

Alcohol: Still the Forgotten Legal Drug

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IT HAS NOW BEEN over 20 years since my initial articles on alcohol addiction appeared in this journal (Read, 1987, 1988 & 1990). Disappointingly, and among far too many probation offices throughout the country, the conspiracy of silence on this drug continues, despite advances in research and the science of addiction, including its causes and treatment protocols. This need not be so. My hope is that the younger generation of community supervision workers will soon challenge this reality on alcohol, break the consequent silence, and start actively intervening for positive change.

In the late 1980s, I was a line officer busy with a full caseload and doing my best to hold offenders accountable to conditions of supervision *and* treatment expectations when necessary. This was before the crack and methamphetamine epidemics, before “enhanced supervision,” and before the get-tough policies our justice systems inevitably cycle through. We've since returned to recognizing the importance of mandated chemical dependency treatment (NIDA, 2007) but there is scant evidence we've done much better truly accepting alcohol's widespread and devastating effects. Many of us still forget or unintentionally downplay the role this legal but highly addictive drug plays in the lives of our offenders.¹

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Legal but Slippery

Here's a conversation between client and officer that we suspect does not occur with nearly enough frequency throughout the country's probation, parole, and community supervision offices. First, the probation officer works hard to create a trusting relationship with his or her client on supervision. In fact, just getting to the moment displayed below may have taken several different meetings over the course of several months. Then the officer takes the time to patiently break down the relapse, to examine and ask the necessary questions about what might have transpired before and after the event. Most relapses begin well before the actual drink or drug is consumed.

The officer gently probes (note it typically takes a lot longer than we have space here to illustrate) into the full historical and chronological setting that precipitated the relapse. Using skillful and empathic persistence, the probation officer makes an effort to parse out the entire relapse scenario from beginning to end. What were the specific triggers? What really happened? What, if anything, was *different* this time? *Start* with the assumption that alcohol was involved. Rule it out later if necessary.

Probation Officer: “Okay, I’m glad you trust me enough to admit the relapse.”

Offender: “Yeah, I got high. I hit the pipe again. Unbelievable.”

Probation Officer: “What happened? You’d been clean for several months, and doing so well.”

Offender: “I don’t know, man. It just happened, that’s all.”

Probation Officer: “It rarely ‘just happens,’ you know that.”

Offender: “Six months I had, six months clean, man.”

Probation Officer: “Okay, but what was different about that evening?”

Offender: “What do you mean, *different*?”

Probation Officer: “Well, you say you had six months clean, right?”

Offender: “Yeah, six months not using.”

Probation Officer: “What about alcohol; what about drinking that night?”

Offender: “I’m not a drinker. Really, straight up, I’m not. But I was with friends that night and *did have a beer or two* for the first time in months.”

He “did have a beer... or two.” Don’t stop there. Was it one beer or several? Make certain you understand exactly how much alcohol was consumed. Why? Not because amount defines addiction per se, but because it helps complete a factual picture. And good assessment demands accuracy. Beer manufacturers these days make many different types of beer, each with distinctly varying levels of alcohol. Ask specifically what brand of beer. Was it malt liquor (malt liquor has nearly 30 percent more alcohol content than regular beer)? How many ounces per can? Was it a 40 oz. malt liquor or a 12 oz. beer? Obviously there is a big difference.

Next, try to engage your client in a conversation about how his or her judgment may have been affected by consuming a few beers. Spend time on the nexus between a seemingly innocuous decision to have a drink, a beer, a glass of wine, or *anything containing alcohol* and what happens to the resolve to stay clean. Abstinence is abstinence. It’s not abstinence from illicit drugs. It’s abstinence from all mood-altering substances, including alcohol. This would be the time to discuss why it is so important to discontinue alcohol altogether, if one is serious about *staying* clean. Not only is it a powerful mood intoxicant, but it also seriously jeopardizes the offender’s ability to think in ways that support his or her self-interest.

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Moving Beyond the Distractions and Denial

We often unwittingly allow offenders to distract us from the realities of their addictions, particularly when it comes to alcohol. We overlook drinking time and again in our interviews and personal interactions with offenders. We do this by failing to take the precious minutes to either test for blood alcohol levels on the spot when faced with the appropriate window or to take the time to directly ask the follow-up questions designed to build a relationship with the

offender as well as formulate assessment.

