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AN URBAN REHABILITATION CENTER
FOR JUVENILE DELINQUENTS
GREAT FALLS, MONTANA

Part I

Undergraduate Thesis in Architectural Design

By

Allen Olson

Produced for the purpose of expanding
my understanding of Architecture

March, 1970

NOR TO AVENGE ANY WRONG

Now am I veined by an eroding doubt,
Insidious as decay, with prison life.
Is love indeed the end and law of life,
When lush, grimacing hates so quickly sprout?
I thought in ignorance I had cast out
the sneaking devils of continuing strife,
But as the cancer thwarts the surgeon's knife
So does revenge my sword of reason flout.
But though hate rises in enfolding flame
At each renewed oppression, soon it dies;
It sinks as quickly as we saw it rise,
While love's small constant light burns still the same.
Know this: though love is weak and hate is strong,
Yet hate is short, and love is very long.

Kenneth Boulding [8]

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INTRODUCTION

Herein is a proposal for a pilot program for the rehabilitation of juvenile delinquents, a pilot program being defined as the introduction of a different approach for the purpose of evaluating the effectiveness of that approach.

The need for such a program and facility grew out of a study of the existing correctional situation and its relation to offender needs.

The following report investigates and evaluates the present system of correction and states its inadequacies. From the investigation and evaluation the beginning of a direction appeared. Experimental approaches based on this direction were investigated and evaluated to determine a more effective correctional procedure. The process led to the development of a rehabilitation program which in turn required a physical facilities program.

The rehabilitation program developed in this study is based on experimental sociological and psychological theories of correction, but is by no means considered the answer - only a direction for more effective rehabilitation.

Personal Statement

I feel the correctional system that exists in this country at present is ineffective because it does not meet its stated goal, that of correcting deviant behavior. The problem as I see it is: how do we make our correctional system truely correctional?

> Note! The subject of Juvenile Delinquency can be catagorized into three basic parts: legal processing, prevention, and treatment. This study will deal only with the aspect of treatment, recognizing at the same time that prevention is the only way by which this problem can be solved.

Approach

The approach I have chosen to follow in investigating this problem is basically to study the present system and its deficiencies. From this I wish to propose a new direction, a new direction being a different approach from the old which has proven more effective.

I have chosen to approach the problem in this manner because as stated above the present correctional system is ineffective, and therefore a new direction of approach must be found and developed.

This approach differs some what from the normal approach

of producing a facility for an arbitrarily stated need, but the problem requires a different approach if it is to be considered even an attempt at solving the problem. The reason I consider the normal approach inadequate for this problem is because it would result in the perpetuation of a pathetic situation. I have experienced such situations many times where an architectural solution that merely produced a physical facility based on an arbitrarily stated need resulted in creating more problems than it solved. The reason for this is that the arbitrarily stated need is based on past performance only and not on necessary developmental research. Examples verifying my point are abundant. One only has to be aware of his environment, i.e. the classroom and its relationship to significant learning, the city and its relationship to life and living, the prison and its relationship to correction and rehabilitation, in order to see the validity of it. The lack of correlation in all the above have been studied and researched extensively and the results verify the claimed lack of correlation. This study will deal with the last example mentioned - the prison and its relationship to correction and rehabilitation.

Note! The program I will propose in this study will be developed from experimental evidence.

Social Need (See following page.)

This study will deal with only a part of our correctional system, that part which deals with juveniles.

The juvenile correctional system created by our society has proven to be ineffective in attaining its goals; therefore, a need exists, a social need, the need to change that system and to make changes in the basic mode of operation so that new approaches and methods may be implemented more easily. To make changes the basic mode of operation is important if the problem is to be solved in our ever-changing world.

Proof of the present systems ineffectiveness can be shown by the following evidence.

Note! Ineffectiveness as used in this context refers to the inability of our correctional system to correct or rehabilitate. Correct and rehabilitate in turn refer to the ability of the institution to change the person in such a way that when released he will not return to a life of crime but become a useful menber of our society.

The facts and figures available on juvenile crime and correction verify the existence of a problem. The problem as stated before is the inability of our juvenile correctional institutions to rehabilitate. For example, on a national level one of every four criminal defendants is under eighteen and the recidivism rate among these defendants is appalling. Two thirds of the juveniles released from custody promptly turn to crime anew.

These figures are based on the figures used by former Justice Abe Fortas in his speech to the national Court Practice Institute in November of 1969. He based his figures on statistics from the crime reporting division of the Federal Bureau of Investigation. (1969)

Fortas goes on to state why the present system doesn't rehabilitate offenders and why two thirds of those released return to crime.

> "If there is a problem [in this case juvenile delinquency] we [American society] sweep it behind walls and say 'punish them'. Despite the fancy and fradulent words of 'treatment' and 'rehabilitation' that is what it is - ' punishment'. And after punishment, most of these juvenile offenders emerge as confirmed criminals with improved skills as burglars, sex offenders, dope addicts, and the like." (9; 1, 1969.)

The idea stated above is confirmed by many studies but the one by H. E. Barnes in "The Contemporary Prison" states it best.

> "Prisoners that want to get out and regain their freedom are subject to a prison staff which is consecrated to seeing to it that they do not realize this ceaseless and overpowering ambition. Prison life and administration is a perpetual cold war, which at times warms up notably, especially in the case of rioting. Prison industry, prison education and even the rehabilitative efforts of the treatment staffs which have been set up in the better prisons of today are all incidental to this perpetual cold war between restive inmates and their apprehensive and restraining captors. There are lesser conditions and issues which make it difficult to achieve the rehabilitation of inmates of prisons, but the caging compulsion of the jailing psychosis are the basis of the failure of the prison system." (10; 163, 1963)

A summary of the preceding material could be stated as follows: the figures stated two-thirds of the juvenile offenders return to crime after being released from custody which verifies the ineffectiveness of the system; the studies quoted state that a person cannot be rehabilitated when he is confined within a closed system, which shows why the system is ineffective.

