature ----- is his tendency to avoid conflict arising in his adjustment by escaping, i.e., running away, moving to another place, avoiding contact, avoiding major decisions, etc.----- this is a pleasure seeking individual who functions for pleasure, not reality." The M.M.P.I. given at the end of November 66 showed mainly minor positive and negative changes. "A highly significant increase in his defenses, particularly a fear of felt psychological weaknesses in the K. scale.----- the Pa scale has gone up showing him to be suspicious and cautions while we see a lowering of the Ec or Escape scale and a highly significant lowering of the MSX or homosexual scale----- although he would appear to be more comfortable with groups now than in April, he has not apparently worked out his difficulties but merely built stronger defenses."

The clinical impression gained was that this man had strongly identified himself with non-delinquent goals and that this process of change had been accompanied by considerable stress. He had to give up a delinquent system of values which he spent most of his life acquiring and replace it with a non-delinquent one. In doing so he gained considerable insight into his defenses against stress and into his psychological defects.

CASE NO. 3

This 26 year old individual began his third penitentiary term of 3 years 14 days in August 65 and was also faced with proceedings under the Habitual Criminal Act. Subsequently he was tried but not convicted under the Act. He has an extensive criminal record and during the early phase of the program was extremely hostile and negative.

M.M.P.I. (April 66) indicated "a basic, immature, poorly defensive emotional make-up----- in the elevated "K" a defensiveness against felt psychological weaknesses and the elevated "R" supports this by the characterization of repression and denial. He is apt to make concessions rather than face unpleasantness ----- He is apt to be manipulative and his past pattern likely characterized by a history of struggle against familial or social control----- he feels isolated from other people ----- we find a need to act out hostile responses to stress. He is apt to deliberately violate rules and regulations and could even be physically assaultive-----the overall pattern is one of conflict, confusion and inadequate ego-protective methods. It is almost as if his ego development were arrested at the level of an 8 year old child."

At the end of November 66 "The overall M.M.P.I. profile is one of improvement----- He is significantly less defensive, his controls are better and he is better equipped to involve himself on a meaningful level with others. Although still a manipulator he will use this less now to reduce friction and will face up to problems somewhat better ----- still, although less tendency to make use of psychosomatic ailments."

Clinically it was considered that the aggression and hostility shown by the individual were a mask for insecurity and uncertainty. As the group matured and he gained insight into his psychological weakness he was able to drop this mask and to improve his inter-personal relationships. The early signs of change in this man started a few months after the beginning of the program and came as a surprise to the staff. Until that time his active participation in the group had been minimal and accompanied by a negative attitude and marked hostility.

CASE NO. 4:

This 23 year old inmate began his first penitentiary term in December 65 with a 3 year sentence for traffick- ing in narcotics. His juvenile record began in 1957 when, at the age of 14 years, he received a 9 month probationary sentence for auto theft. Five months later, having broken his probationary requirements he was sentenced to Brannon

Lake for an indefinite period and remained there for 5½ months. For the following two years he remained free of criminal involvement but from January 64 onwards he was convicted of a number of minor offences until his involvement in narcotics lead to his present charge of trafficking.

Parents divorced when patient aged 6 years. Mother aged 44 years is a chronic alcoholic. Parents had been previously divorced when patient was an infant but had later remarried. He states that he is an alcoholic and has sought the help of Alcoholics Anonymous on several occasions.

M.M.P.I. (April 66) showed "Very strong sociopathic or psychopathic characteristics-----quite superficial, lacking in deep, emotional response----- resistive to constituted authority, indifferent to the suffering and misfortunes of others and prone to disregard social mores. He feels isolated from other people; lacks gratification in social relationships; denies the presence of depending needs and presents attitudes of blandness and indifference towards things that actually cause anxiety-----his prognosis is very poor."

At the end of November 66 the M.M.P.I. indicated, "He has learned new ways to handle difficulties and things he does not agree with. He is now less rebellious, is better able to face his responsibilities and tensions, less likely to commit the same mistakes and more likely to follow through on parole. He is somewhat more optimistic of his future, less superficial in his emotions, less likely to act compulsively but more apt to manipulate than to act out".

This individual showed, throughout the group, a genuine and continuing desire to change his previously maladaptive patterns of behavior. This was not done without effort and, at one stage, he showed evidence of a moderate depressive reaction for some three weeks. He has shown considerable increase in maturity and no longer projects the blame for his failure on others. It is felt that he no longer identifies himself with the addict sub-culture and that he appears oriented towards non-delinquent goals.

CASE NO. 5:

This 46 year old inmate began, in 1964, a 14 year sentence for two offences of unlawfully possessing narcotics for the purpose of trafficking. This was his 4th penitentiary term.