Beverage alcohol is a legal and socially coveted drug in the United States. And the disease of alcoholism shows scant signs of easing its destructive impact. This should be (but unfortunately is not always) even more obvious to those of us serving our communities as probation and parole officers. However, the reality is that we find it far more comfortable to talk about the heroin, cocaine, or methamphetamine addict. Identifying out is much less difficult when it comes to the non-alcoholic “addict.” The less glaringly alcoholic client might be too close to home for some of us. Our personal feelings about alcohol, our experiences with family members, and even our own consumption patterns can pose significant distractions capable of sabotaging successful intervention efforts. Alcohol use and abuse is less *defined*, less black and white, and so we are less certain about it and what our message about it should be. Often because of these circumstances, we fail to bring it up at all, resulting in great risk and lost opportunity.

As but one example, I recently reviewed an officer's case notes prior to a routine consultation. As a matter of course I typically examine two key predictors of future adjustment: criminal history and substance use history. I noticed that this male offender (on supervised release for marijuana distribution) had at least two prior convictions for alcohol-related driving offenses, and one other alcohol-related re-arrest. Both were clearly delineated in the pre-sentence report. But there was no indication—either in the chronological record or upon my direct questioning afterwards—that the officer discussed present-day drinking patterns, family history, or any other alcohol-related matter. Many experts in the addictions field would maintain that simply having two prior alcohol-related convictions is *prima facie* evidence of alcohol dependence. Missing this as a potential criminogenic factor is more common than not in my observation as a supervisory officer over the years.

Remembering the Facts

The facts on alcohol and crime are sobering indeed. Normally accustomed to the litany of correlations between illicit drug dependency and crime and recidivism, I tried to focus exclusively on alcohol as the primary criminogenic element. Unfortunately, the general literature is biased toward the illegal or illicit drug canopy of correlates. That's to be expected, although we can hope that in time this too will begin to shift. But if you look closely you will see that the numbers exclusive to alcohol are indeed persuasive:

- Contrary to conventional wisdom, *alcohol* is tightly linked with more violent crimes than crack, cocaine, heroin, or *any*² other illegal drug (Califano, 2007 and CASA, 1998).
- In fact, *alcohol abuse* has been identified as a significant factor in 40 percent of violent crimes committed in the United States (Greenfield, 1998).
- Three out of four incidents of violence against spouses involved *alcohol use* by the offender; that's a rate of 75 percent (Greenfield, 1998).
- On an average day in 1996, an estimated 5.3 million convicted offenders were under the supervision of criminal justice authorities. Nearly 40 percent of these offenders, about two million, had been *using alcohol* at the time of the offense for which they were convicted (Greenfield, 1998).
- About six in 10 convicted jail inmates said they had been *drinking alcohol* on a regular basis during the year before the offense for which they were serving time. Nearly two out of three of these inmates reported having previously been in a treatment program for *alcohol dependency* (Greenfield, 1998).
- Two-thirds of victims who suffered violence by an intimate (a current or former spouse, boyfriend, or girlfriend) reported that *alcohol* had been a factor (Greenfield, 1998).

Addiction (including *alcohol abuse and dependency*) has been implicated in the crimes and incarceration of 80 percent of our men and women behind bars (Greenfield, 1998).

- Half (that's one of every two violators!) of probation and parole violators were under the influence of drugs, *alcohol, or both* when they committed their new offense (CASA, 1998, p. 45).
- Nearly one in three Americans abuse or become *dependent on alcohol* at some point in their lives and most never seek treatment (Hasin et al., 2007); keep in mind that this refers to the general population, not the documented higher rates among our criminal offenders.
- Alcohol use in offender population: Abstainers (1 percent); Non-problem drinkers (29 percent); *Problem drinkers* (70 percent) (Gorski, 1994).

Now, if we really and truly reflect on these statistics—supported by a foundation of respectable research protocol (e.g., Columbia University, Bureau of Justice Statistics)—we cannot help but be struck by the overwhelming influence alcohol has over our criminal justice population in nearly every single risk category. Just consider the numbers and percentages: for the most part, we're talking *well over 50 percent* in nearly every category. If that doesn't emphasize where we ought to be focusing our resources, time, and money, I'm not sure what does. Unfortunately, many of us remain comfortably steeped in our own denial. We see one offender after another in the office and in the field, but fail to discern (or confront!) the potential reality ethyl alcohol may be playing in their progressively destructive lifestyle and worsening recidivism.