A report by the President's commission on Law Enforcement and the Administration of Justice, "The Challenge of Crime in a Free Society", summarizes very well the results of studies which have been conducted on the correctional system, and in addition goes on to state the need for change and the consequences of not changing the ineffectiveness of the system:

> "For as it (the correctional system) is today, a substantial percentage of offenders become recidivists; they go on to commit more, and as Chapter 11 shows, often more serious crimes.
> For a great many offenders then, correction does not correct. Indeed experts are increasingly coming to feel that the conditions under which many offenders are handled, particularly in institutions, are often a positive detriment to rehabilitation." (11; 159, 1967)

The need for change and the consequences of not changing:

> ".....the ineffectiveness of the present system is not really a subject of controversy. The direction of change - toward the community, toward differential handling of offenders, toward a coherent organization of services - are supported by a combination of objective evidence and informed opinion.

> The costs of action are substantial, but the costs of inaction are immensely greater. Inaction would mean in effect that the nation (US) would continue to avoid rather than confront one of its most critical social problems: that it would accept for the next generation a huge, if not immeasurable burden of wasted and destructive lives. Decisive action, on the other hand, could make a difference that would really matter within our time." (11; 185, 1967)

To conclude this section on the Existing Situation I insert the following statement:

Our present juvenile correctional system is ineffective and in desperate need of change.

Approach

From the preceding material I will go into the development of a more effective program by investigating and evaluating successful experimental programs based on sociological and psychological theory.

Definition

To begin the process of developing an effective rehabilitation program it is necessary to define rehabilitation: The rehabilitation of an individual (juvenile delinquent) requires a means or method which will help that individual to choose attitudes and values so he may return to society, benefiting himself and society by finding a meaningful place.

History and Theory

The next step is the understanding of the present system; to develop this understanding it is necessary to state the basic history and theory of our present correctional system.

The basis of our present correctional apparatus is institutional confinement (imprisonment). This basic philosophy was developed from three assumptions. 1) Punitive sanction deters lawbreaking by making it painful rather than pleasant. 2) Offenders are given the opportunity to reflect in solitude their

mistakes and then mend their ways. 3) Offenders are prevented from committing further harm to society. The philosophy stated is evident today in the physical facilities of our present correctional system i.e. fortress-like compounds with stacks of barred cells. It is also evident in the activity schedules i.e. depersonalization procedures, and restricted communications.

This philosophy pertains to our correctional system as a whole which includes the juvenile correctional system. Although the physical facilities of the juvenile system are less forbidding, too often they emphasize in subtle ways that restraint is their primary purpose and treatment is a casual afterthought.

A complete study of the institutional programs based on the above philosophy was conducted by the President's Commission on Law Enforcement and the Administration of Justice in their report, "The Challenge of Crime in a Free Society". It revealed the following points:

1) The present system confines but does not rehabilitate.
2) Psychological treatment could be helpful and even necessary in some cases.
3) Proper occupational training could be helpful to rehabilitation.
4) Social and psychological reinforcement could be helpful.

The above points are very similar in many respects to a certain type of rehabilitation program called the treatment approach. This approach is based on the following goals: The psychological reconstitution of the individual through personality change, gratification and varied activities, with punishment very rarely. Attention is

paid to both individual and social controls, the aim being not only to help the individual resolve his personal problems, but also to prepare the individual for community life.

Comparative Study

A study comparing different types of juvenile correctional programs was conducted by Street, Vinder, and Perrow in a book entitled, Organization for Treatment. This study revealed the treatment approach mentioned above was more effective in rehabilitation than the other two general types, obedience/conformity, and re-education/development.

A general description of the above types mentioned follows.

Obedience/Conformity - Habits respect for authority, and training in conformity are emphasized. The technique is conditioning. Obedience/conformity maintains undifferentiated views of its inmates, emphasizes immediate accomodation to external controls, and utilizes high levels of staff domination with many negative sanctions. It is the most custodial type of juvenile institution presently found in the United States, for humanitarian pressures have eliminated the incarceration-deprivation institution as a viable emperical type.

Re-education/Development - Inmates are to be changed through training. Changes in attitude and values, acquisition of skills, the development of personal resources, and new social behaviors are sought. Compared to the obedience/conformity type, this type provides more gratification and maintains closer staff-inmate relations.

Treatment - The Treatment institution focuses on the psychological reconstitution of the individual. It seeks more thorough personality change than the other types. To this end it emphasizes gratification and varied activities, with punishments relatively few and seldom severe. In the individual treatment-varient considerable stress is placed on self-insight and two-person psychotheraputic practices. In the Milieu treatment-varient attention is paid to both individual and social controls, the aim being not only to help the inmate resolve his personal problems but also to prepare him for community life.

The above types cover the field of juvenile treatment completely.

The reason the treatment approach was determined to be more effective was because it was most effective in attaining the goals of rehabilitation. This is based on the theory that the beliefs and goals of the institution are the greatest determinants of effective rehabilitation and the most helpful beliefs and goals are emphasized in the treatment approach.

The above comparative study and the preceding points made in the report by the President's Commission lead to the conclusion that the treatment approach should be followed in the development of a juvenile rehabilitation program.

THE TREATMENT PROGRAM APPROACH

Concept

The Treatment Program focuses on the psychological reconstitution of the individual. It seeks more thorough personality change than the other types. To this end it emphasizes gratifications and varied activities, with punishments relatively few and seldom severe. In the individual treatment-variant considerable stress is placed on self-insight and two-person psychotherapeutic practices. In the milieu treatment-varient attention is paid to both individual and social controls, the aim being not only to help the inmate resolve his personal problems but also to prepare him for community living.

Characteristics

The following characteristics describe the basic criteria of a treatment approach.

1) The use of certain rehabilitation techniques based on sociological and psychological theories are necessary because humans are ends in themselves.
2) Humans have individual and unique characteristics which cause a wide variation of responses, therefore treatment must focus on the different behaviors, interests, orientations, and motives of all those involved.
3) The ability to accomodate the wide variety of specific approaches is necessary because of the ideas expressed in the above two characteristics (1, 2).
4) To accomodate the flexibility required by characteristic (3) the operational organization must be well defined. (Figure 1)

5) Ends sought, goals, and assessment of change must be developed and standarized so effectiveness can be determined and changes made if necessary.
6) A set of beliefs based on organizational goals and activities must be developed because they play a dominant role in organizing action, providing answers to the questions of behavior needs changing and why, how the behavior originated and how the change can be made. Therefore, the purpose of the organization should be made clear to all.
7) This approach and any similar approach is subject to social control. Therefore, there must be contact with the public, but not interference with the organizational structure itself because of the inappropriateness and diversity of public concepts.
8) The processes of socialization or resocialization must be developed, set, and emphasized.
9) The technology available from the behavioral sciences need to be applied by trained professionals.
10) Interaction and communication between the delinquent and society must be open and free. (Free movement.)