His criminal record dates back to 1938 and includes

Provincial Jail sentences for theft, vagrancy, possession of drugs, and inflicting grevous bodily harm.

The M.M.P.I. (April 66) indicated "Both anti-social and asocial characteristics within this man, with the anti being the strongest. He is superficial, restless, manipulative-----tends to expect the worst and thus justifies his own negative thinking and responses in this aspect. His prognosis is not favourable-----does not know how to share himself with others, nor to enjoy the warmth or even receive it from others-----will join in groups but this will be on a very emotionally shallow basis-----apt to relapse into criminal behavior."

In November 66 the M.M.P.I. report stated "There was a very startling change for the better in the two profiles so that the October reading is within normal limits-----A considerable positive difference is found in his ability to feel for and with others -----less superficiality in his emotions and responses more feeling-----He is less likely to commit the mistakes he made in the past and although he is still manipulative he is far more likely to consider the results of his behavior and its effects on others as well as the end results for himself-----overall results are positive indicating he has benefitted and is now much less likely to return to prison or drugs.

This man showed considerable evidence of stress during the program as he developed insight into his psychological weaknesses and took "a long cool look at himself". As noted in the M.M.P.I. his inter-personal relationships improved and he developed a very positive orientation to non-delinquent goals. It is considered, in view of the "maturing out" concept, that this man's age may be an additional factor in his favour.

SECTION 6

PAROLE

At an early stage in the planning of our first program, the necessity for prolonged and intensive parole supervision following discharge from the institution was realized. It was felt that, unlike most psychiatric patients, addicts would not derive maximum benefit from voluntary treatment and that, on a follow-up basis, they would require more supervision than the ordinary psychiatric patient. The addict's low tolerance to anxiety, his defective adjustment to the normal social environment and his poorly developed super-ego seemed to make mandatory the provision of a reasonably permissive external super-ego.

Parole appeared to have a dual function. Not only did it represent supervision in the addict's own best interests, but it could also serve as a protective device to the community in case of relapse, both in the limitation of the number of property offences which might be committed and as a prophylactic measure against the further spread of addiction by the relapsed individual.

The necessity for adequate follow-up was stated by Vaillant (5) in the following terms: "The most significant variable in determining abstinence in the confirmed addict appeared to be the presence or absence of constructive but enforced compulsory supervision." He believes that "Both prison sentences without provision for parole and purely voluntary programs are often contraindicated in the treatment of urban addiction."

Parole might be regarded as the bridge back into a more normal social environment and counselling should, initially, be of approximately the same intensity as that received in the institution. The number of parolees allocated to the individual parole officer should therefore be limited to allow maximum contact in both individual and group settings.

The following factors were found by the U.S. Probation Officers in New York to increase the likelihood of success, viz:

- (a) Limited caseloads
- (b) Availability of financial help when needed
- (c) Employment counselling and placement service
- (d) Adequate interviewing time
- (e) Availability of parole officer in times of stress

Correspondence was initiated with the Parole Board at the beginning of April this year and in May 66 an opportunity to discuss the Pilot Treatment Unit program with the Board's Executive Director, Mr. F. Miller, arose when he visited the institution. Close contact has been maintained with the National Parole Service and, through the co-operation of Mr. B.K. Stevenson, Regional Representative, National Parole Service, Vancouver, B.C., several meetings have been held to discuss the inevitable difficulties which arise in a program of this nature. The staff of the Pilot Treatment Unit are well aware that, without this active co-operation from the National Parole Board and the National Parole Service, it would not be possible for this, or subsequent programs, to be adequately completed.

For this reason, and because, in a research program of this nature, further problems must arise if the project is not to become sterile, we must depend on the continued cooperation of, and frequent discussions with, the National Parole Board, and, more immediately, the officers of the National Parole Service.

In August 1966, the National Parole Board endorsed special procedures to be followed in the case of inmates in the Pilot Treatment Unit. They considered that in any special treatment program there should be a reasonable expectation that parole will follow successful completion of the program of treatment, providing that a suitable Parole Plan is developed. At the same time, it was requested that the Board be informed, through its representative, of all future selections for the Pilot Treatment Unit and that this be done before the final selection is made. This procedure has been put into effect with respect to our second program.

One particular area in which the continued and, indeed, extended co-operation of the National Parole Service would be welcomed is that of job placement. The majority of inmates in the first program found their own jobs by one means or another. For the remaining few the finding of work was an arduous and difficult task which necessitated the use of a male nurse on a full-time basis for two weeks. In view of the general attitude of the community to drug addicts, the absence of specific work skills, and of an adequate work history and the additional factor of high seasonal unemployment, this difficulty had, in part, been anticipated. It is felt, however, that this is an area which could benefit from further joint discussion between ourselves and the officers of the National Parole Service.