Our sins of omission in this sense put at risk our offenders' lives and those of others who may become their unwitting victims along the way. We lose the teaching moment and/or the opportunity to effectively intervene. We miss our chance to execute our statutory duty to “improve offender circumstances” and reduce overall community risk. There is no escaping the fact that alcohol presents a devastating reality in most offender life experiences. Unfortunately, too many of us don't probe or pursue the uncomfortable questions. Sometimes we are legitimately too busy, some with caseloads approaching the hundreds. Most of us simply don't feel we have the time to thoroughly assess whether or not alcohol is a factor every time we have a suspicion. However, we must resist our temptation to overlook this drug if we expect to improve community supervision successes and reduce recidivism.

Few disagree that alcoholism's diagnostic hallmark is *progressive loss of control* (Ketcham, 2000). This means losing the ability to predict when and how much alcohol will be consumed on any one particular occasion. Contrary to popular belief, it is not the amount, the frequency, or the type of alcohol consumed that determines whether someone is in trouble with alcohol. Instead, it is what happens to that person when they do drink. Think, for example, about domestic violence. Anthony drank only periodically, but every single time he struck his wife, he was intoxicated. Not drunk necessarily, but certainly influenced by alcohol. Every time. He persistently drank against his best interests, arguably the hallmark of abuse and/or dependency.

Or take the offender referenced above in our introduction. It wasn't the amount of alcohol that became problematic. It wasn't the type of drink or frequency consumed. It was, however, all about what happened to that person's judgment when he did choose to drink. “Bob” doesn't drink every day, in fact he doesn't even drink every weekend, but when he does drink he argues with his wife in an ugly way. Almost always, in fact. “Mary” doesn't drink much when she does drink, and in fact she rarely drinks anything stronger than red wine. Nevertheless, she is unable to predict whether or not she'll drink herself straight into a blackout. Sometimes, yes; sometimes, no. It's quite frightening, because there is no predictable pattern.

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Supervision Do's and Don'ts

What is all too predictable is what we as probation officers *don't* do most of the time. We do not focus on alcohol with nearly enough frequency in most situations. We do consistently screen our “known” drug addicts, rarely overlooking placing them on random urinalysis schedules. Our labs run gallons of offender urine through the gauntlet of metabolic assays. A steady stream of illicit urinalysis results flow into our e-mail and tracking accounts. We confront offenders. We bust them. We urge them to seek help. We refer them to outpatient clinical groups and drug counseling. We recommend violation based on repeated signs of use. We insist on abstinence from illegal drugs. We counsel and cajole and warn about the dangers of methamphetamine, crack cocaine, and prescription pills. However, rarely do we mention alcohol, as it flies well below the radar screen of the typical probation officer lexicon.

We need to work to change this lopsided paradigm and to minimize our tendency (as a system and individually) to overlook optimum intervention or crisis points specific to the drug alcohol in the lives of our offenders. By doing so, we at least position ourselves in a place where personal revelation, growth, and/or behavioral transformation could actually begin. Here is a list of practical *Do's and Don'ts* for supervision officers determined to break the conspiracy of silence on alcohol.

- *Do always ask about alcohol use as a precursor to any illicit drug relapse scenario.* Just as we discussed above, whether or not drinking was in any way involved with an illicit drug relapse should always be one of the supervising officer's first questions. Be patient with your interview; it may take some time to elicit the truth. Emphasize the importance of both illicit drug and alcohol abstinence during the recovery process. Hopefully the community treatment programs with which you interact (and contract) are equally as stringent about the need for alcohol abstinence while clients are attending their sessions.
- *Do assume (then rule out if necessary) that alcohol is a prominent factor in any incident of domestic violence.* Remember the cold hard facts: 3 out of 4 incidents of domestic violence involve alcohol use. Your clients will undoubtedly minimize any drinking, especially during the early stages of the inquiry or follow-up investigation. Don't be distracted and don't be swayed by their initial explanation of circumstances and events, sometimes quite elaborate in scope, but typically completely devoid of any mention of alcohol. They are nervous and scared but also vulnerable. You must exploit this vulnerability by calmly and patiently listening. Choose the right moment to delicately intervene and help the offender come to terms with a deeper reality. Utilize this moment or crisis point to become a partner in making connections and helping identify circumstances where previous arguments, “accidental” assaults, and/or problematic relationships had alcohol at center stage.
- *Do make consistent use of breathalyzers and other alcohol detection devices* both in the office and the field. Use them randomly on offenders with alcohol and/or substance dependence treatment conditions. Use them consistently on others who end up in your office with alcohol on their breath, or as mentioned above, to report an incidence of domestic assault. Remember: preparing for a visit to a parole or probation officer by consuming alcohol to relax is not a responsible use of the drug and in fact may be an early sign of compulsion and loss of control. Most offices pour an abundance of resources and time, both in training and specimen collection, into *illicit drug* detection programs, often to the exclusion of what is often a far greater stumbling block to successful supervision: alcohol. If there is any doubt, utilize that breathalyzer. It's inexpensive and sends the right message.
- *Don't overlook the presentence investigation report* and the valuable historical information it and other case file records may contain about familial alcoholism and/or prior alcohol-related arrests, such as DUIs, DWIs, and misdemeanor disorderly conduct or destruction of property offenses, often masking alcohol as a precipitating factor. Ask the offender directly as well. The research hasn't changed over the years. Alcoholism tends to run in families. Sometimes it skips generations, so don't overlook questions about grandparents. Avoid open-ended questions about alcoholism in the family