Organizational Structure

The organizational structure of the program is a dual department, a structure in which all individuals to be treated are integrated in one department where professional treatment personnel have responsibility and all business and maintenance activities are in a second department.

It is very important that a single department have control of the treatment program for the purpose of integrating all activities toward a single goal of rehabilitation and to place all responsibilities for treatment under professional personnel.

FIGURE 1

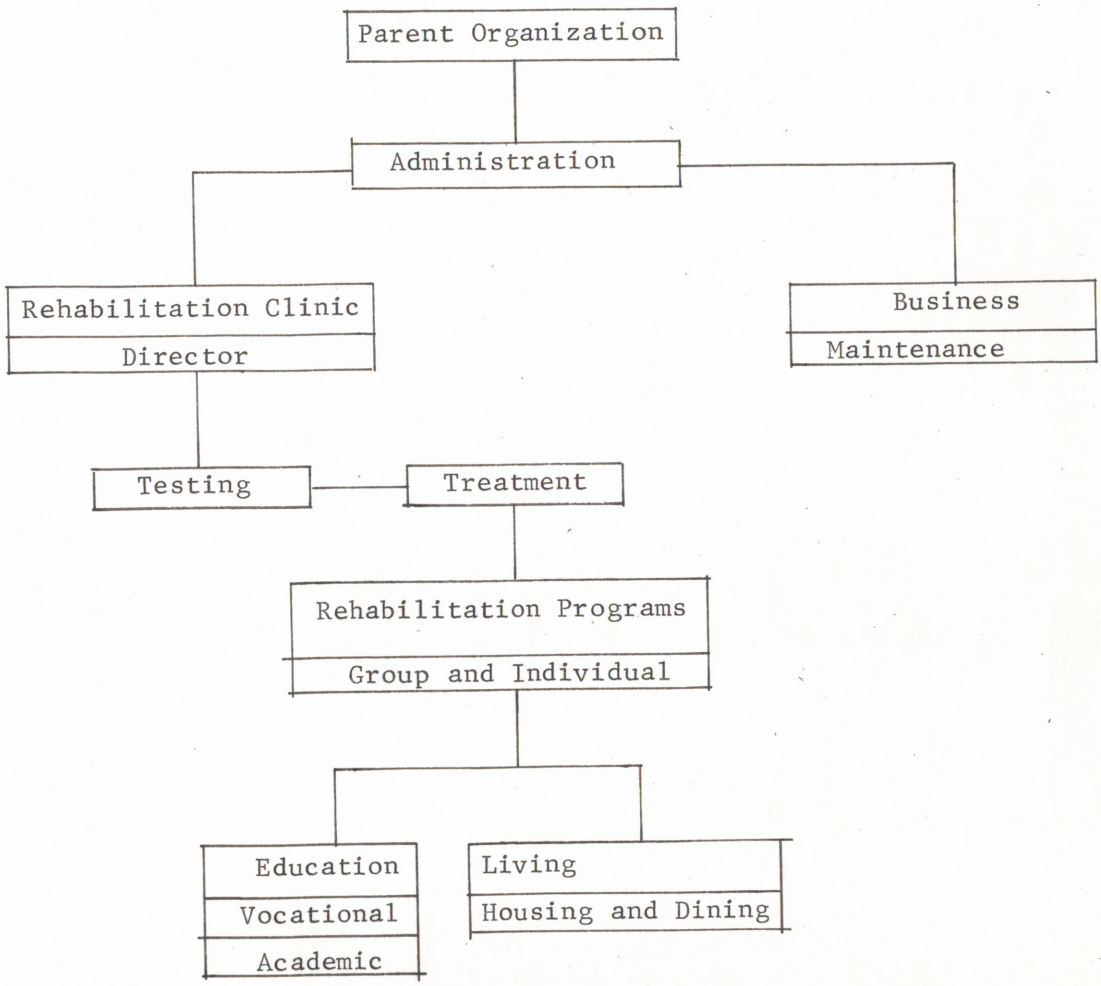


DIAGRAM OF ORGANIZATIONAL STRUCTURE

Proposed Directives

The following statement translates the preceding sections into program form which can be used to develop the rehabilitative program and the architectural program helping to facilitate that rehabilitative program.

Directives:

1) The residents should live, work and play together.
2) A program of treatment will be set up for each individual according to his particular need.

Expansion of this Directive:

There are many different causes for delinquency and therefore many different treatments. The following will indicate the different treatment programs by listing the criminal type (based on sociological-psychological theory) and the treatment program necessary to treat that criminal type.

CRIMINAL TYPE AND TREATMENT

a) Type - Semi-professional property offender

Treatment - Guided group interaction form of therapy in a group composed of other antisocial right guy offenders.

Goal - Modification of attitudes toward society

b) Type - Auto thief, joyrider

Treatment - Guided group interaction form of therapy in group composed of other anti-social right guy offenders and some social offenders.

Goal - Develop a self-image which is consistent with socially acceptable behavior.

c) Type - Naive check forger

Treatment - Client-centered individual therapy and some group therapy with other similar types.

Goal - Build up acceptable solutions as alternatives for the offender.

d) Type - Embezzler

Treatment - Informal individual therapy

Goal - To build up pro-social attitudes and self-image.

e) Type - Personal offender (one-time loser)

Treatment - Informal individual behavior therapy

Goal - To build up pro-social self-image and attitudes.

f) Type - Psychopathic assaultist

Treatment - Group treatment combined with intensive psychiatric counseling.

Goal - Develop a normal personality structure through re-socialization, loyalty attachments, role taking abilities.

g) Type - Violent sex offender

Treatment - Psychiatric therapy conducted by psychiatrist or psychologists.

