Insights and Innovations in Community Mental Health

The Erich Lindemann Memorial Lectures

organized and edited by
The Erich Lindemann Memorial Lecture Committee

hosted by William James College

William James College

Foreward

The Erich Lindemann Memorial Lecture is a forum in which to address issues of community mental health, public health, and social policy. It is also a place to give a hearing to those working in these fields, and to encourage students and workers to pursue this perspective, even in times that do not emphasize the social and humane perspective. It's important that social and community psychiatry continue to be presented and encouraged to an audience increasingly unfamiliar with its origins and with Dr. Lindemann as a person. The lecturers and discussants have presented a wide range of clinical, policy, and historical topics that continue to have much to teach.

Here we make available lectures that were presented since 1988. They are still live issues that have not been solved or become less important. This teaches us the historical lesson that societal needs and problems are an existential part of the ongoing life of people, communities, and society. We adapt ways of coping with them that are more effective and more appropriate to changed circumstances—values, technology, and populations. The inisghts and suggested approaches are still appropriate and inspiring.

Another value of the Lectures is the process of addressing problems that they exemplify: A group agrees on the importance of an issue, seeks out those with experience, enthusiasm, and creativity, and brings them together to share their approaches and open themselves to cross-fertilization. This results in new ideas, approaches, and collaborations. It might be argued that this apparoach, characteristic of social psychiatry and community mental health, is more important for societal benefit than are specific new techniques.

We hope that readers will become interested, excited, and broadly educated.
For a listing of all the Erich Lindemann Memorial Lectures, please visit www.williamjames.edu/lindemann.

The Erich Lindemann Memorial Lecture Committee presents

THE NINTH ANNUAL
ERICH LINDEMANN MEMORIAL LECTURE

The Need for Alternative Treatment Strategies in the Criminal Justice System

Speaker

Judge Albert L. Kramer: Presiding Justice, Quincy District Court, Massachusetts**;** Adjunct Professsor, Florence Heller School for Advanced Studies in Social Welfare, Brandeis University

Moderator

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Judge Albert L. Kramer

Presiding Justice, Quincy District Court, Massachusetts; Adjunct Professsor, Florence Heller School for Advanced Studies in Social Welfare, Brandeis University

Let me now bring you a message that is far from one of glee and satisfaction: There is a very large gap between the criminal justice system, what it must do, and its utilization of mental health services and services of social agencies. How can it bring within its system the research and the known approaches that exist today into the treatment policies that are utilized by the courts? Let me lay out these challenges.

We have witnessed enormous changes in society and have begun to see the breakdown of the traditional nuclear family. If there are two parents in a family, both are working while the kids grow up. There is no stability in neighborhoods because of people's mobility. We see less extended families able to become involved with various other members. All this leads to insecurity in modern urban life, along with alcohol and drugs and all the other problems facing kids growing up.

This has led to the abandonment, for whatever reason, of family responsibility. In my view there have been two major institutions that have had to pick this up. One of them is the schools. If anyone thinks they are in the business of education, think again: that's a minor part of their function. They are in the business of teen-age pregnancy counseling, of spotting child abuse, of drug and alcohol counseling, of giving lunches to make up for nutrition which is not provided at home.

The second agency is the court. We used to think that courts were in the business of determining guilt and innocence; of settling civil disputes between parties. In our 72 community district courts that is a very minor part of our business. We are basically in the business of dealing with child abuse, all kinds of family dysfunction: spousal abuse, sexual abuse, alcoholism, truancy, commitment to mental hospitals, suicide. We are involved with how to turn around alcoholics. Fifty percent of all our crime, 65% of all our violent crime, 85% of domestic abuse is correlated with alcohol. Drunk driving cases comprise about 25% of our business. We have to develop policies on how to deal with these people coming before the court.

