

Preliminary Report On The Implementation Of A Brief Cognitive-Behavioral Program For Probationers Arrested For Underage Drinking And Criminal Impersonation

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Behavioral Treatment Providers (BTP) of Nashville, TN provides a wide-range of private offender services for the Davidson County General Sessions Courts as well as for the State Criminal Courts based in Nashville. In early 2003 a local prosecutor, General Deb U. Smith, discussed an ongoing problem with Kenny Baker, and asked if he had any suggestions. The problem was that Davidson County was experiencing a steady flow of arrests for underage drinking and criminal impersonation (using a fake ID). While the prosecutor and the judge realized that the majority of those arrested for the offense did not have criminal personalities, they felt the need to directly address the offense with something other than a simple diversion procedure involving the successful completion of probation. Kenny Baker, in turn, spoke to Greg Little about the problem. After conducting background research, it was decided that a simple, four-session group approach utilizing cognitive-behavioral principles would suffice. A 16-page workbook, titled *Rules Are Made to be Followed*, was subsequently produced and shown to the prosecutor for comments. After a few minor modifications were made, the program was implemented on March 3, 2003. This report is a summary of results on the first 37 clients who entered the program.

Method

After assignment into the program by the courts, clients were briefed about the program in an orientation. The appropriate paperwork was signed and clients received a copy of the workbook with instructions to read the first session of the workbook and to complete the homework for that session prior to coming to their assigned group. Several rigidly enforced rules were implemented. These included the requirement that the 4-session program had to be completed within 5 weeks and that clients who showed up late would not be allowed to enter the group.

In addition, during the orientation, six different research tests were completed by each client. After the group session in which a particular client completed the program, the tests were retaken. The tests were all adapted from readily available government sources and were chosen for several reasons. First, each test was brief and copyright free. Secondly, each test appeared to measure a different characteristic, which our background research had identified as possibly important. Finally, we also wanted to establish the test-retest reliability of the tests as well norms for this population. The tests are as follows:

1. *The Michigan Alcohol Screening Test (MAST)*. The MAST ranges in scores from 0-25 with higher scores indicating more problems with alcohol. The recommended

cutoff score (indicating the need for treatment) is typically listed at 11 or 12 (Hurt, Morse, & Swenson, 1980).

2. *Social Consciousness Scale (SCS)*. The SCS is a 5-item Likert rating scale that measures perceptions of how behavior affects others. Scores range from 1-4 with higher scores indicating a greater sense of social consciousness (Dahlberg, L. L., Toal, S. B., & Behrens, C. B., 1998).

3. *Rosenberg Self-Esteem Inventory—Revised (RSE)*. The RSE is a 10-item questionnaire designed to assess feelings of self-worth, ability, satisfaction, and self-respect. Scores range from 0-30 with higher scores indicating higher levels of self-esteem (Dahlberg, L. L., Toal, S. B., & Behrens, C. B., 1998).

4. *Minimization Scale (MS)*. The MS is a 10-item questionnaire designed to measure the use of minimization as a coping strategy. Scores range from 0-10 with higher scores indicating greater use of minimizing (Dahlberg, L. L., Toal, S. B., & Behrens, C. B., 1998).

5. *Hopelessness Scale—Modified (HOPE)*. The HOPE is a 6-item questionnaire designed to assess negative future expectations—feelings of hopelessness. Scores range from 1-4 with lower scores indicating more hopelessness (Dahlberg, L. L., Toal, S. B., & Behrens, C. B., 1998).

6. *Perceived Benefit of Drinking Scale (PBDS)*. The PBDS is a simple 5-item yes/no questionnaire used to assess client's reasons for drinking. Scores range from 0-5 with higher scores indicating more reasons for drinking (Petchers & Singer, 1987).

Participants

Between March 3, 2003 and June 25, 2003, a total of 37 clients were referred into the program. Of those program entries, 94.6% ($n=35$) completed the program successfully. Of all participants, 66% were male with Whites comprising 94.3%. The remainder were Asian. The average age of clients was 19.4 years. The large majority of program participants were college students with virtually all of the remaining participants in the military or working. All 35 program completers completed all of the pretests and posttests.

Test-Retest Reliability & Inter-Test Correlations

Test-retest reliability was calculated via a series of correlations. All of the tests—with the exception of the Minimization Scale, showed significant reliability. The reliability correlations are as follows: MAST $r = .624$; SCS $r = .704$; RSE $r = .708$; MIN $r = .318$; HOPE $r = .589$; PBDS $r = .764$.