Goal - Modification of bizarre sexual orientation.

h) Type - Non-violent sex offender

Treatment - Intensive psychiatric individual therapy combined with group treatment.

Goal - Modification of self-image.

i) Type - Addict

Treatment - Individual therapy to deal with personality problems along with guided group interaction to modify group-supported norms and attitudes.

Goal - Modification of anti-social attitudes and reduction of severe personality problems.

Note! The types listed are abbreviations of extensive typologies developed by criminologists.

3) The residents will live as nearly normal lives as possible. There will be no outward symbols of incarceration, force or control, and there will be no officers or guards.

4) The staff will consist of professional personnel trained in rehabilitation treatment. (Social work, clinical psychology, psychiatry)

5) A therapeutic climate will be established and maintained (Therapeutic climate being a feeling of love and hope)

6) Each individual will be thoroughly tested upon entering so the causes of his problem can be determined.

7) Education facilities will be provided which shall include academic as well as vocational training (the establishment of these facilities within the institution can be eliminated if a workable program is established with the community)

8) Recreational facilities will be provided within the institution.

9) The residents will be allowed to move between the institution and the community.

10) Use of certain functions of the institution will be common to both the community and the institution. (Recreational, assembly, etc.)

These directives suggest the following general description:

The individual (juvenile) is admitted to the center upon recommendation of the courts in consultation with the center staff.

Upon initial confirmation (preliminary testing and interviewing) the individual is submitted to a thorough testing process to determine his problems) and to set up a treatment program for him.

After the above is completed the individual is placed in a

living unit (12-15 persons).

A person needs to identify with an area (physical) and a group (significant others)

A person can relate best up to a group of 15 persons (maximum)
The living unit is the central element to the facility, because of the importance to the resident's life.

Combined with the living units are the treatment facilities.

The treatment programs set up for each individual requires private facilities.
The treatment programs are based on group and individual therapy sessions (individual - person to person, group 12-20 persons)

To relate the living and treatment area to the rest of the facility and the community an interaction area is necessary.

Human interaction is essential to rehabilitation.
Interaction between the staff and the residents of the center.
Interaction between the community and the center.
Interaction between the residents.
Interaction among all the above elements.

In relation to the above central facilities there are facilities that relate secondarily to the theme of the program - administration, education, and recreation.

The facilities just listed shall relate to the central (living) (treatment) through the interaction area.
The education facilities shall be located within the community but separated from the center, to promote interaction between the residents of the center and society.

PHYSICAL FACILITIES PROGRAM

Introduction

Factors

Concept

General Description

Basic Design Criteria

Basic Spatial Requirements

Operational Divisions

- Relationship

Specific Activity Areas

- Design Directives
- Relationship

INTRODUCTION

To accomodate the proposed program as stated in the preceding section it is necessary to develop a physical facilities program.

Its development is based on the elements that determine the rehabilitation program such as concept, characteristics, organizational structure, and directives which are stated and explained in Part II, "A Direction".

From these elements a physical facilities program has been developed. The physical facilities program is an interpretation of the rehabilitation program into physical requirements.

Factors - Statements abstracted from research.
(Parts I and II of this booklet)

1) Positive reinforcement is necessary and beneficial if a person is to change his attitude about society.

2) Association (interaction) with society and peers is necessary to rehabilitation (resocialization).

3) Any indication of confinement is detrimental to any attempt to rehabilitate (belief system).

4) Differential treatment is necessary because each individual's problem is unique and should be treated accordingly.

5) Rehabilitation requires change from within (behavioral change).

Concept - The formulation of research material into a general theme.

The treatment program approach focuses on the psychological reconstitution of the individual. It seeks to do this through personality change. To this end it emphasizes gratifications and varied activities, with punishments relatively few and seldom severe. In the individual treatment variant considerable stress is placed on self-insight and two-person psychotheraputic practices. In the Milieu (group) treatment variant attention is paid to both individual and social controls, the aim being not only to help the individual resolve his personal problems, but also to prepare him for community life.

General Description of the Center's Program
(A formulation of functional aspects of rehabilitation)

The individual (juvenile) is admitted to the center upon recommendation of the courts in consultation with the center staff.

Upon initial confirmation (preliminary testing and interviewing) the individual is submitted to a thorough testing process to determine his problems and to set up a treatment program for him.

After the above is completed the individual is placed in a living unit (12-15 persons).

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A person can relate best up to a group of 15 persons (maximum)

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To relate the living and treatment area to the rest of the community and the facility an interaction area is necessary.

Human interaction is essential to rehabilitation.

Interaction between the staff and the residents of the center.

Interaction between the community and the center.

Interaction between the residents.

Interaction among all the above elements.

In relation to the above central facilities there are facilities that relate secondarily to the theme of the program - administration, education, and recreation.

The facilities just listed shall relate to the central (living and treatment area) through the interaction area.

The education facilities shall be located within the community but separated from the center to promote interaction between the residents of the center and society.

Basic Design Criteria

1) The rehabilitation center facility shall be extremely flexible in order to accomodate the different programs of treatment.

2) The living environment shall be comfortable for living.

3) There shall be no penitentiary devices for the maintenance of custody - bars, walls, gates.

4) System and materials of construction should minimize the institution image. (Examples - brick, stone, concrete.)

5) Open relationship and connection to the community.

6) Living units should be flexible to personal needs.

7) The connection between the different parts of the facility should be open.

Basic Spatial Requirements

A. The Institution
   1. The institution shall provide room for 70-80 residents.
   2. Shall provide space for rehabilitation, recreation, living and education.
   3. Shall provide areas for community use.

B. The Living Area
   1. Each resident shall have his own private space (sleeping, studying, and thinking).
   2. Protection of private belongings shall be provided.
   3. Common lounge for 6 to 12 residents for relaxation, conversation and limited recreation.
   4. Common bathroom facilities for 6 to 12 residents.
   5. A common recreational facility for all residents indoor and outdoors.
   6. Dining informal and intimate.

7. Residential supervisor (clinical psychologist) shall be housed with the residents (one for each unit of 12 residents.)

