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A PROGRAM OF GROUP THERAPY WITH INCARCERATED NARCOTIC ADDICTS

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A group therapy program at the Cook County Jail in Chicago was initiated in December 1953 after an organizational meeting between narcotic program officials and the warden of the jail in November of that year. The initial approach in this program was to orient prospective patients to the Medical Counseling Clinics, out-patient clinics providing psychotherapy and casework therapy for the rehabilitation of narcotic users. This orientation program developed, by the very nature of the inmates' spontaneous responsiveness to the therapists, into what appeared to be true psychotherapy groups. This paper reports on the program extending from December 1953 through November 1954, and from May through October 1955.

The authors have located only one major report which describes the use of the group approach with narcotic addicts incarcerated in a penal institution. (1) Group therapy with addicts has been attempted on both a "narcotics anonymous" and a standard group psychotherapy basis, in both out-patient (2) and in-patient (3) (4) settings. But the in-patient has usually been in a hospital, which provides a considerably different kind of context than does incarceration in a County Jail.

PURPOSE OF THE GROUP THERAPY PROGRAM

One of the major goals of the program was a recruitment of prospective patients for the Medical Counseling Clinics which had indicated a need for increase in patient intake. The program combined the clinic orientation and psychotherapeutic approaches, and utilized a co-therapy technique.

As part of the clinic orientation aspect of the program, in the early sessions of the group meetings, the therapists described what the clinics were and why they were established and discussed

what readjustment resources they could offer to the motivated individual. On a more specific level, the therapists dealt indirectly with their own feelings about the etiology and dynamics of addiction, making some point of their empathy with the addict based upon previous experience with addicts at the clinic. The therapists communicated their awareness of the addict's real problems in terms of the reality that most addicts face "on the outside": poor job prospects, hostile attitudes of family and friends, and social pressures, in terms of the law or the police. Wherever appropriate, addict jargon was used. It should be noted that the appropriate use of argot by the therapists, in a natural, unforced manner, was apparently accepted by the group. The general feeling tone of the group was initially one of surprise that someone was sincerely interested in them.

As part of the therapeutic aspect of the project it was decided to deal directly with attitudes and feelings expressed by patients in the group. The initial goal of the therapists was relationship building, with an ultimate goal of limited level of interpretation. It was felt that this approach might result in sufficient growth in some patients such that an adequate non-institutional adjustment could be made, and that for other patients the "taste" of the therapeutic relationship might further induce them to seek out the clinics to continue the relationship or one like it.

DESCRIPTION OF THE POPULATION

Patients were selected for the therapy groups on the basis of the following criteria:

1. Age under 27 years.
2. Time on sentence left to serve: six (6) months or less.

3. Narcotics adjustment: either pre- or post-addicts or users of either heroin or marijuana.

These data were obtained from identification file cards used routinely in the County Jail; a group of nine men were selected for the first meeting in December 1953.

We wanted to be able to work with younger addicts whose addiction dated from no earlier than 1950, when the large upswing in addiction occurred, since this was the group the clinics had been established to study. It was felt that men with longer than six months of their sentence left to serve would not provide the clinics with an immediate enough answer to the need for increased intake. Also, it seemed that we could more quickly evaluate our progress with this pilot group if follow-ups could be done before the program became too firmly organized.

THERAPEUTIC APPROACH

At the initial meeting of the therapy group the voluntary nature of attendance was made clear to the men. It was pointed out that no one had to come a second time if he did not wish to do so, although all the patients in attendance at the initial group meeting were welcome to return and keep coming just as long as they wished. A clearly non-proselyting position was maintained. We indicated that we were interested only in men who wanted to quit narcotics use and indicated that those who wished to go back on the habit when they got out of jail were not our concern; we were not trying to talk them out of this. What we were interested in were the men who really wanted to quit. This "low pressure" approach seemed to help overcome some resistiveness on the part of some patients who were "borderline cases" (one of whom later made an excellent, non-narcotic post-institutional adjustment)—who were interested but resented being told that they had to change "or else".

When patients in the group were discharged additional patients were recruited via two main channels: subsequent names were drawn from the jail records and, more frequently, volunteers were added to the group after hearing about it from other members on their cell block. As a matter of fact, there was a waiting list of men who wished to enter the group.

DESCRIPTION OF THE GROUP MEETING

Perhaps a presentation of notes on the first session of a group of ten addicts, which took place

on May 2, 1955, would be the best means for describing what went on in meetings of other groups.