At least one of the parolees in the first group would have benefited from the availability of financial

help. This inmate had been accepted by a Vocational Training School and would not receive any payment under the apprenticeship plan until the end of the first month. He still had to arrange his room and board for that month and had some \$75.00 to his credit. It is felt that the initial period on parole is one of considerable stress and that, especially in a case such as this, it might favourably affect the prognosis to have an adequate loan fund available.

In the discussions with the National Parole Service, the question of suspensions of paroles of inmates from the Pilot Treatment Unit was raised. It was planned to reserve two beds in the next program, for such individuals. The National Parole Service concurred with this idea and, when applicable, they will state this in the covering letter with the relevant Warrants. The R.C.M. Police would then escort these individuals direct to Matsqui Institution. This may have to be cleared with senior officers of the R.C.M. Police. Short-term suspensions are not possible at the present time, as this would require an amendment being made to the Parole Act.

It was decided that Dr. A. Sleight and the treatment team of SNAP II would meet the parolees from the Pilot Treatment Unit for group meetings once every two weeks at the Narcotic Addiction Foundation.

It was requested that the Inmate Training Officers from the Pilot Treatment Unit be allowed occasional contacts with the parolees during the period of parole supervision. No objection was raised to this, providing such contacts did not interfere with the parole Supervisor's planning and that good communication was maintained.

It was decided that there would be no objection to parolees returning to the Pilot Treatment Unit to take part in group discussions as long as the parolee was willing to return, and was making quite good progress in the community.

To assist the Pilot Treatment Unit Staff in their follow-up of the parolees, it was decided that a copy of the Narrative Recording would be forwarded to the Institution, and copies of reports completed by Probation Officers or other Supervisors would also be sent along for their information.

From the above, it may have become obvious that we regard the Pilot Treatment Unit as part of a larger program of treatment and, at that, any potential which it may have for successful rehabilitation can only be realized against a background of continued understanding, by the institutional administration, of the aims of the program and the techniques used to implement these aims. In our first program,

we have been fortunate in this respect.

As indicated previously, the role of the National Parole Service in the continuation of treatment after release on parole is considered to be a vital and integral part of the overall treatment program. Without adequate supervision and counselling by the Parole Officers, treatment would be incomplete.

SECTION 7

RESEARCH ACTIVITIES OF THE MATSQUI PILOT TREATMENT UNIT

1. INTRODUCTION

The present concept of the research function of the Pilot Treatment Unit at Matsqui was developed as a logical response to our painful awareness of the generally impoverished state of the present pool of knowledge regarding Narcotic Addiction and effective means of treating it. Many theories have been put forward to explain the etiology and maintenance of drug addiction. Similarly, many different theories have been put forward regarding the type of treatment likely to be effective. In both cases the advocates of those ideas have often expounded them with considerable enthusiasm. However, there has been an almost complete lack of well planned and executed, rigorously controlled research to test the worth of these theories.

The net result is that those involved in the treatment of narcotic addiction are faced with the necessity of choosing between the older punitive approach to narcotic addiction, various treatment approaches such as Synanon and Teen Challenge, and such newer treatments as the community group, experiential group therapy, LSD therapy, behaviour therapy, etc. For none of these choices have objective tests of the effectiveness of treatment regimes been made. Nor have studies adequately distinguished between treatment effects and the effects of the unknown and uncontrolled variables. Thus, the treatment agency must choose either on the basis of faith or on the most tenuous of theoretical logic. Further, there is not enough well established information available about the factors which cause and maintain addiction to guide the treatment agency any great distance in the development of effective counter-measures.

It is hoped that the Pilot Treatment Unit will be able to play a part in helping to fill this void with well established and validated knowledge regarding narcotic addiction treatment and closely related concerns. The backbone of this endeavour will be a series of rigorously controlled treatment-research programs in which newly developed treatment regimes are scientifically tested and compared with more conventional regimes or with other standards specifically developed for comparative purposes. As a supplement to this, a number of related research projects will be carried out in order to more rapidly develop knowledge in areas likely to be particularly fruitful as sources of ideas for making treatment better and more predictable.

2. RESEARCH ACTIVITIES UNDERWAY

With the encouragement and co-operation of the Superintendents of both male and female satellites, preliminary research tasks got underway in January 1966, about two months before the Institution opened, and have continued ever since.

A. MISIIS Background Information and Measures of Change.

The first task undertaken was the development of a standard interview schedule for obtaining basic background information and behavioral and attitudinal measures on each inmate coming into the Institution. An eight section interview schedule called "Matsqui Institution Standard Inmate Intake Interview Schedule" (MISIIS) was completed in mid-February, was pretested on approximately 25 inmates, and on the basis of this experience was revised in May.