8. Common dining area but divisible into grouping for identification.

9. Directly related to the rehabilitation center.

C. The Rehabilitation Area

1. The space shall be flexible for the purpose of accomodating different rehabilitation programs.

2. Direct relationship to living area.

3. The spatial needs of the different rehabilitation programs - the programs are listed in the expansion of directive No. 2.

Program a
Spatial need - accomodate 12-20 persons
Frequency - 3 times a week

Program b
Spatial need - accomodate 12-20 persons
Frequency - 3 times a week

Program c
Spatial need - Part I - accomodate 2 persons
Part II accomodate 12-20 persons
Frequency - 3 times a week

Program d
Spatial need - accomodate 2 persons
Frequency - once a week

Program e
Spatial need - accomodate 2 persons
Frequency - once a week

Program f
Spatial need - accomodate 12-25 persons and also 2 persons
Frequency - several times a week for both (3 times a week min.)

Program g
Spatial need - accomodate 12-20 persons
Frequency - 3 times a week

Program h
Spatial need - accomodate 12-25 persons and also 2 persons
Frequency - several times a week for both

Program i
Spatial need - accomodate 2 persons
Frequency - 3 times a week

D. The Administration and Testing Area

1. Space will be provided for the executive administrator and the clinical director (offices)

2. Space will be provided for staff conferences (development of programs)

3. Space will be provided for testing up to 6 individuals.

E. The Education Area

1. Space shall be provided by the community education system.

Basic Operational Divisions

Divisions

1. Administration
2. Testing
3. Treatment
4. Living
5. Recreation
6. Education

Description

1. Administration

The division from which the internal organization is operated and also from which the external factors are handled.

Internal Affairs pertains to business management, educational coordination, personnel coordination, program coordination, and maintenance.

External Affairs pertains to community relations, fund raising and community activity organization.

2. Testing

The division which has the responsibility of testing each new resident for the purpose of determining the problem and its causes and

developing a treatment program which will rehabilitate.

The testing is based on sociological testing and case study and psychological testing and interviews.

3. Treatment

The division in which the actual rehabilitation programs are carried out.

Individual psychiatric counseling, individual psychotherapy, and group psychotherapy are the general forms of treatment programs used in rehabilitation.

4. Living

The division in which living activities take place.

Sleeping, dining, interaction with peers and etc. are the activities to be accomodated.

This division is the most important part of the facility, because of the time spent in this area and the interaction which takes place it has a major effect on rehabilitation.

5. Recreation

This division is closely related to the above division (living) and is essential to accomodation of residents within the facility and it also plays a part in the rehabilitation program.

6. Education

The division in which academic and vocational education is organized and coordinated.

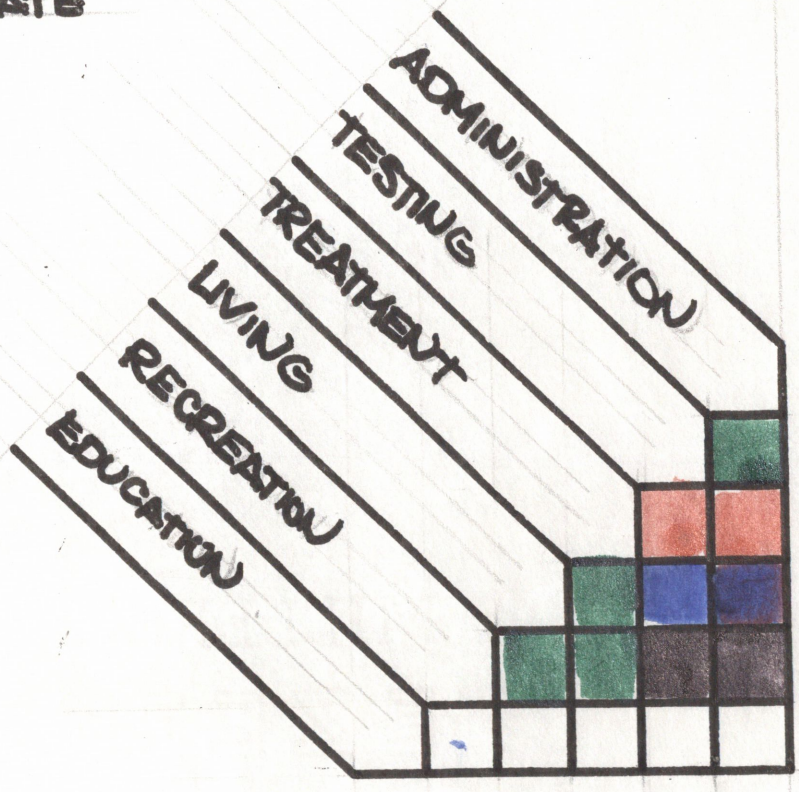
It is important that this division be located in the general community because of the importance of interaction between the residents and the community.

Both academic and vocational programs should be available.

RELATIONSHIP OF DIVISIONS

LEGEND

- DIRECT
- DESIREABLE
- NEUTRAL
- SEPERATE



Specific Activity Areas - The specific areas required under each operational division to carry out the activities of that division.

I. Administrative Division

Specific Areas

1) Administrative Director
2) Clinical (treatment) Director
3) Education Director
4) Business Director
5) Business Staff
6) Conference
7) Reception
8) Secretarial

1. Administrative Director

Activity Description - Space for the coordination of the internal organization plus the coordination of external affairs that affect the operation of the facility.

Equipment - Desk and chair
Storage files
Two lounge chairs

Characteristics & Directives - Location accessible to both the community and the center
Accessible to other members of the administration
Denote head position
Promote human contact (interaction)

2. Clinical Director

Activity Description - Space for the coordination of the testing, treatment, and living activities within the facility.

Equipment - Desk and chair
Storage files

Characteristics & Directives - Denote position of authority within the center
Accessible (communications wise) to the administration personnel, the testing personnel and the treatment personnel.
Atmosphere to promote open communication and understanding
Privacy and openness, open and closed

3. Education Director

Activity Description - Space for the coordination of academic and vocational education programs within the facility and in connection with the community educational facilities.