We don't try a lot of cases; ninety percent admit the guilt. Our problem is treatment: to develop policies of behavior modification or protection. How well are we going to do in this? In the past decade there has been enormous growth both in legislation and in the necessity of courts intervening in family life. Cases of domestic abuse alone, coming before our court, have gone from the hundreds to 16,000 cases. The growth of child abuse cases, including sexual abuse cases, is staggering. To show how far we've come, you have to look at it historically. In 1888 there was a famous case in New York of Mary

Jane, a young girl, who was being beaten in her home constantly. A group of settlement workers wanted to do something about that, but there was no law that permitted anyone to intervene in family life, which was private. The only way they got any help was to bring the child into court wrapped in a horse blanket, claiming there was a law against cruelty to animals and a human being is not less than an animal. Based on that argument, the judge intervened to remove the child and started a new protection agency movement.

If we look at ten to fifteen years ago, we see that there were no significant changes in this view of court intervention in families. Wife abuse cases occurred without any help: if you dared to go for a court report they did not issue any kind of petition of criminal charges but said it was a family matter. The right of chastisement–of a man to beat a woman–was always recognized. That has now changed, since the insistence of the women's liberation movement on women's rights.

Child abuse cases have flooded into the courts. Where are we in respect to these issues? How much thought has gone into it? I'm going to take you through four different instances.

One is dealing with runaways. There are very few kids who are missing. There are many absconded by people who don't know them. There are lots of social problems that kids run away from and then come back. The next challenge will be for the criminal justice system to work out ways with the mental health and social service systems to deal with these issues. "Runaways," truancy, not obeying the lawful command of the parent, used to be a delinquent act. In Massachusetts, as in many other states, such acts were decriminalized and the children are now treated as CHINS, "children in need of social services." If a child runs away, the courts hear the case, issue a warrant, arrest the kid, bring him back before the court and try to get the services through the State Deptartment of Social Services or through a mental health agency or sometimes take him out of the home into substitute or foster care.

Mediation is a growing approach, in which you bring child and parents together to negotiate. We'll impose a curfew. Or the child agrees not to have a knife in the hand because he swings it around, while the mother agrees not to hit the kid. What a wonderful concept that is!

There is a view when the parent brings the child in that the child is at fault. The parent brings the accusation that the kid has run away; and that is the presenting problem. Something is done to mediate. But if one takes a closer look at the research one sees that in 50% of these cases the child is running away because of sexual abuse or alcoholism. Yet the court doesn't look at these vital signs: is there sexual abuse at home, is there alcoholism, is there adolescent behavior which is troublesome because of the other problems? The children are forced back into the house as if they are at fault. And

so mediation takes place without looking at the underlying problems. We have not worked out any approaches that say wait! If you go to the hospital with a headache, they take your blood pressure, listen to your heart. They will always check those vital signs before dealing with the presenting complaint.

Again there's the area of sexual abuse of children. Once sexual abuse is reported, the court gets involved and decides how to protect the family, putting a lot of effort into due process and getting more involved with the kids and the parents. The Department of Social Services gets involved to try to find out if there is sexual abuse and what to do about it. First of all, there are so many cases that they can't all be tried. I've taken kids out of their homes temporarily on sexual abuse charges and never reached a trial in six months to a year on the basis of these temporary hearings. This is awkward.

Let's assume they come to trial. The first instinct of the court is to get the child out of the home, to protect the child. As many other judges and I followed our instincts and not the literature or the research or advice of agencies that know something about this, we became aware of what happened. These kids in court encounter the strong denial of the male partner: it might be a step-father or uncle at home or mother's boyfriend at home or it might be a biological parent. The mother also denies and abandons the kid. The rest of the family gets angry at the kid for having made accusations, or at least having shown signs which permitted the abuse to be discovered. The kid is treated like a villain and is isolated from the home; feels more guilty and pleads to come back to the family and resume that relationship.

Instead of taking the abused child out of the house, let the kid bond with some individual in the home. Begin to work at the mother to see the denial; and try to deal with the number of kinds of therapy that makes that possible. In spite of the fact that this is commonly known throughout your field it is not commonly known by judges or even the Department of Social Service, and many interventions do more damage than good.