The MISIIS interview schedule provides standardized, highly structured, social background data necessary for selection and comparison of groups of subjects chosen for experimental and other research purposes, in a number of areas including the following:

- (1) Age, Birthplace, Citizenship, etc.
- (2) Social class of origin
- (3) No. of siblings, birth order, marital status, no. of children.
- (4) Ethnic group of origin
- (5) Education

The MISIIS also provides measures of the recent behavior of each inmate necessary for assessing change resulting from treatment. These measures provide complete quantitative histories for the two year period immediately preceding incarceration along the following three continua:

- (1) Percent of time gainfully and legally employed
- (2) Percent of time illegally employed
- (3) Frequency of drug use.

These measures are intended to be compared with identical measures taken at two year intervals following release in order to determine the magnitude of change occurring as a result of treatment.

In addition, the MISIIIS provides measures (again intended to be compared with subsequent identical measures at two year intervals after release) of certain other attitudinal and behavioral characteristics about which it is important to know the magnitude of change occurring after treatment. These include:

- (1) Religious attitudes and behavior
- (2) Alcohol consumption behavior
- (3) Spare time activities (this measure is still in the process of development)

It is anticipated that addicts who decrease their reliance on a heroin ingestion response may show increased activity in some of these areas.

Validation Procedures: For all measures, but especially for the MISIIIS behavioral measures which are obtained, ex post facto, from interviews with the subject, it will be necessary to demonstrate reliability and stability. Formulation of procedures for this purpose has begun and a considerable amount of the data needed for demonstrating reliability and stability has been collected. Temporally widely spaced, repeated measurements with the same subject have been obtained in a number of instances. In a few instances closely related measures have been obtained from other agencies for comparison. Unfortunately we have not yet had the time to perform a formal analysis of the data, and, in the case of some measures, to collect sufficient data. However, a cursory inspection of the data presently available seems to indicate that all measures but one are yielding sufficiently reliable and stable results.

This one exception is the measure of illegal employment where something like 30% of the subjects appear to prevaricate, apparently due to doubts about the confidentiality of research information and consequent fear of prosecution. A number of changes, including improved interviewing techniques and formal legal guarantees of confidentiality are being investigated as possible means of reducing the prevarication rate on this item.

Administration and Collection of MISIIIS Data:

With the assistance of two very capable student interns who were assigned to the Pilot Treatment Unit during the summer, the MISIIIS has now been administered to 148 male inmates and 16 female inmates. The average interview takes approximately an hour and requires roughly another 15 minutes for scoring after it is completed.

All female inmates co-operated in the interviews, a fact which may be related to the interviewers being male. Approximately 10% of the male inmates refused to be interviewed. It is hoped that, as interviewing techniques are improved and as we continue to gain the trust and confidence of the inmates, this refusal rate may be decreased. The addition of a female student interne might also help to reduce the male refusal rate.

B. General Opinion and Attitude Survey (GOAS):

During the month of June, permission from Ottawa was obtained to undertake a comparative study of the attitudes of delinquent addicts and of non-delinquent non-addicts of similar geographic and social class origins and similar ages. The purpose of the study is to identify those attitudes which distinguish addicts from non-addicts and which, possibly, play key roles in activating addicts' maladaptive behavior.

It was felt that identification of these attitudes would considerably improve treatment efficiency by enabling us to concentrate on changing those attitudes which are significantly related to rehabilitation and to refrain from wasting time and effort on those that are not.

This survey may enable us to sort out some of the chaff from the plethora of often conflicting theories about addiction. At the same time it will give us an opportunity to develop measures of attitude changes occurring during the course of treatment which will serve both as an indicator of progress and as a predictor of post-release behavior.

With the assistance of our two student internes, development of the necessary attitude scales proceeded during the summer. The questionnaire in which they were incorporated was "pretested" on a small sample of delinquent addicts and non-delinquent non-addicts in order to ascertain the adequacy of the scales and the interviewing techniques. On the basis of the "pre-test" experience, numerous minor revisions have now been made in the questionnaire and it is ready for administration to a rigorously drawn sample. This next exploratory phase of the research, utilizing a rigorous sampling design, is expected to go forward as soon as we can obtain a couple of student assistants to do the interviewing.

As a further step in this study, we will be administering the GOAS questionnaire to both Pilot Treatment Unit Experimental and Limited Control Groups of our forthcoming program. The questionnaire will be

administered once at the beginning of the program and again at the end of the program. Both absolute scores on the various scales and change in scale scores will be compared with various dimensions of post-release behavior. This will provide a test of the scales effectiveness as a measure of change and as a predictor of post-release behavior.

By way of commencing to move in the direction of developing convenient and sensitive indicators of individual attitude change, nearly all scale items have been constructed in the form of six or eight point forced choice items with the basic characteristics of ratio scales, i.e., with an absolute zero and guides for judging equal intervals. More refined versions to be developed later will probably all have eight, or possibly twelve, points with uniform spacing and numerical indices. For duplicating these future refinements of scales, which will require putting a great deal of writing into a small space on a piece of paper, it will be necessary to utilize a 16 letter to the inch "micro" typewriter.