Equipment -
Desk and chair
Storage files
Lounge chair

Characteristics & Directives
Accessible to the administrative personnel
Close relationship to clinical director and treatment personnel, especially the counsellors.
Atmosphere conducive to communications (all levels)
Open and closed, privacy and openness

4. Business Director

Activity Description - Space for the conducting of financial matters, directing maintenance and upkeep and budgeting operations.

Equipment -
Desk and chair
Storage file
Lounge chair

Characteristics & Directives
Accessible to administrative personnel
Accessible to maintenance and operation personnel
Open communication between director and business staff
Promote communications at all levels (atmosphere and character)
Open, closed privacy - openness

5. Business Staff

Activity Description - Space for the actual handling of financial matters, accounting and recording.

Equipment -
2 Desks and chairs
1 Work counter
Storage files
Copy machine

Characteristics & Directives
Accessible to business director
Private atmosphere conducive to strictly office work
Accessible to maintenance and operations personnel

6. Conference

Activity Description - Space to accomodate a minimum of 12 persons in conference for the purposes of 1) coordinating administrative duties and policies, 2) coordinating administrative and treatment personnel and goals, 3) coordinating community and institutional goals, 4) and any other activities involving the administration in conference.

Equipment -
Conference Table to accomodate 12 persons
Audio-visual equipment - screen, projection stand
Chairs - 12-15
Blackboard, tackboard

Characteristics & Directives
Atmosphere or feeling of common ground for all administrative personnel
Promote an all-channel communications network conducive to openness through spatial arrangement and furniture arrangement

7. Reception and Secretarial

Activity Description - Space for the handling of visitors and business associates in addition to general secretarial work for the administrative head and the various department directors.

Equipment -
Lounge furniture to handle 15 persons
4 couches
4 chairs
3 low tables
Desk and chair
Counter (reception and work area)
Copy machine
typewriter

Characteristics and Directives
Control and direct communication from outside the center.
Accessible to all administrative activities within the center.
Conducive to some office work

II. Testing Division

Specific Areas

1) Individual testing
2) Group testing
3) Psychiatric (1 psychiatrist)
4) Psychological (1 psychotherapist)
5) Sociological (1 sociologist)
6) Staff work and conference

1. Individual Testing

Activity Description - Area for the psychological and sociological evaluation of a single individuals using word association and other similar individual evaluating devices.

Equipment - Desk and chair
Lounge chairs - 2
Timing device
Storage (file)

Characteristics & Directives - Privacy - control access and outside disturbances through visual and acoustical methods
Flexibility within space for maximum useage
Conducive to concentration and solitude
Accessible to testing personnel

2. Group Testing

Activity Description - Area for the psychological and sociological evaluation of a group of individuals. Personality tests and other similar evaluating devices which can be administered to a group. (Maximum 10 persons)

Equipment - 11 Desks
11 Chairs
Timing device
Storage files

Characteristics and Directives - Privacy - control access and outside disturbances through visual and acoustical methods
Flexibility within space for maximum useage
Conducive to concentration and solitude
Accessible to testing personnel

3. Psychiatric

Activity Description - Area in which the psychiatrist can carry on psychiatric (emotional) evaluation (screening, interviews, tests) and normal office work (developing treatment schedules and evaluating cases).

Equipment -
Desk and chair
Storage file
Lounge chair
Couch

Characteristics and Directives
Open and private both
Accessibility to testing facilities (rooms)
Informal to promote communications
Accessible to clinical director
Accessible to testing personnel
Storage of personal information (case histories)

4. Psychological

Activity Description - Area in which the psychologist can conduct psychological (intelligence, personality, etc.) evaluations (interviews, tests) and office work (treatment schedules, evaluating test results etc.)

Equipment -
Desk and chair
Storage file
Lounge chair

Characteristics & Directives
Open and private both
Accessibility to testing facilities (rooms)
Informal to promote communications
Accessible to clinical director
Accessible to testing personnel
Storage of personal information (case histories)

5. Sociological

Activity Description - Area in which sociologist can conduct sociological evaluations (case studies, testing, interviews) and office work (evaluating case study, schedule development)

Equipment -
Desk and chair
Storage file
Lounge chair

Characteristics and Directives
Open and private both

Accessibility to testing facilities (rooms)
Informal to promote communications
Accessible to clinical director
Accessible to testing personnel
Storage of personal information (case histories)

6. Staff Work and Conference

Activity Description - Area for testing, staff consultation for the development of comprehensive treatment programs, also for the storage of reference material and resident treatment records)

Equipment - Book shelves
Storage files
Conference tables
Chairs

Characteristics & Directives - Set up for promoting communication and discussion among 5 to 15 persons
Flexible arrangement for maximum communications
Material display

III. Treatment Division

Specific Areas

1) Group Therapy
2) Individual Therapy

1. Group Therapy

Activity Description - Space to accomodate group treatment approaches. These sessions are usually interaction oriented - personal encounter, talk, group exercise, etc.

Equipment - Seating for 20 persons - portable

Characteristics & Directives

Promote interaction among members of a group
Avoid dictating and arbitrary arrangement
Comfort of the individual affects his ability or wanting to communicate
Flexible so the individuals can arrange the area for maximum interaction
Material, colors and dimensions that promote a relaxed atmosphere conducive to communication and understanding
Accessible to the residents of the center (# 1 priority)

2. Individual Therapy (Client-centered)

Activity Description - Space to accomodate two persons (therapist and patient) These sessions are consultation oriented (interaction between two persons).

Equipment - Seating for two persons

Characteristics and Directives

Promote interaction between two people
Material, colors, and dimensions that promote relaxed atmosphere conducive to communications and understanding
Accessible to the residents of the center (# 1 priority)

IV. Living Division

Specific Areas

1) Individual living (private activity)
2) Dining
3) Kitchen(s)
4) Bathrooms(s)
5) Lounge
6) Counseling (Counselor living space and counselling space)
7) Laundry

1. Individual Living Space

Activity Description - Area in which the resident can sleep, store clothing, and other personal belongings - also to accomodate other private activities (study, read)

Equipment -
- Bed
- Wardrobe
- Desk
- Chair

Characteristics & Directives
- Flexible so that members may arrange their own living space
- Comfort
- Privacy of individual's space
- Promote interaction among members of peer group
- Make possible the realization of potential (The belief system - belief in one's self)
- Promote group identity (approximately 12 persons in a group)

2. Dining

Activity Description - Area to accomodate 12-15 residents while dining. (Combined with lounge)

Equipment -
- 15 Chairs
- 3-4 Tables

Characteristics & Directives
- Promote communication among peers
- Flexible arrangement of space
- Promote group identity
- Accessible to group (identity group) living area

3. Kitchens

Activity Description - Six areas to serve 12-15 persons, each a living unit.