When you get into the area of domestic abuse, we passed a very liberal law in Massachusetts and in all fifty of the states. A model was developed and it went through very quickly because of the pressure of the women's liberation movement. When the spouse–in most cases the woman, who had been beaten up–comes into court the judge can immediately vacate the abuser from the home and can issue a restraining order. That is wonderful intervention and an excellent law. Then we discover that the individual involved doesn't show up in the next five days to get a permanent order. The partners are back and forth in these abusing relationships and it will escalate. We know that the average homicide takes place in the home. If we think that legal intervention is going to be a permanent intervention in the relationship, the answer is no.

How do we know this? Because of the research we conduct in the Quincy courthouse. We have lot of good students from various colleges and chances to set up projects. We began to look at the domestic abuse victim population and study the literature. We found that 80% of the victims' abusers were alcoholics; 53% of the victims were grown-up children of alcoholics, many of whom had been victimized themselves by rape and other abuse. Such persons have lost much of their coping skill to deal with an abusive relationship and therefore have to be empowered in some way to either change the relationship or to get rid of it. We began to talk with these victims to get them into ALANON or other support groups to learn to have choices about changing the relationship.

Legal intervention does not do this, and no services in the law have provided this social intervention. As a legal system, we are not tying into the logic of discoveries or into the support services that can be developed. Incidentally, when I turn to existing services, they pop up without evaluation. For instance, we are going to provide sexual abuse counseling. We'll pick this model, or that model, or didn't that work in Santa Clara County in California? Programs spring up without the thought process, without checking it out. If you happen to be in the area, you refer them to whatever is available.

One of the greatest challenges you have in mental health is how to deal with rejected kids. We're sending them to local places, like a community mental health agency, to see a counselor for therapy. Therapy to different counselors means different things. We put them into counseling for the first time, only to have the counselors leave every two months. If I were to go to a therapist I would expect at least a two- or three-year relationship. We can't put kids intorelationships that can be cut short so quickly. We have to ask ourselves how we look at these institutional problems.

The last issue I want to bring up is alcoholism. I will talk about it in terms of the courts and deal with some of the myths that are involved, both in the courts and in the services system, i.e. the Department of Public Health.

First, we have to come to terms with the extent of alcoholism in this country. Ten percent of the population is alcoholic. The National Institute of Alcoholism and Drug Abuse indicates that we Americans drink about 2.8 gallons of pure ethanol a year. Translated, we drink about two drinks per person per day. Because one-third of us do not drink, it means the rest who do drink are drinking three drinks per person per day. That doesn't happen either, because we find the startling statistic that 10% of the population drinks 50% of all the alcohol purchased. This means that 18 million Americans are drinking eleven drinks every day of their lives. That's a lot of people who have very severe difficulties. While it is true that socioeconomic classes can dictate certain percentages, all classes are implicated. Some people drink at a club and have

eight or nine glasses of wine every night; some frequent the local tavern and it's a six pack of beer.

Alcoholism is not new; it was always an issue for the courts. The reason for the first Bobbies in England was to pick up the drunks on the street. Courts were always filled with drunks; they were put in jail. We didn't know where else to put them. Now we have decriminalized alcoholics and we put them in detoxification centers. We also have petitions to commit people who are chronic alcoholics and have lost their ability to function properly, both socially and economically. Drunk driving has become an issue of today -- one that I have become interested in.

In 1972, while I was serving as chief policy advisor to the Governor, we enacted legislation which was known as the national legislation model of the Alcoholic Action Safety Program. It stated if you were a first offender of drunk driving, your license was taken away for a year and the court put you in a two-hour-a-week program for eight weeks. The assumption was that after sixteen hours of being sensitized to the issue of drunk driving, you won't do it again; hence on graduating from this program we let you keep your license.

This program captured the imagination of all the states in the country. It's interesting to note that once something is started, it is very slow to die even when it is found to be not working. Two studies done by the U.S. Department of Transportation and one by the Office of the Budget in Washington found that there was no difference between those states which had adopted this and those that had not.