"The session opened with Mr. Shimberg giving introductory comments to the group. Dr. Rosenthal added some comments and although the group was initially unresponsive several issues were raised by the patients in the course of the hour. The Registration Law was discussed and the confidential character of the meetings and clinic records was also discussed. The patients were curious about the role of clinics in the community, especially with reference to their relationship to the law and to vocational opportunities. They expressed curiosity about the clinics in essentially two areas: (1) How do they work? and, (2) How many cures? One patient felt that he had no problems except those that are caused by using narcotics. Mr. Shimberg responded to this with the idea of looking for reasons why people use narcotics rather than looking for problems.

"Several of the patients participated during the hour. One patient had seen Mr. Johnson (social worker doing group therapy at Bridewell City Jail). Other patients were very responsive and participated actively. Two patients were noticeably unresponsive. One patient appears to be a bit bizarre. He wanted to know whether or not the group therapy program could be instrumental in getting a person released earlier than his regular release date, if it was felt that the prisoner could benefit by outside help from the clinic. This question was so far "out in left field" that its peculiar nature was observed and responded to by the other patients. It was felt that the question was more than just a reality testing device, by which most of the other patient-therapist interaction could be characterized; nor was it felt that the patient was being facetious. It was planned to watch this patient carefully for what might develop into a psychotic processes.

"Summary: This first session progressed better than might have been expected. None of the patients denied addiction status prior to arrest although the records indicated that some of the patients had presumably been off narcotics for some time. Although at first unresponsive, many patients interacted actively during the session and indicated directly that talking about their addiction made sense to them. None of the patients indicated that they did not wish to return for the second session. The nature of the patient-therapist

interactions were largely characterized by structuring and reality testing. The therapists attempted to structure the nature and function of the clinic and forthcoming group sessions. The patients tried to find out how they might benefit from contact with the clinic and/or the group program."

RATIONALE FOR THE PROGRAM

The work in the Cook County Jail by the Medical Counseling Clinic during the period December 1953 through November 1955 has strongly indicated the value of contact with narcotics users during their incarceration. The following factors provided by a jail setting have been considered:

1. A readily available, and at least minimally motivated group.
2. Absence of many important competing motives.
3. Realistic failure of adaptation pattern.
4. No physical withdrawal problems.

To some extent the men are a captive audience. In the overwhelming majority of cases it has been found that they are at least moderately motivated toward co-operating with this program that professes to be interested in their welfare. It is much less likely that this moderate degree of motivation would have been sufficient in most cases to propel them into the clinic if the group meetings had occurred on the "outside" when competing motives such as use of drugs and stealing in order to get money to purchase drugs were highly operant. It is also questionable as to whether many of the group members could have admitted the inadequacy of their life adjustment while still able to function freely within their addict group: in jail there is no denying, at least at an intellectual level, that somehow the individual's adaptive pattern had failed. A further advantage of jail contact is reflected in the fact that the men seen in the jail do not present the withdrawal problems so often encountered in a regular clinic setting; there is no realistic justification for the addict's frequent complaint that he would stop using drugs except for the pains of physical withdrawal.

The fact that the therapists are distinct from the "jailers", in that they neither play a disciplinary role nor can grant privileges or rewards, makes group psychotherapy in jail somewhat different from its application in a hospital setting in which the therapists may also play the role of the pa-

tients' ward physician. One of the more serious drawbacks of a jail program might possibly be the negative attitude of the jail staff, from the top administrative officials on down to the guards; fortunately such was not the case in this instance. We enjoyed considerable co-operation from the jail authorities and were most gratified by their willingness and eagerness to continue and expand the project.

Prior to the initiation of the first group in 1953, the jail administration expressed the attitude that most of the attendance at the group sessions would come from individuals who merely wished to kill time and break up the monotony of the jail routine. In the opinion of the therapists such was not the case; rather, the therapy groups as a whole appeared to be more meaningfully motivated with regard to the goals of the program.

The primary disadvantage of the contacts during the incarceration is the fact that the addict may build up his intellectual defenses while in jail, flexing his psychological muscles so to speak, but without the opportunity to test his achievements realistically. It is relatively easy for him to state that he will not go back to drug use when he gets out of jail, since there will be no immediate test of the validity of his assertion because there is no opportunity for him to use narcotics in jail. One of our basic problems was the fact that, after discharged, the patient normally returned to his old, usually pathological, social milieu.

