Training the Substance Abuse Specialist

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IN "SELECTING THE SUBSTANCE Abuse Specialist" (Torres & Latta, 2000), we describe the various probation and parole officer typologies found in the literature and conclude that the authoritative traits needed to effectively supervise substance abusing offenders are most likely to be found in the law-enforcer, "make-him-do-it" style. The non-directive, social-worker approach, while well meaning, only reinforces manipulative, game-playing behavior in the substance abusing offender. Traits exhibited by substance abusers—such as impulsivity, sociopathy or psychopathy (a cluster of problematic and high risk traits), depression, low energy, egocentricity, low self-esteem, anxiety, and a low tolerance for frustration—in combination, do not readily respond to the disease model approach. Pathological lying, irresponsible behavior, lack of empathy, callousness, and willingness to become engaged in a diverse range of criminal behavior requires the firm style of an authoritative officer. Rettig (1977) perhaps best summarizes the substance abusing mentality in the autobiography, *Manny: A Criminal-Addict's Story*. In the book, Manny, while serving time at New York's infamous Sing Sing prison, comments on the "dope fiend mentality," when Raul, his closest friend in the "joint" inadvertently sets him up for a "hit." Manny says:

> "I should of known anyway. You see, Raul was a classic of the *dope fiend mentality*. Man, I can't tell you that too many times. You can't trust dope fiends…See, when you let down your defenses even for a minute.…I forgot that Raul was a dope fiend. For me Raul was a pal and a buddy in the joint…We hustled together and scored dope together. So, I let down my defenses and became really human toward the guy, and I got screwed… When you're a dope fiend there's no rules, no regulations, no system of buddy-buddy or friendship that counts…He thought like a dope fiend and the cardinal idea here is to hustle who you have to and get by, so long as you can keep scoring. Dope fiends are always conning each other…And the same thing that happened to me in the joint happens all the time in the streets. Don't ever trust any dope fiend; they'll turn on you every time for a five-dollar fix (Rettig, 1977, p. 88-90).

In view of the personality traits and behaviors exhibited by substance-abusing offenders, we have emphasized that the probation officer who is a substance abuse specialist should possess authoritative personality traits such as dominance, imposing demeanor, and decisiveness. These desirable authoritative traits were also differentiated from the less desirable authoritarian traits like harshness and a dictatorial attitude. Needless to say, excellent organizational skills are important in probation and parole generally, but even more so with a substance abuse caseload, due to its high level of activity. The probation or parole office seeking an effective supervision program to reduce the incidence of drug use and new criminal conduct will establish a definitive office philosophy and policy. Our approach in Los Angeles combines a high level of surveillance to monitor abstinence from drugs and alcohol with *a heavy reliance on community resources*, especially the therapeutic community modality of drug treatment. An effective strategy also depends on specialized drug caseloads. Once the appropriate officers are selected for the drug specialist position, relevant training must be provided.

Developing a Substance-Abuse Training Program

The Central District of California (CDC) has 20 years experience with the substance abuse specialist position. A series of articles in *Federal Probation* (Torres: 1996a, 1996b, 1997a, 1997b, 1998a, 1998b, 1999, & 2000) outlined in considerable detail the philosophy and strategy developed in the CDC for supervising substance-abusing offenders, using a rational choice model rather than the more common disease model perspective. Torres (1996a, p.22) reports:

> In summary, I conclude people have the ability to choose whether or not to continue their substance-abusing behavior, even while I acknowledge that disparate economic, social, psychological, and biological conditions place individuals at a higher or lower risk of substance abuse and criminality. For the probation officer, the most effective approach in supervising the substance-abusing offender is to set explicit limits, to inform the probationer/parolee of the consequences for noncompliance, and to be prepared to enforce the limits when and if violations occur. The preferred course of action for many, if not most, users is placement in a therapeutic community, with credible threats and coercion if necessary.