In the eleven years I have been in the courthouse, I have heard over 10,000 cases of drunk driving. I began to realize that we had based our law on the theory that first offenders were social drinkers. Let me describe the first offender situation I found when I got to the courthouse in 1979. It became apparent to me that these were not the social drinkers or law abiding people they were supposed to be. They had criminal records. They had been accused of domestic abuse. I began to do some reading. There were statistics that interested me. They showed that one had to be on the road between 200 and 2,000 times to be picked up once for drunk driving. This meant that one had to be on the road every night from one to five years to be picked up. There may be a lot of people who are out 18 or 20 times a year on a Saturday high. These are not the ones we would be picking up unless they are in a car making an enormous amount of noise. Statistics show you have to drive more than 5,000 miles impaired before there is a chance of getting in an accident or being arrested. That meant we couldn't be picking up the social drinkers who are out there. We must be picking up people who are constantly getting drunk, who have serious problems with alcohol.

We began to look at various things:

1) The Commission of Probation report shows that 61% of all drunk drivers have previous criminal records: breaking and entering, assault and battery, disorderly conduct.
2) Crimes generally are committed about midnight or 1:00 a.m. when the bars are closing.
3) The average breathalyzer test for first offenders is .16. This means that if one weighs about 185 pounds, one has had about ten drinks in an hour and a half. One wouldn't have the tolerance to do this unless one had been drinking alcohol quite a bit. As that level goes up, there are more signs of impurity, indicating more of an alcohol problem.

We started to test our conclusion. I contacted the most knowledgeable people in the field of alcoholism in the northeast: those who ran Spofford Hall in Milford, New Hampshire, a 28-day program; those who ran Edgehill in Newport, Rhode Island; those who ran Beach-hill. Mark Keller, a prolific writer on alcohol who was at Brandeis at the time and agreed to come. We put into effect an evaluation process according to which each of the three facilities, on receiving our offenders put them through all of the nationally validated tests for alcoholism. They also looked at the psychosocial history, the criminal record, and talked with significant others, some of whom told that the person had been drunk for years. Thirty percent had blackouts and morning drinking.

The evaluation came up with three categories: social drinker, early- to mid-stage alcoholic, and mid-stage- to late alcoholic. All three facilities, within a point or two, found that 78% had problem drinking which was divided between mid-stage and mid-stage-late. Only 22% were social drinkers. So, as you see, it is a myth to which we are applying four two-hour or eight two-hour education programs to change what turns out to be problem drinking. Just think how many times the arm must bend over a long period of years to get to that state; and for two hours a week for eight weeks you can change that kind of dependence? This program still exists today in most of the country.

At Quincy District Court we have worked out a different prescription, based on a study summed up by George Barnett in his book The Natural History of Alcoholism. He looked at 650 people (250 young people and 400 older people) who were followed through the Harvard Study for forty years. He found out how many became problem drinkers and where they went for treatment and then tried to see those who ultimately became abstinent. What were the common elements? He found four:

1) You have to have a substitute for their dependence: the Muslim religion, or a physical workout every day, or something that takes their time and their energies away from this alcohol-involved place.
2) They have to be reminded every day of the negative things that will occur if they drink.
3) You've got to give them support people.
4) Raise their self esteem and make them overcome the anger and guilt that is going to be in them.

Alcoholics Anonymous is the most cost-effective model and, I must say, the only model to do this.

What we decided to do if we evaluated you as a problem drinker was to compel you to go for 30 weeks or half a year to three monitored AA meetings each week. If you bring a family member who agrees to go to ALANON while you go to counseling, the program is reduced to twenty weeks. We deal with trying to change your behavior.

That should excite the people in the mental health field. How do you compel treatment? Isn't coerced treatment unworkable? It is very clear, from both the research and from our own studies, that you will do better in stopping dependence by compelling people to do so than if they come in voluntarily. I know it is an anti-therapeutic model for other kinds of problems, but not with dependency, which is difficult to overcome on a voluntary basis. It's all very well to say "Let's start going to Weight Watchers, let's stop smoking." But if the doctor says you're going to die unless you do it, if your wife says "I'll leave you unless you stop drinking," and your employer says you'll lose your job you will do better if you stay in treatment longer, because all the appropriate suggestions are there. I'm not equating this treatment with psychosocial therapy: maybe you have to come to that voluntarily. It doesn't mean because you're coerced into these programs that you'll necessarily internalize and change, but you will begin to stay in treatment. Our hope is that if you stay in treatment long enough you will internalize. There are all kinds of anecdotal examples that this has occurred.