generally; instead ask pointedly if either grandparent was in trouble with alcohol. Be specific and patient as you gather information. Your time will be well spent, both in terms of alcohol (or other drug) intelligence and bottom-line relationship formation.

- *Don't hesitate to petition the court for an alcohol abstinence condition* when necessary (see bullets below). We routinely take the time to recommend that judges (or parole boards) impose other special conditions or sentence modifications. Judges and magistrates impose halfway house confinement. They extend supervision terms, impose drug aftercare and mental health treatment conditions, and limit travel. Why is it so rare to approach the court and request a no alcohol condition—especially in those cases where we *know* alcohol is a potential risk factor? The following scenarios demand close attention in this regard and should lend themselves to consideration for an alcohol-related prohibition:
 - More than one conviction for an alcohol-related driving offense
 - Incidents of domestic violence in which alcohol is a factor
 - Client admission of alcohol dependence and/or abuse
 - Illicit drug use/relapse in which alcohol is determined to be a factor or precursor

Many jurisdictions proscribe alcohol use as a standard protocol of their supervision or if drug aftercare treatment is otherwise ordered by the sentencing authority. This makes the best sense, really, as we all know the unintended alcohol cross-tolerance that may develop while abstaining from illegal substances like heroin, cocaine, and/or methamphetamine.

- *Do consistently seek input from significant others* about your client's relationship to alcohol. Do this at every initial meeting or point at which you are introduced to significant others in their lives. Many officers are unnecessarily reluctant to venture into this area. Don't be. Be persistent and make certain your questions are answered. Ask questions in varying ways. For example: “How's John's drinking on the weekends?” “You say his drinking isn't ‘bad,’ but what does that mean specifically?” “Would your relationship be enhanced were he *not* consuming alcohol?” “How does John respond to your expressions of concern over his drinking?” Stay on point. You may be pleasantly surprised and/or rewarded with helpful diagnostic or assessment insight.
- *Do not believe everything an offender says about his or her relationship to alcohol.* Most of us accept this as true when it comes to illegal drugs, but similar barriers may exist with regard to alcohol, even though it is legal. The offender's first impulse, *always*, regardless of whether or not he or she is truly dependent, will be to minimize and obfuscate. Know this. Be patient. Accept it and move on, asking the follow-up questions you know come next.
- *Do take the time necessary to solicit a good drinking history.* Probation officers generally have no problem delving into an offender's history of illicit drug use. Why the reticence to explore alcohol consumption? Ask for specifics. By devoting time to alcohol in this way, we help telescope and reinforce the message that drinking is not something we are prone to minimize and that clients will not get a “free ride” as to their alcohol consumption while on supervision. Screening for alcohol abuse and/or dependence takes some time and patience, but it does not take years of study. Besides, what conceivable damage could result from an officer's premature or mistaken assessment that his or her client may be dependent on alcohol?

While a formal substance or alcohol assessment may lie beyond the purview of most line officers and should remain within the bailiwick of trained doctors, therapists, and addiction personnel, conducting a brief screening session is another matter entirely. Screening for alcohol abuse and/or dependence is not difficult. It only takes effort and a slice of time designed to encourage the client to look honestly at his or her drinking history.

Many federal probation officers throughout the country already utilize the Texas Christian University Drug Screen II (TCU); although in my experience some officers race through the questionnaire, it is available and fills a certain informational void if utilized to its fullest (Texas Christian University, 1999). Officers should take the full 20 minutes or so to generate a meaningful discussion with their offenders.