As senior U.S. probation officer (USPO) drug specialists began retiring, and in anticipation of further retirements, the chief U.S. probation officer (CUSPO) concluded that there was an urgent need for a substance abuse specialist development training program. In early 1999, the CUSPO selected a committee comprised of the deputy chief U.S. probation officer (DCUSPO), the two assistant chief deputy probation officers (ACDUSPO), the substance abuse coordinator (SAC), and the aftercare coordinator (AC), to develop a training program for officers interested in applying for this specialized position. It should be noted that the substance-abuse specialist position in the CDC has historically been a grade-13 position (the USPO journeyman position has been a grade 12). Therefore, it was anticipated that the prospect of promotion to a senior USPO position with an increase in pay would prove attractive to many line officers seeking the position, would provide a greater challenge, or both. Once the academic portion of the program had been established it was determined that the SAC would conduct and coordinate all phases of the training program and evaluation process. In April, 1999, the CUSPO distributed the following announcement to all officer staff in supervision services:

> Our office is introducing a substance abuse specialist development program to assist in filling vacancies and preparing for future openings. Any interested officer may apply. The program will include academic as well as practical experience. The practical experience involves direct individual assessment by a substance abuse team who will identify areas for development. Selected applicants will be required to work for a period of two to four months with a drug caseload at the branch office where the applicant is presently assigned. Level of proficiency will be evaluated. The number of applications received will aid in determining the selection process. Again, any officer with an interest should apply. Submit your name by April 28, 1999 (CDC, memorandum, April 21, 1999).

Within one week, 32 officers had indicated an interest in participating in the substance abuse specialist development program. The initial memo announcing the program was distributed on April 21st and the list of the 32 candidates was announced on April 29. A meeting to discuss the selection process occurred a week later on May 6, 1999, and the actual training commenced on June 9, 1999. The academic component of the development program occurred on consecutive Wednesdays at the Roybal Federal Building in downtown Los Angeles. Attendance at all sessions was mandatory for the participants.

Academic Component: Program Curriculum

As noted above, the development program was divided into academic and experiential/on-the-job training (OJT) components. The selection and training processes occurred simultaneously. In the OJT component, participating officers supervised a drug caseload for a three-month period. Prior to the first session of the academic component, all participating officers were provided with a copy of the classroom training schedule. All participants attended the academic component together during the month of June, 1999. However, the participants were divided into two separate groups for the experiential components and the participatory forums. Group one met in July through September, and group two met from October to December, 1999. Each participant received a packet of training materials along with the Federal Judicial Center's publication "Supervising Substance Abusers," participants manual, lesson plans, and self-study packet. The academic training component consisted of four modules and three "participatory forums" which are described below.

Module I: Central District Substance Abuse Philosophy

The primary purpose of this module was to present in detail the CDC's philosophy regarding substance abuse and supervising offenders. New USPO drug specialists must understand not only the policy of the district, but also the underlying rationale for our specific approach. This module also included a discussion of the ideal psychological orientation and temperament of the substance abuse specialist, and required organizational skills. This training module included a discussion of the following issues:

- Establishing a specific philosophy is often problematic because officers subscribe to differing philosophies and often hold fiercely to their positions.
- The approach/strategy utilized in the CDC has proven effective in deterring drug use and preventing new criminal conduct.
- Historical development of CDC's total abstinence approach. CDC struggled to find a balance between excessive disparity in handling drug aftercare violations and a rigid approach that allowed little discretion to consider individual circumstances.
- The roots of CDC policy in the Classical tradition of criminology.
- Disagreement with the popular notion that addiction is a disease.
- The legal perspective of the problem of illegal drug use.
- The protection of the community and the offender through a total abstinence approach, the CDC's primary goal as it relates to drug abuse.
- Implications for caseload management and casework implementation of the total abstinence approach, the offender is responsible for his/her drug use, CDC requires action on every incident of drug use, offenders are to be carefully structured regarding total abstinence expectations, and rapid detection through a sophisticated drug testing program.
- Review of Federal Judicial Center studies of aftercare programs.
- Probation officer styles as they relate to the philosophical orientation of the CDC.
- Knowledge and skills that are essential to the substance abuse specialist:
  - Handling confrontation effectively.
  - Treating offenders firmly, professionally, and with respect.
  - Identifying a wide range of sophisticated manipulations.
  - Setting limits and sticking by those limits.
  - Having strong organizational skills and the ability to set priorities.
  - Being diligent in field note recording.
  - Recognizing that drug caseload is like being on a treadmill.
  - Recognizing high potential for burnout.

- Realizing that colleagues will usually not be sympathetic to your workload because "that's why you get the big bucks."
- Recognizing that you will make a difference in the lives of *some* offenders but most long-term users will continue to use drugs.
- Acquiring a high degree of knowledge and awareness of community for substance abusing persons.