RESULTS AND CONSIDERATIONS FOR FUTURE WORK

A brief review of the first year's experiences with these patients revealed the following:

1. Approximately fifteen (21 percent) of the seventy patients subsequently appeared at one of the three clinics. It should be noted that the number continuing in treatment was very low.
2. Therapeutic movement by the patients was observed during the year of group meetings.
3. As of December 1954, sixteen (23 percent) of those seen had been arrested subsequent to release from Jail. (Of this number three were patients who had also come into the clinics subsequent to their release from Jail.) This rate of recidivism was considered low by the Chicago Police Department, Bureau of Narcotics.

On the basis of the first year's pilot experiences in this program, the therapists felt that it demon-

strated its worth and its potential, and recommended its continuance.

During the period from May 1955 through October 1955 a group of 17 patients was seen for group psychotherapy. The approach was more intensive, still on a co-therapy basis. There were 17 recorded sessions. Over 60 percent of the group was seen six or more times; the range of number of sessions attended was one to 15 sessions. With the exception of one individual who attended 15 therapy sessions, the men constituted three separate groups; there was, of course, some overlap but basically three groups were seen. The same seven to nine men attended the first through 7th sessions; from the 8th to the 15th sessions were the same five to six patients in attendance; there were four patients in attendance through the 16th and 17th sessions, with three newcomers to this group seen only once or twice. During these 17 sessions six patients were "lost" for the following reasons: (1) Four men voluntarily dropped out of the program after attending six sessions after what they considered to be an unreasonable amount of criticism by the jail guard each time they attended the group. It may very well be that the group aroused hostile reactions on a defensive basis on the part of the jail guards, who have become somewhat anxious about these "chosen" individuals who were able to leave their tiers and come down and "talk with the doctor". It would be interesting to speculate on the real dynamics of why the patients dropped out, but adequate data are not really available. (2) One man was transferred to the hospital when he became ill. (3) One man was dropped from the group early in the course of therapy when the therapists recognized him to be behaving in an overtly psychotic manner, creating sufficient disturbance within the group to warrant his removal. There was no apparent negative reaction to this individual's removal, largely because the group members seemed to recognize the inappropriateness of his behavior. (See therapy notes presented earlier.) During all 17 recorded sessions there were no patients who missed the group sessions, with the exception of one occasion when an outdoor recreation program was instituted by the jail administration, and at that time only one patient failed to appear for the session.

An attempt was made to gather follow-up data on 17 patients with regard to (1) Subsequent attendance at the Medical Counseling Clinics, (2)

Subsequent arrests and convictions, both those involving and those not involving narcotics, (3) Post-institutional use of or abstinence from narcotics; and (4) overall current post-institutional adjustment of the patient. Letters were sent to the patients, making appointments for them to come into the clinic to see the therapists. Except for those individuals who had already voluntarily appeared at the clinics, no replies were had. One of the outstanding reasons for this was the fact that many of the patients had given incorrect or false addresses to the arresting authorities from whom the therapists obtained the mailing addresses. Thus, the therapists were unable to reach the patients. It is clear that in subsequent work we must be careful to obtain more exact and correct information if we wish to make followup studies, which will be necessary in order really to evaluate the effectiveness of the program. What the fake address problem connotes, dynamically, may be that we did not achieve their trust as well as we had believed.

The program has been expanded from one group conducted by co-therapists to several groups utilizing various group therapy techniques. It has been considered that the use of psychodrama might very well help overcome some of the lack of social reality testing, which is not available in the jail by the sheer factor of the patient's "being out of circulation." Adjunctive use of a psychodramatic approach might help provide some quasi-reality testing of the patient's presumed changed attitudes; that is, if the individual, with a group of other addicts, had the opportunity to act out how he says he would behave or respond to his group on the "outside", this might demonstrate the strength of the attitude change he verbalizes in the jail setting. Thus, such an adjunctive measure could provide a "feedback" for the group session.

It is the therapists' opinions that many patients seem to have been reached, at varying levels, such that at least two major effects probably occurred: (1) Some patients were helped to make a somewhat stronger effort to reach a level of adjustment in their social milieu which, if not completely drug free, was at a somewhat higher level of maturity than before; (2) Some patients may have been helped to move farther along in the direction of being able to accept subsequent therapeutic help, or at least be able to perceive themselves in a somewhat different manner than they had prior to their contact with the group therapy program.

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