Kitchens Continued

Equipment - Refrigeration storage
Dry storage
Food preparation (counters)
Oven
Dishwashing
Utensil storage

Characteristics & Directives - Accessible to individual servicing
Central to each living unit

4. Bathroom

Activity Description - 6 areas with facilities to accomodate 12 persons (living unit) each.

Equipment - 3 Shower stalls
2 Water closets
2 Urinals
4 Lavoratories

Characteristics & Directives - Accessible to living unit

5. Lounge

Activity Description - Area to accomodate 12 residents for relaxing, discussion reading, watching television, etc.

Equipment - 3 Couches
4 Lounge Chairs
Bookcase
Television set and stand
3 Low tables
Storage

Characteristics & Directives - Conducive to peer group communication
Promote relaxation and group activity

6. Counselling

Activity Description - Area in which the counselor can live, sleep, study, etc. and also where he can confer with individuals

Equipment - Bed
Wardrobe
Desk and chair
Couch
Lounge chair

Counselling Continued

Characteristics & Directives — Accessible to identity group (12)
Conducive to private encounters between the individual resident and the counselor
Feeling that the counselor is member of the identity group and not an outside advisor

7. Laundry

Activity Description - Area in which 12 persons, at different times, can wash, dry and fold their laundry.

Equipment -
1 Washer
1 Dryer
2 Folding tables

Characteristics & Directives — Accessible to living unit

V. Recreation Division

Specific Areas

1) Indoor group activity
2) Outdoor group and individual activities
3) Passive recreational activities

1. Indoor Group Activities

Activity Description - Areas for basketball courts, shuffle board, trampoline, gymnastics, volley ball, etc. Also to be used for large meetings and social activities.

Equipment -
- Basketball backboard
- Temporary seating
- Seating storage
- Mats
- Equipment storage
- Lockers
- Locker rooms

Characteristics & Directives
- Accessible to the center and the community
- Accessible to the living area

2. Outdoor Group & Individual Activities

Activity Description - Areas for play fields (football, softball) and unspecified fields (open area).

Equipment - Landscaping

Characteristics & Directives
- Accessible to the center and the community
- Accessible to the living area

3. Passive Recreational Activities

Activity Description - Area to accomodate tennis tables, pool tables, and other forms of similar recreation. Also to accomodate small group meetings and gatherings.

Equipment -
- 2 Pool tables
- 4 Tennis tables
- Seating 20 persons
- Storage and control of equipment

Characteristics & Directives
- Accessible to the center
- Accessible to the living area

VI. Education Division

Use available community facilities.

Square Footages - Specific area requirements

Administration Division

1.	Administrative Director	175 sq. ft. - 200 sq. ft.
2.	Clinical Director	150 sq. ft. - 160 sq. ft.
3.	Education Director	150 sq. ft. - 160 sq. ft.
4.	Business Director	150 sq. ft. - 160 sq. ft.
5.	Business Staff	200 sq. ft. - 220 sq. ft.
6.	Conference	220 sq. ft. - 250 sq. ft.
7.	Reception and Secretarial	200 sq. ft. - 225 sq. ft.
	Total Area	1245 sq. ft. -1375 sq. ft.

Testing Division

1.	Individual Testing	150 sq. ft. - 160 sq. ft.
2.	Group Testing	300 sq. ft. - 340 sq. ft.
3.	Psychiatric	150 sq. ft. - 160 sq. ft.
4.	Psychological	150 sq. ft. - 160 sq. ft.
5.	Sociological	150 sq. ft. - 160 sq. ft.
6.	Staff work & conference	250 sq. ft. - 275 sq. ft.
	Total Area	1150 sq. ft. 1255 sq. ft.

Treatment Division

1.	Group Therapy (3)	1200 sq. ft. -1500 sq. ft.
2.	Individual Therapy (5)	500 sq. ft. - 600 sq. ft.
	Total Area	1700 sq. ft. 2100 sq. ft.

Living Division

1.	Individual Living	90 sq. ft. - 110 sq. ft.
2.	Dining	250 sq. ft. - 300 sq. ft.
3.	Kitchen	175 sq. ft. - 200 sq. ft.
4.	Bathrooms	175 sq. ft. - 225 sq. ft.
5.	Lounge	Combined with Dining
6.	Counselling	120 sq. ft. - 150 sq. ft.
7.	Laundry	150 sq. ft. - 175 sq. ft.
	Total Area	960 sq. ft. 1160 sq. ft.

Recreation Division

1.	Indoor group activity	3000 sq. ft. -3500 sq. ft.
2.	Outdoor group and individual activity	5000 sq. ft. -6000 sq. ft.
3.	Passive Recreational	700 sq. ft. - 750 sq. ft.
	Total Area	8700 sq. ft. 10250 sq. ft.

Education Division

Use available community facilities.

Total area required for the complete facility -

Total Interior Area

1.	Administration	1245 sq. ft. - 1375 sq. ft.
2.	Testing	1150 sq. ft. - 1255 sq. ft.
3.	Treatment	1700 sq. ft. - 2100 sq. ft.
4.	Living	960 sq. ft. - 1160 sq. ft.
5.	Recreation	3700 sq. ft. - 4250 sq. ft.
	Total Area	8500 sq. ft. 10,200 sq. ft.

Total Exterior Area

1.	Recreation	5000 sq. ft. - 6000 sq. ft.
2.	Parking	-- --
	Total Area	5000 sq. ft. - 6000 sq. ft.

Total Area of Complete Facility

Interior	8500 sq. ft. 10,200 sq. ft.
Exterior	5000 sq. ft. 6000 sq. ft.
Total	13,500 sq. ft. 16,200 sq. ft.