Module II: Interviewing/Structuring and Assessment

This module focused on interviewing, structuring, and assessing the substance-abusing offender. This session addressed dual diagnosis treatment modalities and initial referral strategies. As in the other modules, the training was conducted by substance abuse specialists with over 20 years of experience and included the following topics:

- Beliefs and philosophies about chemical dependency.
- Red flags of abuse.
- Risk issues and liability.
- Focus of the addict/alcoholic: "getting over" on the PO.
- List of substance abuser characteristics.
- Importance of consistency and meaning what you say.
- Testing for illegal and legal drugs.
- Collection of an offender's drug/alcohol history data.
- The drug aftercare case summary.
- Phases of testing.
- Specific gravity and stalls.
- The drug program intake interview.
- Consequences for drug aftercare violations (stalls, no-shows, positives, alcohol).
- Community Correctional Center versus therapeutic community placement.
- Importance of random drug testing.

Dual Diagnosis (DD) and the Substance-Abuser

- Definition and overview of the dual diagnosis disorder.
- Clinical data on DD.
- Severity of adjustment problems incurred by DD offenders.
- Identification and Evaluation.
- Federal Judicial Center Videotape: Substance Abuse and Mental Disorder Concurrent Illness.
- Treatment and Supervision Strategies.
- Assessing potential danger and crisis intervention.
- "Strengths approach:" Accentuate positive and establish support system.
- Addressing non-compliance: Incremental sanctions.
- Fairness, consistency, and availability.
- Offender perspective: Presentation by 53-year-old dual diagnosis offender discussing supervision and treatment interventions that have been effective.

Module III: Supervision of Substance Abusers, Problems, and Violations

The primary purpose of this module was to discuss specific issues in the supervision of substance abusers, unique problems, and the types of violations that a drug specialist can anticipate. Treatment modalities and referral strategies in response to a violation were also discussed by two senior USPO drug specialists. This module included:

- Re-examination of philosophical approach and differentiated between free-will and disease model of addiction.
- Examination of terms such as relapse, disease, caused, "crying for help," compassion.
- Confrontation versus enabling.
- Case studies for discussion: example of high risk cases.
- Job burnout versus job satisfaction.
- Primary goal of supervision: protection of community.
- Phases of substance abuse testing.
- Indicators or "red flags" that signal problems:
    - Physical signs.
    - Emotional/Psychological signs.
    - Social/Interpersonal signs.
    - Legal problems.
    - Supervision problems (stalls, late, no shows, diluted tests).
- The positive drug test: what does it mean?
- Characteristic responses by offender to the "dirty" test and probation officer response:
    - Lie or downplay extent of problem.
    - Mitigate or blame others.
    - Challenge drug testing methods or procedures.
    - Respond emotionally or angrily.
- Treatment intervention strategies: least restrictive to most restrictive.
- Treatment modality should fit the offender and the drug of abuse.
- Factors to consider in determining treatment or punishment.
- Immediate response is critical.
- 12-step programs: the 12 traditions of AA/NA
- Rational recovery program.
- Counseling: private versus contractual.
- Halfway-house participation.
- Combining treatment modalities as a response to violation.
- USPO responsibility to know programs available in community.
- Implementing court intervention in response to violation(s).
    - Court modification: should be clear and specific.
    - When modification is refused by offender, what does USPO do?
    - Citation or warrant decision.
- Case scenarios and recommendations.
- Dos and don'ts.
    - Don't assume an offender is clean

and sober because he or she has completed a drug testing program in another district or unit.

- Never advise an offender of a positive test in their home.
- Test suspended cases on a surprise basis.
- Don't negotiate on the collection date of any surprise test.
- Never negotiate sanctions with a violator.
- Don't tell an offender a warrant has been issued.
- Don't make idle threats. Say what you mean, and mean what you say.
- Don't allow an offender's personality to influence your decisions.
- Don't let an offender's praise influence your decisions.

Module IV: Substance Abuse Testing and Drug Trends

The segment on substance abuse testing and drug trends was presented by PharmChem laboratory staff and included the following issues:

- Drug testing procedures/specimen collection.
- Precautions against adulteration.
- Laboratory procedures
  - Emit screening.
  - Gas chromatography/mass spectrometry.
- Electronic results reporting.
- Quality control.
- Federal probation routine drug test panel.
- Adulteration testing.
- On-site testing—how does it work?
- PharmChem sweat patch & drug detection in sweat: How does it work?
- Patch versus urine: window of detection.
- Sweat patch: court challenges.
- Using non-instrumental hand-held testing devices.
  - Centralized laboratory.
  - On-site instrumentation based.
  - On-site non-instrument based.
  - Tips for using non-instrumental testing devices.