A crude analysis of pretest results, which must be viewed with considerable caution because samples were not rigorously drawn, suggests that significant differences between delinquent and non-delinquent non-addicts will be found in attitudes towards a number of things including the following:

- (1) Vocational ambitions
- (2) Lack of self-confidence
- (3) Opposite sex uneasiness
- (4) Social rejection, resentment, persecution
- (5) Analgesic need
- (6) Deferred gratification of economic needs, pain relief, and sexual urges.
- (7) Religiosity
- (8) Social economic responsibility
- (9) Economic frustration, responses:
 - i Avoidance,
 - ii Destruction
 - iii Dependence
- (10) Approval of illicit economic activities
- (11) Pleasure value of responses:
 - i studying and reading for self-improvement
 - ii Participating in sports
 - iii Gambling
 - iv Playing non-athletic games (without gambling)

- v Working in paid employment
- vi Pursuing hobbies
- vii Experiencing alcohol, narcotics and Psychadelic drugs.

(12) Attitudes towards certain types of authorities, including the following:

- i Professional competence
- ii Administrative competence
- iii Elected political
- iv Legal punitive
 - v Popular delinquent
 - vi Popular political

It is interesting to note that in the pretest no differences were visible in attitudes towards other types of authority. Nor did differences always run in the directions expected. For example delinquent addicts were much more hostile towards popular delinquent authority than were non-delinquent non-addicts.

C. Predictors of Treatment Success:

In addition to GOAS, development has begun on three other predictors of post-release behavior.

One of these is a sociometric measure in which both staff and inmates make structured quantified predictions regarding post-release behavior.

Another is a day-to-day record of frequency with which inmates take aspirin and other analgesics while in the Pilot Treatment Unit. A moderate positive correlation has been found between inmates' analgesic consumption in the first three months of their stay in the Pilot Treatment Unit and their narcotic consumption in the two years previous to their present incarceration, even though their imprisonment began an average of about four years earlier. There is reason to believe that the attitudes of some of the inmates changed considerably since they began their sentences. We, will, therefore, be watching the post-release narcotic consumption with considerable interest to see if higher correlations with the last three months' analgesic use in the Pilot Treatment Unit are found.

We are also developing a system for sampling and recording on an unannounced changing schedule, the behavior in which inmates are engaged on a round-the-clock basis. It is expected that this, together with ratings of study and work performance, will help us to predict certain aspects of their post-release behavior.

In each case the measures from the treatment period in the Pilot Treatment Unit will later be correlated with post-release behavioral measures to be collected by the Institutional Research Officer when he comes on staff, or by student interviewing assistants.

D. Rigorously Controlled Treatment-Research:

During the past seven months we have been engaged in program development. Having now arrived, as a result of treating our first group of ten inmates, at a therapeutic regime which seems fairly adequate, we will be commencing a rigorously controlled treatment-research program as a way of testing its effectiveness.

The therapeutic program combines elements of intensified community living, group therapy and an arduous study program in which each inmate is expected to meet a difficult schedule of achievement. The backbone of the study program is the Basic Training for Skill Development (BTSD) a speeded up Grade 7 to 10 program of study in Math., Science and English designed to be completed in $4\frac{1}{2}$ to 6 months. It is expected that many personal inadequacies will come to light in the course of striving to meet this difficult schedule of study achievement. As they appear they will be fed back to the group therapy meetings with a view to having the group recognize deficiencies and provide direction and social pressure for altering personal inadequacies.

The group therapy process is closely related to that used by Bach.(6) It stresses mutual examination of attitudes and behavior and mutual exertion of pressure towards change. It relies on a balancing principle which we call "paired heterogeneity" as a source of energy for much of the therapeutic interaction which takes place between group members.

"Paired heterogeneity" involves selecting a diverse group, the members of which differ considerably in their characteristics. However, care is taken to see that there are always two people who are very much alike so they can depend on one another for emotional support.

Diversity makes possible the intolerance for neurosis and the push out of neurosis into normalcy which Bach (6) describes in his therapy groups. This happens apparently, because:

- (1) Each group member presents his own perceptions of things the group discusses. These individualized perceptions reflect each member's personal attitudes which, in turn, have developed as a result of his own total experiential background.

Exposure to many different perceptions of group concerns helps each member to gain insight into his own biased perceptions of things.

- (2) Each group member tends to exert pressure on others (mainly through granting or withholding of approving attention and application of disapproving attention) to behave in accordance with his own perceptions of normalcy. His perceptions of normalcy, like all his perceptions, reflect his personal attitude and, in turn, his total experiential background.