Another even easier and less time-consuming screening tool is known as the CAGE Questionnaire. In use now for well over two decades, it is in fact still one of the most widely used, informal and practical instruments out there (Ewing, 1984):

- **Control:** Have you ever felt the need to *control or cut down* your drinking or drugging? Have you made but then broken promises to yourself about cutting back or changing drinks, like switching from whiskey to beer, or drinking only on weekends? Focus on the key issue of control, the loss of which generally forms solid evidence of addiction or at least serious abuse.
- **Anger:** Have you ever felt annoyed or angry in response to criticism of your drinking? Avoid open-ended questions. Focus on their spouse, lovers, siblings, or children and what they might say about the client's drinking experiences. How do you feel when this significant person expresses concern? Have relatives ever commented? How did you feel?
- **Guilt:** Do you ever feel bad or the slightest bit guilty when it comes to your drinking (or drugging)? If you really think about it, would your quality of life improve without alcohol, without so much booze, or without drug use? Take the time to directly ask about blackouts, waking up ashamed about the evening before, spending excess money.
- **Eye-Opener:** Have you ever felt it necessary to start the day with a drink? Or to settle your morning hangover with a drink or two? This question is obviously designed to provide valuable insight as to the seriousness of someone's alcohol abuse, and whether or not the person may actually require inpatient detoxification due to the level of physical dependency.

Answering yes to any one of these four questions suggests that the offender is moving out of the experimental or early stage of use and warrants further assessment. The CAGE questionnaire is recommended as a broad-measured screening device. It is easy to remember and provides a very comfortable (if sensitively and carefully administered) framework within which to launch that longer conversation about where an offender is in his or her relationship with alcohol.

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Raising the Bottom: Thoughts on Coerced Treatment, Self-Help Group Alternatives, and Probation Officer Responsibility

We hear it all the time, both inside and outside probation offices: “You can't help the addict or alcoholic unless they want help.” This thought pattern forms the basis of what is probably the single most erroneous and damaging misconception about addictions treatment. Sit in any Alcoholics Anonymous (A.A.) or Narcotics Anonymous (N.A.) meeting and listen to the number of people who directly (and often with fondness) attribute their sobriety to someone or something outside of themselves that became the leverage point and “raised the bottom” for them. Think about most of our inpatient or residential drug treatment referrals. Do offenders willingly “volunteer” their interest in long-term care? Father Joseph Martin, a well-known priest devoted to helping alcoholics, once said so aptly, “You can lead a horse to water, but you can't make him drink—but you sure can hold him there long enough to make him thirsty.”

The erroneous thought is that unless someone is miraculously motivated (or “ready”) to seek help, he or she is destined for failure, regardless of outside effort or intervention. Unfortunately, this is the attitude that kills, literally. No one ever walks into an A.A., N.A., or self-help group

meeting without a sizeable footprint on his or her back, whether it be a spouse's, employer's, or even probation officer's (see below clarification of our changing role regarding 12-step group referrals given recent case law). Regardless of who or what actually compels the addict into a treatment or healing environment, the motivation for recovery begins in treatment, rarely before.

When I first wrote about officer utilization of A.A. and other 12-step self-help programs, we thought nothing of mandating offender participation (Read, 1996). Today, we must be slightly more circumspect when discussing self-help options with offenders for whom abstinence (and recovery) is a requirement. Instructing an offender to start attending A.A. (or N.A.) as a special condition of their supervision could in some jurisdictions yield constitutional law challenges. In fact, Assistant General Counsel for the Administrative Office of the United States Courts Joe Gergits (2008) writes recently, "In *Inouye*, the Ninth Circuit held that requiring a parolee to participate in A.A. violated the Establishment Clause of the First Amendment, and that the parole officer who required A.A. attendance did not enjoy qualified immunity from a civil suit filed pursuant to 42 U.S.C. Section 1983."

What is important is that an officer working with an addicted (alcohol and/or drugs) offender in treatment and/or actively engaging in the recovery process provide meaningful self-help group alternatives as complements to their treatment plans. A.A., with its religious underpinnings, is not the only self-help resource available. Utilize the Internet and research local addiction support services. Someone resistant to A.A. or N.A. can instead be referred to Moderation Management, Secular Organizations for Sobriety, SMART Recovery, or Women for Sobriety.