The above topics were presented during the academic component; however this outline does not reflect the considerable detail and elaboration outlined by each of the presenters. For example, PharmChem gave a detailed explanation of the sweat patch, as well as discussing who can't wear the patch. In addition, the presenters pointed out the advantages and disadvantages of the sweat patch versus urine drug testing. Non-instrumental hand-held testing devices were also covered in detail. At the beginning of the PharmChem presentation the participants submitted a list of questions, and these were addressed by the presenters throughout the day.

Participatory Forums

The experiential component of the substance abuse coordinator training included "participatory forums" in which USPOs-participants applied some of the information obtained from the academic component and also discussed problems and issues arising from their experiences in supervising a drug caseload. For example, in participatory forum number one, officers received training with forms that are used by the drug specialist. Later, the participants were divided into two groups with each group being required to present violation letters and recommendations that they had made. These were then discussed by the entire group.

Completing court letters on special drug aftercare violations and making recommendations promotes an understanding of the various treatment options and sanctions that a USPO has available. Types of drug aftercare violations were also discussed as part of this training exercise. In another exercise, the group was again divided to discuss the potential use of an initial interview checklist. An initial interview checklist is used by some officers to assure that they have adequately reviewed the major items. Officers may choose to use both a checklist and a supervision folder. It has been recognized by some officers that the initial interview covers an array of information, conditions, and instructions and, therefore, it is almost impossible for any one offender to absorb all that is covered. To address this initial interview information overload, some officers use the supervision folder, which contains the judgment and commitment order, conditions, district map, monthly supervision reports, USPO's business card, appointment and map to the aftercare agency, firearms restriction form, and a list of various community resources. The supervision folder is individualized and may contain more or less information depending on the officer. It is bound and given to the offender at the end of the initial interview. Officers all discussed what the checklist should include and what the folder should contain. Lastly, the first participatory forum addressed the issue of drug aftercare contract vendors and what types of problems might be encountered. Topics included prompt intake interviews and expeditious notification of positive test results and/or no shows.

The second participatory forum asked officers to differentiate between the complexity and problems associated with a drug versus a regular supervision caseload. The purpose of this exercise was to move to consider the scope and nuances of supervising a drug caseload and what it might mean to be a drug specialist for most of one's career. At the last participatory forum, USPOs discussed further the various forms that must be handled by the SAC. Other topics were Oral Fluid Testing Technologies and Sexually Transmitted Diseases. The participatory forum concluded with a discussion of a self-evaluation form that each USPO participant was required to complete at the end of the development training program.

Experiential Component: Supervising a Substance-Abuse Caseload for Three Months

Following the academic component of the development program, participants switched caseloads with the substance-abuse specialist in their units or were assigned active drug testing cases and obtained three months of first-hand experience supervising a substance abuse caseload. During this period, participant's caseload management was overseen by the substance-abuse specialist (if one was present in the particular branch office), the supervisor, and the SAC. To monitor the activities of the participants, a form was developed to be completed by the end of each month. The monthly statistics form compiled the number of activities and reports completed by each participant in the substance abuse specialist program. There were 10 types of activities and reports compiled for each participant. These

included the number of initial interviews conducted, summaries dictated, violations reports completed, court appearances, number of positive drug tests submitted, total number of cases being supervised, and the number of delinquent monthly reports. Item 11 on the form allowed the participant to include a comment(s) on any extraordinary activity which occurred during the period.

Supervisor Evaluation

At the conclusion of the experiential component, each supervisor was asked to rate the participate on a 1 to 10 scale, with 1 being poor and 10 being excellent. Supervisors were asked to evaluate the USPO on personal relations, professional skills (as related to supervising a drug caseload), caseload management, time management, and professional development.

Self-Evaluation

At the end of both the academic and experiential components of the development program, participants were required to complete a self-evaluation form and to detail what they had learned about personal relations, professional skills, caseload management, time management, and professional development, as related to being a substance-abuse specialist. Officers were asked whether, following the training, they were now prepared to assume a substance-abuse caseload assignment. If so, they were then asked to list their first three area office choices. Participants could also check off a box indicating they were interested in becoming a substance abuse specialist, "but not at this time" or to simply check that they were "no longer interested in becoming a substance abuse specialist."