A recent evaluation done on our insistence by the Massachusetts Division on Alcoholism compared 107 of the people in our program with 70 people in the eight-week program. After ten weeks, 46% of our people were abstinent vs. 15% in the Division's program. Of those who continued to drink, the alcohol intake by our group reduced by 59%, as against no reduction in theirs. With respect to those who remained in AA, 95% were in our group and 15 to18% in the other group. These figures are based on self-reports, hence they are not absolute, only a suggestion for further research. The recent study done by Reed shows that intensity and length of programs for problem drinkers

are the critical outcome factors. My hope is that we may soon be able to change the State's policy in this direction.

Our evaluation showed that our offenders need several different tracks. They don't all have to go to AA. Six percent are schizophrenics who need counseling in addition to alcohol counseling. Others need Antabuse. We have people with emotional problems who may be told to trade off on an AA meeting for counseling; others to join a support group if they have been abused. In all cases, we're talking about multiple periods with sufficient intensity and length to change this behavior. The same considerations apply to criminal offenders who are on probation and have a drinking problem.

There is a need and a challenge to bring together the fields into discussions like this, to talk about how the courts can begin to intervene in the enormous problem areas which are coming to them. It can be discouraging to look at this as something we have not done, but I am really an optimist. We make progress if one looks back over ten-year periods. I can't think of a better time or a better field in which to be involved–the need is so great. I think it was Hubert Humphrey who said that you can judge a society by how it takes care of its most vulnerable–those who dishonor the lives of kids, the elderly who need security and protection and independence as best as they can have it; those in the shadow of the light–people who are poor and powerless and down in their luck. Dr. Lindemann has provided us with a great example in this direction.

Discussion

Dr. Satin:

What do you see as the difference in attitude, perspective, between those who work with the law and those in the mental health professions? It's been said that mental health workers are very much aware of the fallibility, the misperceptions, the inefficient behavior of their clients; whereas those who work with the law start off with the assumption that everybody they deal with is a responsible, mature individual, doing what he wants to do for reasons that he has thought out and committed himself to. Hence you don't try to argue him out of it or change his mind, you deal with him for what he has done.

Judge Kramer:

It doesn't have to be an illness model. One judges the fact that individuals have deviant behavior, however that's defined within society. These terms are tough to define, even in mental health: Whether behavior is illness or not illness. Whether someone's actions are considered deviant depends on the way they are labeled by society or by people in a particular locality. But assuming we get past that difficulty and see certain

behavior as making the person unhappy or making it hard for him to exist with others, and wish to change it from the mental health point of view, there is no problem to solve about his actions–no wrong to right, no requirement to make some victim whole, no responsibility to make sure that a future victim isn't hurt. When you go into the courts, you have a different problem and a different goal: to redress moral or legal wrongs, however moral is defined in law. You offend someone–you make it up. We have to make sure you won't offend someone else. We must control the behavior. And even if we don't make you better, we have to make sure your actions do not hurt.

Take for example, sexual abuse, where the person is not just regressing but fixated in his growth, so that the prognosis for his changing his behavior is almost nil. One has to get into shock therapy and all kinds of methods to deal with this issue. We may have to consider incapacitating him in jail for long periods of time, simply because one of our roles is to protect people from what may be dangerous.

So we have to do other things besides rehabilitation. Rehabilitation is the easiest for us, because if we can change your behavior and protect society at the same time we can accomplish it while being of assistance to you. But it's dangerous to play the role of do-gooder–"We're going to do this for you." You've got to pay a penalty for what you do and satisfy us that we can protect the community. And if part of that is that you will go be rehabilitated and that satisfies us, we'll withhold the other penalties. We can change behavior by employing jail and other negative incentives. Whether they work in the long run is part of the problem: I don't believe they do. And from our point of view, we're prepared to let you into the health area, but the bottom line is that if you don't do that you're going to have to pay the price.