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Toward a New Probation Officer Manifesto on Alcohol

We need to move alcohol out of the closet and into our day-to-day intervention experiences. The bottom line is that we must begin "raising the bottom" for many of our offenders in trouble with drugs and/or alcohol. The therapeutic use of our court- or parole-sanctioned authority, in conjunction with our knowledge of the addictive process, should mean the lowering of offender pain thresholds, the creation of discomfort by insisting upon complete drug abstinence, non-acceptance of "controlled drinking," possible returns to court for violations, and even jail in some instances. Our actions may help catalyze in the addict's consciousness that decisive connection among an addict's continued use, his or her tenuous court or parole status, and his or her ultimate powerlessness over the substance.

An isolated intervention experience, no matter how powerful or sincere, rarely guarantees sustained recovery, as most of us know firsthand. Do not be discouraged that "repetition" is more likely the watchword: repetition of treatment experiences, repetition of court violations, repetition of probation officer interventions designed to help gain the offender's attention. That's simply the nature of addictive disease. And unless the officer becomes a true *presence* in the offender's life and persists in raising the bottom to the extent that he or she can, the officer will miss out on becoming a part of the offender's eventual recovering "story."

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A Pilot Survey Linking Personality, Leadership Style, and Leadership Success among Probation Directors in the U.S.

1. Founded in 1981, NAPE is a professional organization representing the chief executive officers of local, county, and state probation agencies, and has been substantially devoted to the issue of leadership and the challenges faced by probation administrators.
2. As described earlier, four leadership behavioral scales were defined as characteristic of transformational leadership (idealized influence: attributed and behavior, inspirational motivation, individual consideration, and intellectual stimulation). Three behavioral scales were identified as characteristic of transactional leadership (contingent reward, active management-by-exception, and passive management-by-exception). The last behavioral scale was described as non-leadership and non-management, also known as laissez-faire leadership.
3. The three subordinate outcome components factored together with an appropriate *eigenvalue* of 2.75—greater than 1.00 through a discontinuity test—and factor loadings all over 0.50, suggesting substantial loadings.
4. The fit of the model to the data was evaluated by the following four indices: χ^2 Ratio, RMSEA, CFI and TLI (Hair, Black, Anderson, & Tatham, 2006).
5. The χ^2 ratio test itself should not be considered as a best test of the model's absolute fit (Hair et al., 2006).
6. The assumption of normality, linearity and homoscedasticity was met. According to variance inflation factor (VIF) scores, no multicollinearity was found.

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Alcohol: Still the Forgotten Legal Drug

1. I will use “client” and “offender” interchangeably, out of deference to both sides of the ever-present law enforcement–social work chasm.
2. Emphasis added by author throughout.

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Messina, N., & Grella, C.E. (2006). Childhood trauma and women's health outcomes population. *American Journal of Public Health*, 96(10), 1842-1848.

Miller, J. B. (1976). *Toward a new psychology of women*. Boston: Beacon Press.

Peters, R. H., Strozier, A. L., Murrin, M. R., & Kearns, W. D. (1997). Treatment of substance-abusing jail inmates: Examination of gender differences. *Journal of Substance-Abuse Treatment*, 14, 339-349.

Platt, J., Buhninger, G., Kaplan, C., Brown, B., & Taube, D. (1988). The prospects and limitations of compulsory treatment for drug addiction [Special issue]. *Journal of Drug Issues*, 18(4),505-525.

Prendergast, M., Wellisch, J. & Falkin, G. (1995). Assessments of and services for substance-abusing women offenders in community and correctional settings. *Prison Journal*, 75, 240-256.

Salmon, R.W., & Salmon, R.J. (1983). The role of coercion in rehabilitation of drug abusers. *The International Journal of the Addictions*, 18(1), 9-21.

Stevens, S. J., & Glider, P. J. (1994). Therapeutic communities: Substance abuse treatment for women. In: F. M. Tims, G. DeLeon, & N. Jainchill (Eds.), *Therapeutic community: Advances in research and application* (NIDA Research Monograph, 144, pp. 162-180). Rockville, MD: National Institute on Drug Abuse.

Wellisch, J., Prendergast, M., Anglin, M. (1996). Needs assessment and services for drug-abusing women offenders: Results from a national survey of community based treatment programs. *Women and Criminal Justice*, 8(1), 27-60.

Wexler, H., Falkin, G., & Lipton, D. (1990). Outcome evaluation of a prison therapeutic community for substance abuse treatment. *Criminal Justice & Behavior*, 17(1), 71-92.

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A Pilot Survey Linking Personality, Leadership Style, and Leadership Success among Probation Directors in the U.S.

Arbuckle, J. L. & Wothke, W. (2006). *Amos 7.0 User's Guide*. Chicago: SPSS Inc.