In a diverse group, the resultant of members' perceptions and the resultant of members' pressure on other group members to conform are likely to approximate the generally accepted norm of the larger society. Behavior demanded by the group is, therefore, likely to be adaptive to the larger society.

In our selection procedures, we invited volunteers and combined them into sets of four (rather than pairs) who were alike in their characteristics. This was done so that half of each set could be used for a control group which would undergo the regular treatment in the main institution.

Sets were made up on the basis of a sociometric measure in which inmates were asked for the names of other inmates most like them and most unlike them. From concentrations of sociometrically chosen "alikes", we screened out those whose narcotic use histories, employment histories, and ages differed substantially from the rest of the "alikes". Four sets of four inmates were chosen in this way before we ran out of "alikes" concentrations. Another set was made up of people who were named as "most unlike" themselves by a large number of inmates, the presumption being that their similarity in social rejection was based on similarity in other respects. Four inmates with similar narcotic use and employment histories and ages were retained in this set. Two more sets of four inmates were made up on the basis of similarity in narcotic and employment histories and ages.

Table 1 shows the central tendencies of the social and behavioral characteristics in each of the seven sets of four inmates in the final selection pool. Tables 2 through 6 compare the distribution of these characteristics amongst the seven sets of four inmates in the final selection pool with the distribution amongst all male addicts in Matsqui Institution and the B.C. Penitentiary.

(when not in confinement, during 2 year period immediately prior to beginning of present incarceration)

Set No.	Perceived Sociometric similarity	Mean monthly frequency of ALL narcotic drug use	Mean % of time gainfully & legally employed	Mean Age	Median social class of origin*	mean education (highest grade completed)
I	High mutual similarity	93	39	35	V	7
II	High mutual similarity	110	4	45	IV	7
III	High mutual similarity	47	58	34	V	8
IV	High mutual similarity	83	3	31	V	8
V	"most unlike" other inmates	73	1	34	IV	8
VI	neutral	4	78	33	V	9
VII	neutral	90	96	39	V	9

* Hollingshead two factor index of social position. (8) See Table 5 for approximate verbal equivalents.

Table 1: CENTRAL TENDENCIES OF SOCIAL & BEHAVIORAL CHARACTERISTICS OF THE SEVEN SETS OF 4 INMATES IN FINAL SELECTION POOL. (immediately prior to random assignment to PTU & Control groups)

	MEAN MONTHLY FREQUENCY OF ALL NARCOTIC DRUG USE *								
	0-1	2-10	11-20	21-40	41-70	71-100	101-130	131-160	161 & over
Seven sets of 4 in final selection pool	7%	7%	7%	10%	27%	13%	27%	0%	3%
All Matsqui & B.C. Pen addicts	15%	6%	7%	8%	15%	21%	18%	6%	5%

NOTE: % figures may not add up to 100 due to rounding.

* When not in confinement, during 2 year period immediately prior to beginning of present incarceration.

Table 2: MEAN MONTHLY FREQUENCY OF ALL NARCOTIC DRUG USE, COMPARATIVE DISTRIBUTION OF SEVEN SETS OF 4 INMATES IN FINAL SELECTION POOL AND ALL MATSQUI & B.C. PENITENTIARY MALE ADDICTS.

	% OF TIME GAINFULLY & LEGALLY EMPLOYED*					
	0-10	11-30	31-50	51-70	71-90	91-100
Seven sets of 4 in final selection pool	40%	3%	17%	10%	13%	17%
All Matsqui & B.C. Pen. addicts	39%	10%	13%	13%	6%	19%

* When not in confinement, during 2 year period immediately prior to beginning of present incarceration.

Table 3: PERCENT OF TIME GAINFULLY & LEGALLY EMPLOYED, COMPARATIVE DISTRIBUTION OF SEVEN SETS OF 4 INMATES IN FINAL SELECTION POOL AND ALL MATSQUI & B.C. PENITENTIARY MALE ADDICTS

	A G E								
	16-20	21-25	26-30	31-35	36-40	41-45	46-50	51-55	56 & over
Seven sets of 4 in final selection pool	0%	10%	10%	27%	17%	30%	3%	3%	0%
All Matsqui & B.C. Pen. addicts	1%	11%	24%	20%	16%	14%	11%	2%	2%

Note: % figures may not add up to 100 due to rounding.

Table 4: AGE, COMPARATIVE DISTRIBUTION OF SEVEN SETS OF 4 INMATES IN FINAL SELECTION POOL AND ALL MATSQUI & B.C. PENITENTIARY MALE ADDICTS.