All test scores were correlated against each other. Numerous significant correlations, moderately high (ranging from $r = .69$ to $.33$), were found. In brief, The MAST showed

significantly negative correlations with the RSE and ROS and positive correlations with the MIN and HOPE. The RSE was also significantly negatively correlated with the MIN and HOPE.

Pre- And Posttest Results

Six *t*-tests for repeated measures were conducted to assess possible changes in mean scores on all the tests from the pretest to posttest. Results showed that two of these changes were significantly different: The pretest mean on the RSE was 24.17 while on the posttest the mean was 22.43 ($t_{34} = 2.64; p = .012$); The pretest mean on the HOPE was 1.98 while on the posttest the mean was 2.14 ($t_{34} = -2.26; p = .03$).

These results indicate that participants' perceived level of self-esteem significantly declined over the course of the program. In addition, participants perceived less negative expectations of the future after program participation. Both of these changes merit some discussion.

Discussion & Summary

The change in self-esteem scores would typically be viewed by educators as a negative one. However, high self-esteem has now been related to violence, lawbreaking, rule bending, and other negative behaviors. While the program participants are viewed by the criminal justice system as individuals who are lawbreakers and rule-benders, it is interesting to note that the participants typically entered the program with cocky attitudes. In fact, their program entry self-esteem scores averaged over 24 on a scale that only extends to a maximum of 30. Many of them were open about being smarter than the people who enforce the laws as well as the personnel who conducted groups for them. They expressed attitudes that the system was unfair and singled them out despite the "fact" that "everybody" does it. The program's format forced them to concede that they did in fact, break the law and that they tried to conceal it through the utilization of fake IDs—and got caught. Furthermore, it forced an examination of why the laws establish a drinking age and why fake IDs are a problem. The program attempted to impress upon them that what they did was criminal and could have several long-term negative consequences in areas of career and education. This realization, we believe, seemed to cause a more genuine look at themselves and resulted in what amounts to a 7.4% drop in their overall self-esteem. In sum, perhaps a more appropriate way to begin viewing the concept of self-esteem is that both extremes—high and low—are undesirable. What should be sought are realistic and reasonable levels of self-esteem.

The change in hopelessness from pre- to posttest was also desirable and probably understandable. While clients entered the program with cocky attitudes and expressed lack of concern about their charges—because "everybody does it"—one finding stands out in stark contrast to these minimizations. That is, 94.6% of all participants completed the program successfully. If the criminal charges were unimportant and trivial, as many of the clients expressed, why would so many

of them actually complete the program within the rigid constraints imposed on them? It would therefore seem that all of the participants, on one level or another, realized that completing the program was important. All of them knew that if they failed to complete the program they would be sent back to the court system for more severe consequences. The change in the hopelessness scores from the pretest to posttest indicates that clients had *less* negative expectations of their future. We suggest that the completion of the program—with the subsequent expunging of their criminal record for the arrest—resulted in feelings of hope and perceptions of more control of the future.

In summary, the initial implementation of this simple cognitive-behavioral program specifically designed to address a small but meaningful population—underage drinkers with charges for criminal impersonation—appears to be highly successful. The almost 95% completion rate is higher than we imagined and the test score changes over the course of treatment seem to indicate that some beneficial change occurred in participants.

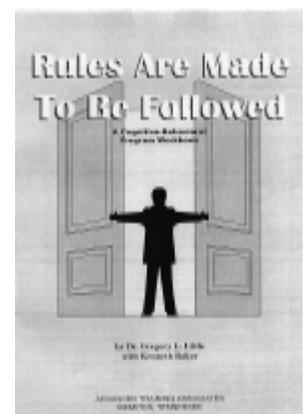
References

- Dahlberg, L. L., Toal, S. B., & Behrens, C. B. (Eds.) (1998). *Measuring Violence-Related Attitudes, Beliefs, and Behaviors Among Youths: A Compendium of Assessment Tools*. Atlanta: Center for Disease Control and Prevention.
- Hurt, R.D., Morse, R. M., & Swenson, W. M. (1980) Diagnosis of alcoholism with a self-administered alcoholism screening test. *Mayo Clinic Proceedings*, 55, 365-370.
- Petchers, M., & Singer, M. (1987) Perceived benefit of drinking scale: Approach to screening for adolescent alcohol use. *Journal of Pediatrics*, 110, 977-981.

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