Bass, B. M. (1985). *Leadership and Performance beyond Expectations*. New York: Free Press.

Bass, B. M. (1990). *Bass and Stogdhill's handbook of leadership: Theory, research, and managerial applications* (3rd Ed.). New York: Free Press.

Bass, B. M. & Avolio, B. J. (2004). *MLQ Multifactor Leadership Questionnaire*. Redwood City, CA, Mind Garden.

Beto, D. R. (2007, Winter). Correctional leadership: A return to the basics. *Executive Exchange*, 8-14.

Beto, D. R., Corbett, R. P., & DiIulio, J. J. (2000). Getting serious about probation and the crime problem. *Corrections Management Quarterly*, 4, 1-8.

Bono, J. E., & Judge, T. A. (2004). Personality and transformational and transactional leadership: A meta-analysis. *Journal of Applied Psychology*, 86, 901-910.

Bureau of Justice Statistics. (2008). *Probation and Parole in the United States, 2008*. Washington, D. C.: Office of Justice Programs of U.S. Department of Justice.

- Burn, J. M. (1978). *Leadership*. New York, Harper & Row.
- Carless, S. A. (1998). Assessing the discriminate validity of transformational leadership behavior as measured by the MLQ. *Journal of Occupational and Organizational Psychology*, 71, 353-358.
- Conger, J. A., & Kanungo, R. N. (1987). Toward a behavioral theory of charismatic leadership in organizational settings. *Academy of Management Review*, 12, 637-647.
- Costa, P. T. & McCrae, R. R. (1992). *Revised NEO Personality Inventory (NEO PI-R) and NEO Five-Factor Inventory (NEO FFI): Professional Manual*. Lutz, FL: Psychological Assessment Resources, Inc.
- Davis, J. A. (1971). *Elementary survey analysis*. Englewood Cliffs, NJ: Prentice-Hall Methods of Social Science.
- DiIulio, J. J. (1987). *Governing Prisons: A Comparative Study in Correctional Management*. New York: The Free Press.
- Dubinsky, A. J., Yammarino, F. J., Jolson, M. A., & Spangler, W. D. (1995). Transformational Leadership: An Initial Investigation in Sales Management. *Journal of Personal Selling and Sales Management*, 15, 17-32.
- Dumdum, U. R., Lowe, K. B., & Avolio, B. J. (2002). A meta-analysis of transformational and transactional leadership correlates of effectiveness and satisfaction: An update and extension. In B. J. Avolio & F. J. Yammarino (Eds.). *Transformational and charismatic leadership: The road ahead* (pp. 35-66). Amsterdam: JAI.
- Hair, J. F., Black, W. C., Babin, B. J., Anderson, R. L., & Tatham, R. L. (2006). *Multivariate data analysis* (6th Ed.). Upper Saddle River, NJ: Prentice-Hall Inc.
- Hardyman, P. L. (1992). Management styles in probation: Policy implications derived from systems theory. In C. A. Hartjen & E. E. Rhine (Eds.), *Correctional Theory and Practice* (pp. 61-81). Chicago: Nelson-Hall.
- Hogan, R., Curphy, G. J., & Hogan, J. (1994). What we know about leadership: Effectiveness and personality. *American Psychology*, 49, 469-477.
- House, R. J. & Aditya, R. N. (1997). The social scientific study of leadership: Quo vadis? *Journal of Management*, 23, 409-473.
- Howell, J. M., & Avolio, B. J. (1993). Transformational leadership, transactional leadership, locus of control, and support for innovation: Key predictors consolidated business-unit performance. *Journal of Applied Psychology*, 78, 891-902.
- Judge, T. A. & Bono, J. E. (2000). Five-factor model of personality and transformational leadership. *Journal of Applied Psychology*, 85, 751-765.
- Judge, T. A., Bono, J. E., Ilies, R., & Gerhardt, M. W. (2002). Personality and leadership: A qualitative and quantitative review. *Journal of Applied Psychology*, 87, 765-780.
- Judge, T. A. & Piccolo, R. F. (2004). Transformational and transactional leadership: A meta-analytic test of their relative validity. *Journal of Applied Psychology*, 89, 755-768.
- Kenny, D. A. & Zaccaro, S. J. (1983). An estimate of variance due to traits in leadership. *Journal of Applied Psychology*, 68, 678-685.
- Kirkpatrick, S. A. & Locke, E. A. (1991). Leadership: Do traits matter? *Academy of Management Executive*, 5, 48-60.
- Kotter, J. P. (1996). *Leading change*. Boston, MA: Harvard Business School Press.