Economy

The economy of this program is based on the value of an individual's life because the present approach to correction has a tendency to destroy an individual's life, where as the approach proposed in this program has the potential of reconstituting the individual's life.

Phasing

Phase I

Acceptance and support of the community in which the facility is to be placed.

Phase II

Construction

The Community

Great Falls was chosen as the site for this prototypical rehabilitation center for juveniles because it fulfilled the location criteria of population, existing service facilities and social need.

Description

	City	Metro Area	Cascade Co.
Population -	64,740	75,194	85,394

Location - North central Montana along the Missoui River.

GREAT FALLS, MONTANA

PARKS

ACTIVITIES ⑦ ⑨

N

S

RAILROADS

STREETS

SCALE 1000'

1 2 3 4

COUNTY ROAD

SKYLINE HORIZON PARK

RV DRIVE 8 W 7 W 6 W 4 W 3 W 5 4 E 3 E 2 E 1 E

MONTANA AVE

COLORADO AVE

NORTH RIVERVIEW TERRACE

WILES ROBINSON

RIVERVIEW BLVD

6TH ST NW

5TH ST NW

TO HAVRE

STOCK CAR RACE TRACK

SMELTER AVE

19 AVE NW

18 AVE NW

17 AVE NW

RIVERVIEW TERRACE

VALLEY VIEW

FAIR

STOCK YARDS

FAIR GROUNDS ⑧

FAIR ACREAGE

SQUAW ISLAND

Missouri River

TENNIS COURTS

ARCHERY RANGE ⑦

GIBSON PARK

11TH

10TH AVE NO.

8TH AVE NO.

7TH AVE NO.

6TH AVE NO.

5TH AVE NO.

4TH AVE NO.

C.M. RUSSELL GALLERY

3RD AVE NO.

2ND AVE NO.

NATATORIUM ⑩

COURT HOUSE

POST OFFICE

CHAMBER OF COMMERCE

CIVIC CENTER

BUS DEPOT

CAMPBELL

MITCHELL POOL ⑪

R.R. DEPOT

MUNICIPAL BOAT DOCK ⑧

ELECTRIC CITY YACHT CLUB

1ST AVE NO.

CENTRAL AVENUE

1ST AVE SO.

2ND AVE SO.

3RD AVE SO.

4TH AVE SO.

5TH AVE SO.

6TH AVE SO.

7TH AVE SO.

8TH AVE SO.

9TH AVE SO.

10TH AVE SO.

HIGH SCHOOL

MEMORIAL STADIUM

CENTRAL HIGH SCHOOL

GOLF HOMES

DALE

LINCOLN SCHOOL

PAPPIN HEIGHTS

SUNRISE HOMES

SUNRISE HEIGHTS

ALICE DR.

BETH DR.

CAROL DR.

DORIS DR.

EST. 4

SUNRISE TERRACE

STREET

12TH

13TH

14TH

15TH

CONVALESCENT HOSPITAL

HIGHLAND

PROSPECT HEIGHTS

WATER WORKS

COUNTRY CLUB MEADOWLARK GOLF COURSE ⑨

PARK ISLAND

PARK GARDEN

PARK GARDEN RD.

RIVERVIEW

DAHLIA

ELM DR.

FOREST AVE.

GRAPE

HOLLY

MAPLE

OAK

PINE

BEECH

ALDER

UPPER AVE.

COUNTRY CLUB

SUN RIVER

WEST HILL

UNIVERSITY

SUN RIVER PARK

SUNSET

4TH AVE SW

5TH AVE SW

1ST SW

2ND SW

3RD SW

4TH AVE SW

5TH AVE SW

GREAT NORTHERN YARDS & SHOPS

CRESCENT DR

9TH AVE SW

GARDEN HOME

ELECTRIC CITY YACHT CLUB

SUN RIVER

MIDKIFF

PARK GARDEN

2ND AVE NW

GREENACRE

1ST AVE NW

CENTRAL AVENUE WEST

8TH AVE NW

7TH AVE NW

6TH AVE NW

5TH AVE NW

4TH AVE NW

3RD AVE NW

2ND AVE NW

1ST AVE NW

BLOOMINGDALE

15TH

14TH NW

13TH NW

12TH NW

11TH NW

10TH NW

9TH NW

7TH NW

5TH AVE NW

GALT AVENUE

G.N. RR.

HIGHWAY GARDEN

MISSOULA - GREAT FALLS HIGHWAY 91

RIVER PARK

GREAT FALLS INTERNATIONAL AIRPORT

MAIN APRON

ADMIN. STRIP BUILDING

AREA A

AREA B

N.W. RUNWAY

S.W. RUNWAY

TO HELENA U.S. HIGHWAY 91

FOOD RT.

FOX FARM RD.

McLEAN GASTEN

S.N.R.R.

COUNTY ROAD

MUNICIPAL BREWERY

RAINBOW & RYAN DAM ROAD

BLACK EAGLE MONTANA

RIVER AVE.

CHICAGO AVE.

MONTANA AVE

COLORADO AVE.

WIRE MILL

ZINC PLANT

ANACONDA COPPER MINING COMPANY ②

SMELTER

VIEW CREST

A.C.M. GOLF COURSE

SMELTER HILL ③

BLACK EAGLE DAM & FALLS

VETERANS MEMORIAL PARK ④

AMERICAN LEGION BASEBALL

MUNICIPAL GOLF COURSE ⑨

FISH HATCHERY

GIANT SPRINGS & PICNIC GROUNDS ⑦

RAINBOW DAM & FALLS ③

RAINBOW PARK

C.M.S.P.&P. R.R.

R MILLS

MORNINGSIDE

40TH

42ND

44TH

46TH

26TH 27TH 28TH 29TH 30TH 31ST 32ND 33RD 34TH 35TH 36TH 37TH 38TH

17TH 18TH 19TH 20TH 21ST 22ND 23RD 24TH 25TH

STATE DEAF & BLIND SCHOOL

REHABILITATION CENTER

ST. THOMAS ORPHANS HOME

LEWIS AND CLARK

60TH

44TH

COLLEGE OF GREAT FALLS

CHARLES

RUSSELL

MOUNT OLIVET CEMETERY

EATON

11

10

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