	SOCIAL CLASS OF ORIGIN *					
	(upper)	(upper middle)	(middle)	(skilled trades)	(lower)	(institutional rearing)
	I	II	III	IV	V	0
Seven sets of 4 in final selection pool	3%	0%	3%	30%	53%	10%
All Matsqui & B.C. Pen. addicts	1%	1%	8%	36%	50%	5%

Note: % figures may not add up to 100 due to rounding.

* Hollingshead two factor index of social position.(8) Verbal designations are our own and are approximate only. Hollingshead does not make any provision for institutional rearing which we have designated class "0".

Table 5: SOCIAL CLASS OF ORIGIN, COMPARATIVE DISTRIBUTION OF SEVEN SETS OF 4 INMATES IN FINAL SELECTION POOL AND ALL MATSQUI & B.C. PENITENTIARY MALE ADDICTS.

	HIGHEST GRADE COMPLETED						
	0-6	7-9	10-11	12	(Senior matric or partial Univ.) 13-15	(Bachelors Degree) 16	(Graduate Degree) 17 & over
Seven sets of 4 in final selection pool	17%	73%	3%	3%	3%	0%	0%
All Matsqui & B.C. Pen. addicts	18%	63%	14%	3%	1%	0%	0%

Note: % figures may not add up to 100 due to rounding.

Table 6: EDUCATION, COMPARATIVE DISTRIBUTION OF SEVEN SETS OF 4 INMATES IN FINAL SELECTION POOL AND ALL MATSQUI & B.C. PENITENTIARY MALE ADDICTS.

With the aid of a die two inmates from each set of four were assigned to the Pilot Treatment Unit and two to the control group. This random assignment as a final step was undertaken in order to ensure that unknown, uncontrolled characteristics would be randomly and roughly equally distributed between the two groups.

Some of the methods of assignment to sets outlined above differ somewhat from those originally outlined in our " Proposed Selection Procedures" paper (7) on account of the small number of available inmates with certain desired characteristics.

The Pilot Treatment Unit group and the Limited Control Group are both to be released on parole around the end of July 1967. Through interviews conducted at one or two year periods after their release, by the research officer or by student assistants, their narcotics and employment behavior will be measured and used as indicators of the relative effectiveness of the two types of treatment.

Requests for student assistants at the beginning of the program in January have been made so that we may take frequent sample descriptions of the treatment situations and behavior of both Pilot Treatment Unit experimental and Limited Control Groups. This will help us to determine what factors have influenced the difference in effectiveness of treatment given the two groups. It is hoped that these observations, started at the commencement of the program in early January, can continue on a regular basis right through until the end of the program in late July.

We are also in the process of developing a set of interaction categories to be used for sample recordings of group therapy sessions in both the Pilot Treatment Unit and the main institution. This will not only help to describe differences in the two types of treatment, but will also help us to determine what sorts of interaction are therapeutically most useful and how these sorts of interaction can be most effectively stimulated by staff.

III FUTURE RESEARCH ACTIVITIES

Considerable thought has been given to future research activities. The following are among those which have been considered:

A. Development of Treatment Effectiveness Control Standards

The object of this would be to develop for research purposes a type of control treatment which was standardized and could be used again and again with control groups so that the effectiveness of experimental treatment performed at one time could be compared

with that performed at another time. That is, experimental treatment occurring at time one (XT_1) would be compared with standard control treatment occurring at time one (CT_1); and experimental treatment occurring at time two (XT_2) would be compared with standard control treatment occurring at time two (CT_2).

The ratio: $\frac{\frac{XT_1}{CT_1}}{\frac{XT_2}{CT_2}}$ will give us a comparison of the effectiveness

of the two experimental programs, (XT_1) and (XT_2) which were operated at different times. It is, in other words, an estimate of $\frac{XT_1}{XT_2}$ which controls for unknown variables applying at the time each treatment was conducted.

A suitable standard control program would have to meet three major criteria:

- (1) It will have to be generally acceptable to responsible penal and parole authorities.
- (2) It will have to be generally acceptable to the inmate population.
- (3) It should be practical to readily place addicts in such a program on a random basis from institutions and, if possible, from the courts, from outside agencies, and directly from the street.

Something along the lines of a minimally supervised probation or parole would probably be most suitable in all respects.

B. A Study of the Effectiveness of Parole.

Certain studies suggest that parole is quite an effective agent in the rehabilitation of inmates. This is suggested, for example, by George Vaillant (5).

But his research procedures did not control for the possibility that the better prospects may have

been selected for parole. Those associated with SNAP 1 and 2 also felt that the special parole supervision associated with these programs increased the good behavior of the subjects. Unfortunately, the program design did not incorporate selection and analytic procedures which would have made objective judgment possible. Ideally such a program should involve the simultaneous release of randomly selected experimental and control groups, the former to be under parole supervision and the latter unsupervised. Experimental and control groups of, say, ten to fifteen each, followed up for two to six years with behavior measures should provide some quite clear cut, objective answers about the effectiveness of parole. Ultimately it should be useful to experiment with similar controlled assessment procedures with different types of parole supervision.