- Lowe, K. B., Kroeck, K. G., & Sivasubramaniam, N. (1996). Effectiveness correlates of transformational and transactional leadership: A meta-analytic review of the MLQ literature. *Leadership Quarterly*, 7, 385-425.
- Maxfield, M., & Babbie, E. (2005). *Research methods for criminal justice and criminology* (4th Ed.). Belmont, CA: Thomson/Wadsworth Publishing.
- Medley, F. & Larochelle, D. R. (1995). Transformational leadership and job satisfaction, *Nursing Management*, 26, 64-69.
- Petersilia, J. (1997). Probation in the United States. In M. Tonry (Ed.), *Crime and Justice: A Review of Research* (pp. 149-200). Chicago, IL: University of Chicago Press.
- Reinventing Probation Council (2000). *Transforming Probation through Leadership: The "Broken Windows" Model*. New York: The Manhattan Institute.
- Silversthorne, C. (2001). Leadership effectiveness and personality: A cross-cultural evaluation. *Personality and individual differences*, 30, 303-309.
- Smith, M. A., & Canger, J. M. (2004). Effects of supervisor "Big Five" personality on subordinate attitudes. *Journal of Business and Psychology*, 18, 465-81.0.
- Wofford, J. C., Whittington, J. L., & Goodwin, V. L. (2001). Follower motive patterns as situational moderators for transformational leadership effectiveness. *Journal of Managerial Issues*, 9, 196-211.
- Yammarino, F. & Dubinsky, A. (1994). Transformational leadership theory: Using levels of analysis to determine boundary conditions. *Personal Psychology*, 47, 787-811.

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Alcohol: Still the Forgotten Legal Drug

- CASA (January 1998). Charles E. Culpeper Foundation/The Robert Wood Johnson Foundation. *Behind Bars: Substance Abuse and America's Prison Population*. With forward by Joseph A. Califano, Jr., Chairman, The National Center on Addiction and Substance Abuse at Columbia University (CASA), 8, 45.
- Califano, J.A. (2007) *High Society: How Substance Abuse Ravages America and What to Do About It*. New York, New York. Public Affairs (Perseus Books Group).
- Ewing, J.A. (1984). Detecting alcoholism, the CAGE Questionnaire, *Journal of the American Medical Association*, 252, 1905-1907.
- Gergits, J. (2008). Letter from Administrative Office of the United States Courts (AO) Assistant General Counsel to David L. Martin, Chief Pretrial Services Officer, United States District Court for the District of Arizona (dated 2/19/2008), on *Inouye v. Kemna*, 504 F.3d 705 (9th Cir. 2007).
- Gorski, Terrence T. (1994). *Relapse Prevention Therapy with Chemically Dependent Criminal Offenders: A Guide for Counselors, Therapists, and Criminal Justice Professionals*. Independence, Mo.: Herald House, 17.
- Greenfield, L.A. (1998). Alcohol and crime: An analysis of national data on the prevalence of alcohol involvement in crime. Prepared for the Assistant Attorney General's *National Symposium on Alcohol Abuse and Crime*, April 5–7, 1998, Washington, DC, 20, 5, 27.
- Hasin, Deborah S., Stinson, Frederick S., Ogburn, MS, and Grant, Bridget F. (2007). Prevalence, correlates, disability, and comorbidity of DSM-IV alcohol abuse and dependence in the United

States, *Arch Gen Psychiatry*, 64(7):830-842.

NIDA (September, 2007). *Principles of Drug Abuse Treatment for Criminal Justice Populations: A Research Based Guide*. National Institutes of Health, U.S. Department of Health and Human Services.

Read, E.M. (1987). The alcoholic, the probation officer, and AA: A viable team approach to supervision. *Federal Probation*, 51 (1).

Read, E.M. (1988). Identifying the alcoholic: A practical guide for the probation officer. *Federal Probation*, 52 (3).

Read, E.M. (1990). Twelve steps to sobriety: Probation officers working the program. *Federal Probation*, 54 (4).

Read, E.M. (1996). *Partners in Change: The 12-Step Referral Handbook for Probation, Parole, and Community Corrections*. Center City, MN; Lanham, MD; Hazelden and American Correctional Association.

Texas Christian University (1999). NIJ Grant 1999-MU-MU-K008, *Assessment of a Drug Screening Instrument*. See Institute of Behavioral Research, TCU Drug Screen II.

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