Staff Support Evaluation

In most jurisdictions, support staff have little or no input in the evaluation and assessment of officer staff for promotion. However, a third level of evaluation was established wherein the clerical staff of each office contributed to the assessment of the drug specialist candidates and a specific form was developed for their evaluation rating and comments. Selected support staff evaluated the officer-participant on 12 items using a 5 point rating scale, with 5 being outstanding and 1 being below average. The dimensions evaluated were:

1. Participant is knowledgeable of office practices and procedures.
2. Participant is available and approachable.
3. Participant demonstrates "people skills."
4. I am able to express my opinion and feel heard by the participant.
5. Participant communicates directions clearly so I know what is expected of me.
6. Revisions of court letters are edited in such a manner that I can read and understand them without causing any delay in my work.
7. Participant responds in a timely manner to any questions I have regarding assignment of cases.
8. Participant treats me with respect.
9. Participant treats offenders with respect.
10. Participant gives me positive recognition and/or feedback.
11. Participant possesses a good sense of humor.
12. Participant models the character and work ethic he/she expects from others.

In addition to rating the participant along these 5 dimensions, an additional question was posed, "Would you choose to work in the same office with the participant?" Support staff responded to the question and then were asked to "please comment." At the bottom of the form was a blank space where support staff were to indicate the overall rating given to the participant.

Selection Process

At the end of the "substance abuse specialist development program," the participants were ranked by the substance abuse coordinator (SAC) with input from the aftercare coordinator (AC). Of the 32 initial applicants, 27 completed the development program. As part of the assessment process, the SAC sat in on initial interviews conducted by all 27 participants. The SAC then provided a written assessment and suggestions for improvement to each participant, participant's supervisor, and ADCUSPO. An attempt was made to observe a second initial interview to determine if each participant had improved and/or integrated the suggestions from the SAC's first assessment. Though time did not permit a second observation with all 27 participants, about three quarters of the participants did receive a second assessment. At the conclusion of the training program, the SAC and AC reviewed the various evaluation forms and conducted an initial ranking based on the SUSPO's rating forms. The second level of ranking incorporated the participants' self-evaluations and support staff assessments. In the third and final step of the ranking process the SAC, based on evaluation scores and assessment criteria, listed each participant from 1 to 27. This list was then presented to the chief U.S. probation officer (CUSPO). The SAC also assessed the need for a substance abuse specialist in each area office and identified vacancies.

Conclusion

Within one week of announcing and introducing a substance abuse specialist development program to assist in filling vacancies, 32 U.S. probation officers within the district had applied for the "development program." Once the list was established, the district moved expeditiously to commence the actual training program which was broken down into two separate components, academic and experiential. The academic component contained four all-day modules which included topics on the district's substance abuse philosophy, interview/structuring, assessment, dual diagnosis, supervising the substance abuser, problems/violations, as well as a presentation by the Pharmchem Laboratory on testing methodologies and drug trends. As part of the experiential component three "participatory forums" were conducted, which allowed the participants to integrate the concepts that were presented in the academic modules with their experiences from the OJT component. The SAC also identified the need for a substance abuse specialist in each office and identified vacancies.

The experiential or OJT component allowed each participant to have the actual experience of supervising this type of demanding caseload for three months. Each participant was required to maintain and submit monthly statistics on the activities which occurred. These included initial interviews conducted, number of case summaries dictated, violation reports completed, as well as court appearances and other miscellaneous activities.

At the end of the development program, considerable input on performance was obtained from supervisors, support staff and the substance abuse coordinator as well as a self-evaluation by the participants themselves. Based on these combined evaluations, the

substance abuse coordinator in consultation with other administrators developed a rank order list of the participants to submit to the chief probation officer for appointment and promotion.

At the writing of this article, the academic and experiential components had concluded and a list ranking of the participants had been submitted to the chief U.S. probation officer for his consideration. While it is still too early to determine if this development program will be effective in selecting officers appropriate for a substance-abuse caseload, we think that, at a minimum, we have established objective criteria and a process that ensures fairness. Furthermore, the classroom and OJT training components would seem to provide essential academic training by veteran drug specialists while also permitting the participants to supervise a drug caseload for three months. It is hoped that the development program will help us select drug specialists who possess a basic understanding of substance abuse issues and subscribe to the district's philosophical orientation. This should result in greater consistency in carrying out the district's strategy for supervising substance abuse offenders, which in turn will allow us to continue a practice that has been effective in reducing drug use and new criminal conduct in the substance-abusing offenders under our supervision. It is a strategy that we believe serves the best interest of the community we are obligated to protect as well as offenders who confront further legal and social consequences if they continue to use and abuse drugs and alcohol.

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