C. Etiology of Addiction.

A logical follow-up to the GOAS study, when completed, would be a comparative study of delinquent addicts and non-delinquent non-addicts of similar social class and geographic origins and ages to determine the reinforcement conditions in their social histories which have created the differences in attitudes found. This might well be done with the same subjects used for the GOAS study but at a later date.

Identification of the reinforcement conditions establishing maladaptive attitudes and associated responses would make intelligent planning to prevent addiction possible.

SUMMARY

An attempt has been made to present some of the facets of the first seven-month developmental treatment program in the Pilot Treatment Unit at Matsqui Institution and to indicate the significance attached to such factors as parole and the integration of treatment and research orientations. Perhaps the main reason for writing a report at the completion of a seven-month program of this nature is to clarify in the minds of the treatment staff involved what progress was made and what mistakes occurred. How can we increase the former and lessen the latter? At this stage, no one involved has had the temerity to draw any very definite conclusions. The following points might better be classed as observations rather than conclusions:

1. The attempt to segregate the inmates involved in the program from the rest of the inmate body seemed to be of value. In the latter part of the program the majority of the inmates appeared to develop a non-delinquent orientation. This was facilitated by the absence of group pressure from a large group with a delinquent orientation.
2. Some progress was made in breaking down the "Inmate code" and replacing it with a healthier mutual concern for each others' problems. As with many of the other goals, it took much longer to achieve even this partial degree of success than had been anticipated. In the next program specific activities may be designed to accelerate the attainment of particular objectives.
3. The development of anxiety appears to be an integral part of a program of this nature and it is considered that in its absence change is unlikely to occur. This anxiety was frequently maintained at a high level for fairly long periods and, in predisposed individuals, this might precipitate a neurotic or psychotic reaction. Two instances of neurotic depression, one associated with a degree of emotional withdrawal, occurred during the program.
4. As stated earlier in the report, parole is regarded not only as a method of supervision but also as vital part of the continuing treatment program started in the institution.
5. It is much too early to attempt to draw any conclusions about the effect of the program on the future of the narcotic addict. However, it is not too early to make some comments about the potential of this type of program for handling institutionalized offenders.

As a result of the past seven months, there is little doubt in our minds that developing responsibility through group methods is a much more effective method of social control than the use of physical methods. Control based on the application of physical means is ascribed as coercive power, and coercive power, when used, has a propensity to alienate those subjected to it.

Because of the type of program, we began to realize such things as; involvement instead of alienation, trust instead of distrust and integration instead of disintegration. These are all important phenomena for without them, treatment is not likely to take place and staff are very likely to be engaged in the resolution of problems created by their opposites, alienation, distrust and disintegration.

REFERENCES

- (1) MAAS, J.P. "Cathexis Towards Significant Others by Sociopathic Women", Archives of General Psychiatry, XV (Nov. 1966)
- (2) ERICKSON, E.M. "Identity and the Life Cycle", Psychological Issues, I, No. I (1959)
- (3) SYKES, Gresham The Society of Captives. Princeton: Princeton University Press, 1958.
- CRESSEY, D.R. The Prison: Studies in Institutional Organization and Change. New York: Holt, Rinehart & Winston, 1961.
(ed)
- CLEMMER, Donald The Prison Community. New York: Holt, Rinehart & Winston, 1958.
- CLOWARD, R. A. Theoretical Studies in Social Organization of the Prison. New York: Social Science Research Council, 1960
(ed)
- (4) BERNE, Eric Games People Play. New York: Grove Press, Inc. 1964.
- (5) VAILLANT, G.E. "A Twelve Year Follow-up of Narcotic Addicts, the Relation of Treatment to Outcome", paper read at the 121st. annual meeting of the American Psychiatric Assoc. New York, May 3 to 7, 1965.
- (6) BACH, G .E. Intensive Group Psychotherapy. New York: Ronald Press, 1954.
- (7) MURPHY, B.C. Draft of proposed selection procedures for next Matsqui Pilot Treatment Unit Group, Matsqui 1966 (unpublished paper)
- (8) HOLLINGSHEAD, A.B. & REDLICH, F.C. Social Class and Mental Illness; New York, John Wiley, 1964, p.387-407.
- HOLLINGSHEAD, A.B. Two Factor Index of Social Position, New Haven August B. Hollingshead, 1957 (Available from the author, 1965 Yale Station, New Haven, Connecticut, at \$1.00)

SOL. GEN. CANADA LIB/BIBLIO



0000056193

Storage

HV 5841 .C2 A1

The pilot treatment unit : the first seven
month developmental program in the
treatment of the narcotic addict /

